WPB SM

WEST PALM BEACH

Employee Benefit Highlights

July 1, 2024 – June 30, 2025

GENERAL EMPLOYEES

WEST PALM BEACH

City of West Palm Beach EMPLOYEE HEALTH CENTER

PRIMARY LOCATION

WPB Employee Health Center

413 Clematis Street, Ste 230
West Palm Beach, FL 33401

(561) 822-2000
www.cityfitmd.com

Hours of Operation

Monday	7:00 am - 6:00 pm
Tuesday	7:00 am - 6:00 pm
Wednesday	7:00 am - 6:00 pm
Thursday	7:00 am - 6:00 pm
Friday	7:00 am - 4:00 pm
Saturday	8:00 am - Noon
Sunday	CLOSED

- ✓ **Services are 100% FREE**
- ✓ **After Hour Medical Answering Service (561) 822-2000**
- ✓ **Primary Care and Urgent Care Services**
- ✓ **Medications Dispensed On Site***
- ✓ **24-Hour Medical On-Call Answering Service**
- ✓ **Wellness and Health Maintenance**
- ✓ **Chronic Disease Management**
- ✓ **Physicals**
  - Wellness
  - Well Woman
  - School / Sports / Camp
  - DOT
  - Preoperative
- ✓ **On-Site Services**
  - X-Ray
  - Laboratory Draws**
  - 12-Lead EKG
  - IV Fluids
  - Ultrasounds

* Providers may request lab studies and/or a provider/patient visit prior to the dispensing of any medications.

** There may be specialty lab draws that must be drawn at an actual lab-draw station. Outside orders with uncommon lab requests must be provided to the health center so as to determine the capability of drawing such specimens.

Rx Refill Line

Phone: 561.822.1585. Available for established patients.

*Remember: Upon visiting the Health Center or alternate locations, employees MUST provide a valid **City ID Badge** and **show a current Cigna medical insurance ID card.***

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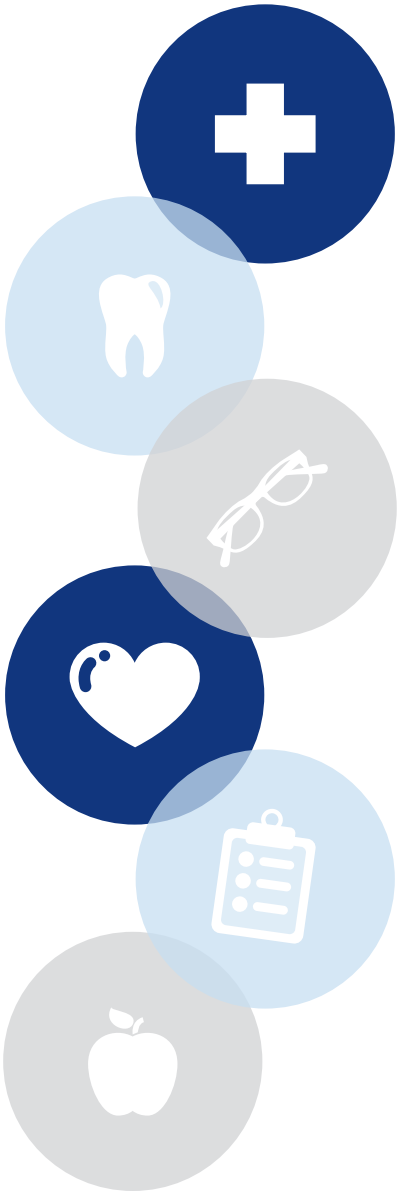


This booklet is merely a summary of employee benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. City of West Palm Beach reserves the right to amend, modify or terminate the plan at any time. This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

Contact Information

	Human Resources/Benefits Department	General Benefit Questions	Phone: (561) 494-1000
	Health Center	Employee and Family Health Center	413 Clematis Street, Suite 230, West Palm Beach, FL 33401 Phone: (561) 822-2000 | www.cityfitmd.com
		Prescription Refill Line	Phone: (561) 822-1585
	Online Benefit Enrollment	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) www.mybentek.com/wpb | Email: support@mybentek.com
	Medical Insurance	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com On-Site Cigna Representative: (561) 494-1032
	Prescription Drug Coverage & Mail-Order Program	Cigna/Express Scripts Pharmacy	Customer Service: (800) 835-3784 www.mycigna.com
	Health Reimbursement Account	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com
	Telehealth	MDLIVE through Cigna	Customer Service: (888) 726-3171 www.mycigna.com
	Dental Insurance	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com
	Vision Insurance	EyeMed	Customer Service: (866) 723-0513 www.eyemed.com
	Flexible Spending Accounts	HealthEquity	Customer Service: (877) 924-3967 www.healthequity.com/wageworks
	Basic & Voluntary Life and AD&D Insurance	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	Long Term Disability	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	Employee Assistance Program	Cigna	Customer Service: (877) 622-4327 www.mycigna.com
	Preferred Legal Plan	Legal Plan & Identity Theft	Customer Service: (888) 577-3476 www.preferredlegal.com Agent: Brian Samuels | Email: info@preferredlegal.com
	Supplemental Insurance	Aflac	Customer Service: (800) 992-3522 www.aflac.com Local City Aflac Representative: Linda Carcich Phone: (561) 784-5256 | Email: lindak_carcich@us.aflac.com
	Pet Insurance	Nationwide	Customer Service: (877) 738-7874 www.petinsurance.com/wpb
	Defined Contribution and Deferred Compensation Programs	Empower Retirement (Great-West Retirement Services)	Customer Service: (800) 701-8255 www.empower-retirement.com On-Site Empower Retirement Representative: Jeffrey Spurling Cell: (954) 395-5475| Email: jeffrey.spurling@empower.com
	TicketsAtWork		Customer Service (800) 331-6483 www.TicketsAtWork.com | Company Code: CITYWPB

WEST PALM BEACH

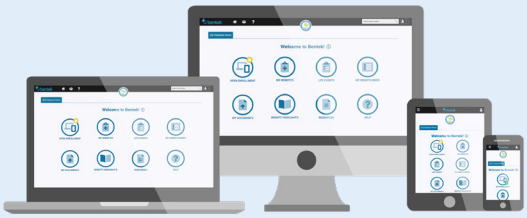
Introduction

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

Online Benefit Enrollment

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

Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for employee and dependent(s). Employee also has access to important forms and carrier links, can report qualifying life events and review and make changes to Life insurance beneficiary designations.



To Access the Employee Benefits Center:

- ✓ Log on to **www.mybentek.com/wpb**

  Please Note: *Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.*
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

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

To access Bentek using a mobile device, scan code.

Group Insurance Eligibility

The City's group insurance plan year is July 1, 2024 through June 30, 2025.

Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first day of the month following 30 days of employment. For example, if an employee is hired on April 11, then the effective date of coverage will be June 1.

Police Union Member classification as defined by the CBA includes police officers, crime scene investigators, latent print examiners, senior latent print examiners, police aides, and community service aides.

Separation of Employment

If employee separates employment from the City, insurance for medical, dental and vision will continue through the end of month in which separation occurred. Other coverage may terminate on the last date of employment. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

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

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

Dependent Age Requirements

Medical and Vision Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical and vision plans to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

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

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

Please see Taxable Dependents if covering eligible over-age dependents.

Disabled Dependents

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

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plans; and
- The dependent has been continuously insured.

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

Group Insurance Eligibility *(Continued)*

Taxable Dependents

Employee covering adult child(ren) under employee's medical and vision insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child. Contact the Human Resources Department/Benefits Department for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

Please Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.

Domestic Partner Coverage

The City offers domestic partner benefits to a person whom the employee shares a mutual residence within the context of a committed relationship and who has registered with the City pursuant to Section 42/48 Code of Ordinances 3838-05, found at http://wpb.org/government/city-clerk/domestic-partnership and has completed a HR/Affidavit of Domestic Partnership form. Both a Certificate of Domestic Partnership and completed HR/Affidavit of Domestic Partnership must be provided to the Human Resources/Benefits Department, with required supporting documentation listed on Affidavit, for review and approval to be eligible for domestic partner insurance benefits. If approved, coverage is effective the first of the month following the date documentation is received by the Human Resources/Benefits Department.

Per IRS rules, an employee may not receive a tax advantage on any portion of premium attributable to a domestic partnership. Imputed income for the value applicable to the domestic partner coverage for the period of coverage, including the value of the coverage for a domestic partner's child(ren), must be reported on the employee's W-2 and taxed accordingly. Imputed income is the dollar value of insurance coverage attributable to covering the domestic partner (and the domestic partner's child(ren). However, the City of West Palm Beach has established a policy of tax equity for domestic partnership with regards to health insurance benefits pursuant to Section 62-66 Code of Ordinances 4469-13, which states an employee who insures a domestic partner shall be entitled to a tax reimbursement stipend equal to the gross up amount of income tax imputed to the employee for the value of the health insurance premium paid on behalf of the domestic partner. The effect of that tax reimbursement stipend is to attempt to leave the employee in the same after tax position as an employee who is not subject to taxation on their health insurance premium.

Domestic Partners Who Become Married: Opposite or Same Sex Domestic Partners (IRS Revenue Ruling 2013-17) who become legally married must notify the Human Resources/Benefits Department during Open Enrollment or within 30 days of marriage and provide supporting documentation.

Please contact the Human Resources/Benefits Department if covering an over-age dependent or a domestic partner for further details.

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made ONLY during the Open Enrollment Period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event.

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year if the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of the Internal Revenue Code. Any requested changes must be consistent with and due to the Qualifying Event.

Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)

IMPORTANT NOTES

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

NEWBORNS: If the Qualifying Event is a birth of a child, the newborn will be covered for the first 31 days of life even if the employee fails to enroll the child. If employee contacts the Human Resources/Benefits Department within 30 days of the birth the first month employee contributions of premium will be waived. If the newborn is enrolled after the first 31 days but the employee meets the deadline to enroll by the 60th day after the birth, coverage will be offered at an additional premium (employee contributions backdate to date of birth).

Please Note:

- *Purchasing or dropping an individual policy for a covered dependent IS NOT a Qualifying Event and does not permit adding or dropping a dependent from the group health plan outside of Open Enrollment.*
- *Qualifying Events allow employee to make changes to existing coverage, it does not allow employee to change their current insurance plan(s).*

Medical Insurance

Summary of Benefits and Coverage

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

From:	Human Resources/Benefits Department
Address:	401 Clematis Street, 3rd Floor West Palm Beach, FL 33401
Phone:	(561) 494-1000
Website:	www.mybentek.com/wpb

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting the Human Resources/Benefits Department.

If there are any questions about the plan offerings or coverage options, please contact the Human Resources/Benefits Department at (561) 494-1000.

Telehealth

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

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth, such as:

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

Telehealth doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact MDLIVE through Cigna.

Services	Cigna OAPIN HDHP
Urgent Care	20% After PYD
Mental Health	20% After PYD

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

Medical Plan Resources

Cigna Healthcare offers all enrolled members and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, please contact Cigna's customer service at (800) 244-6224, or visit www.mycigna.com.

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

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

Healthy Rewards

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

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

The myCigna Mobile App

The myCigna Mobile App gives employee an easy way to organize and access their important health information. Anytime. Anywhere. Download it today from the App Store℠ or Google Play™. With the myCigna Mobile App, members can:

- ✓ Quickly view, print, email, or share ID Cards from your mobile device
- ✓ Search for a doctor, pharmacy, or health care facility, from Cigna's national network and compare quality-of-care ratings and costs
- ✓ View and search recent and past claims
- ✓ View and refill your prescriptions
- ✓ View plan coverage and authorizations
- ✓ Review plan deductibles and maximums
- ✓ View wellness goals and awards

Medical Insurance

The City offers medical insurance through Cigna Healthcare to benefit-eligible employees. The monthly costs for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medical Insurance – Cigna Base OAPIN High Deductible Health Plan (HDHP)

Monthly Premium Deductions

Tier of Coverage	Employee Cost	City Pays	Total Premium
Employee Only	$36.62	$778.60	$815.22
Employee + 1 Dependent	$348.08	$1,200.82	$1,548.90
Employee + Family	$522.17	$1,801.17	2,323.34
Police/Fire - 2 Member Family (Employee + 1 Dependent) [1]	$0	$1,548.90	$1,548.90
Police/Fire - 2 Member Family (Family) [1]	$0	$2,323.34	$2,323.34
Over-Age Dependent [2,3]	$397.29	$0	$397.29

*1) Two Member Family coverage is used when **two (2) police officers or firefighters**, who are married to each other or who have filed Domestic Partner Affidavits, and both work for the City. For medical, dental, and vision insurance, one (1) spouse/domestic partner will enroll all family members, including spouse/domestic partner (City worker) under family coverage.*

2) Over-age dependents: Please refer to the Taxable Dependents section on page four (4).

3) Additional post tax payroll deduction.

Medical Insurance
Cigna Buy-Up OAPIN High Deductible Health Plan (HDHP)

Monthly Premium Deductions

Tier of Coverage	Employee Cost
Employee Only	$45.77
Employee + 1 Dependent	$435.10
Employee + Family	$652.71
Police/Fire - 2 Member Family (Employee + 1 Dependent) [1]	$88.47
Police/Fire - 2 Member Family (Family) [1]	$122.99
Over-Age Dependent [2,3]	$397.29

*1) Two Member Family coverage is used when **two (2) police officers or firefighters**, who are married to each other or who have filed Domestic Partner Affidavits, and both work for the City. For medical, dental, and vision insurance, one (1) spouse/partner will enroll all family members, including spouse/domestic partner (City worker) under family coverage.*

2) Over-age dependents: Please refer to the Taxable Dependents section on page four (4).

3) Additional post tax payroll deduction.

Medical Insurance
Cigna Base & Buy-Up OAPIN High Deductible Health Plan (HDHP)
Domestic Partner

Monthly Reported Imputed Income Value

Tier of Coverage	
Employee + Domestic Partner Value [1]	$733.68
Employee + Domestic Partner + Employee Child(ren) Value [1]	$733.68
Employee + Domestic Partner + Domestic Partner Child(ren) Value [1]	$1,508.12

1) Imputed income amount reportable on employee W-2 Form for value of insurance.

Please Note the Following:

- *See City Ordinance Section 62-22 for information on the equity for Domestic Partner health insurance benefits.*
- *If employee is covering employee's own child(ren) AND a child(ren) of a Domestic Partner, please contact the Human Resources/Benefits Department for a customized calculation of the specific scenario.*

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

Cigna OAPIN High Deductible Health Plan (HDHP) At-A-Glance

Network	Open Access Plus
Plan Year Deductible (PYD)	**In-Network**
Employee	$1,500
Employee + 1	$2,250
Employee + Family	$3,000
Coinsurance	
Member Responsibility	20%
Plan Year Out-of-Pocket Limit	
Employee	$3,000
Employee + 1	$4,500
Employee + Family	$6,000
What Applies to the Out-of-Pocket Limit?	Deductibles and Coinsurance (Includes Rx)
Physician Services	
Primary Care Physician (PCP) at Employee Health Center	**No Charge at Health Center Only**
Physician and/or Specialist Office Visit	20% After PYD
Non-Hospital Services; Freestanding Facility	
Lab *(Bloodwork)* **at Employee Health Center**	**No Charge at Health Center Only**
Clinical Lab *(Bloodwork)* at Independent Facility	20% After PYD
X-rays at Employee Health Center	**No Charge at Health Center Only**
X-rays at Independent Facility	20% After PYD
Advanced Imaging *(MRI, PET, CT)*	
Urgent Care *(Per Visit)*	
Hospital Services	
Inpatient and/or Outpatient Hospital	20% After PYD
Physician Services at Hospital	
Emergency Room	
Mental Health/Alcohol & Substance Abuse	
Inpatient and/or Outpatient Hospital	20% After PYD
Prescription Drugs *(Rx)*	
Generic at Employee Health Center	**No Charge at Health Center Only**
Generic	20% After PYD
Preferred Brand Name	30% After PYD
Non-Preferred Brand Name	40% After PYD
Mail Order Drug *(90-Day Supply)*	Charges are based upon the above prescription level.

Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Open Access Plus network.

Important Notes

- *HRA Funding (City Contribution): Please refer to pages nine (9) - ten (10) for Base and Buy-Up HRA Funding Options.*
- *If employee is changing tier of coverage, please note this may change deductible amount. Contact the Human Resources/Benefits Department for more information.*

Cigna 90 Now

Employees taking maintenance medications prescribed for chronic long-term conditions and are taken on a regular recurring basis, may now fill these prescriptions at a Cigna 90 Now retail pharmacy or through Cigna Home Delivery. To find a Cigna 90 Now pharmacy, log on to www.cigna.com/rx90network.

Health Reimbursement Account

The City provides a Health Reimbursement Account (HRA) to employees who participate in the Cigna Healthcare Base or Buy-Up High Deductible Health Plan. HRA monies are not taxable and funded by the City and can be used for any qualified medical expenses such as copayments, deductibles and coinsurance for physician services, hospital services, prescription drugs, etc. The HRA monies provide tax-free funds to cover qualified out-of-pocket expenses incurred under the medical plan. Deadline to complete Health Assessments is September 30, 2024. A new hire's deadline is the 90th day following initial benefits eligibility.

All employees will be defaulted into the Base HRA plan. All employees have the option of enrolling in the Buy-Up HRA plan.

HRA Funding Allotment for BASE High Deductible Health Plan

	Health Reimbursement Account (HRA) Funded by City Upon Employee Enrollment		Optional City Funded HRA Funding Upon Employee's Completion of Health Assessment (HA)[2]		Employee Responsibility of Deductible for Plan Year		Total Cost of Plan Year Deductible
	(1)		(2)		(3)		(4)
Employee Only	$1,000	+	$400	+	$100	=	$1,500
Employee + 1 Dependent	$1,500	+	$400 + $200 (Spouse / DP)[2]	+	$150	=	$2,250
Employee + Family	$2,000	+	$400 + $400 (Spouse / DP)[2]	+	$200	=	$3,000
Police/Fire - 2 Member Family (Employee + 1 Dependent) [1]	$2,100	+	$400 + $200 (Spouse / DP)[2]	+	$0	=	$2,250
Police/Fire - 2 Member Family (Family) [1]	$3,000	+	$400 + $400 (Spouse / DP)[2]	+	$0	=	$3,000

*1) Two Member Family coverage is used when **two (2) police officers or firefighters**, who are married to each other or who have filed Domestic Partner Affidavits and, both work for the City. For medical, dental, and vision insurance, one (1) spouse/domestic partner will enroll all family members, including spouse/domestic partner (City worker) under family coverage.*

2) If a spouse/domestic partner is covered, they must complete a Health Assessment (HA) in order to receive the full HRA amount. Dependent child(ren) covered on the medical plan are not required to complete a Health Assessment for the plan year.

HRA Funding Allotment for BUY-UP High Deductible Health Plan

	Health Reimbursement Account (HRA) Funded by City Upon Employee Enrollment		Optional City Funded HRA Funding Upon Employee's Completion of Health Assessment (HA)[2]		Total HRA Funding (Funded by City)	Total Cost of Plan Year Deductible		HRA Funding Bonus
	(1)		(2)		(3)	(4)		(5)
Employee Only	$1,350	+	$400	=	$1,750	-$1,500	=	$250
Employee + 1 Dependent	$2,400	+	$400 + $200 (Spouse / DP)[2]	=	$3,000	-$2,250	=	$750
Employee + Family	$3,350	+	$400 + $400 (Spouse / DP)[2]	=	$4,150	-$3 ,000	=	$1,150
Police/Fire - 2 Member Family (Employee + 1 Dependent) [1]	$3,303.84	+	$400 + $200 (Spouse / DP)[2]	=	$3,903.84	-$2,250	=	$1,653.84
Police/Fire - 2 Member Family (Family) [1]	$4,606.40	+	$400 + $400 (Spouse / DP)[2]	=	$5,406.40	-$3,000	=	$2,406.40

*1) Two Member Family coverage is used when **two (2) police officers or firefighters**, who are married to each other or who have filed Domestic Partner Affidavits, both work for the City. For medical, dental, and vision insurance, one (1) spouse/domestic partner will enroll all family members, including spouse/domestic partner (City worker) under family coverage.*

2) If a spouse/domestic partner is covered, they must complete a Health Assessment (HA) in order to receive the full HRA amount. Dependent child(ren) covered on the medical plan are not required to complete a Health Assessment for the plan year.

The optional City funded HRA for employee and spouse/domestic partner are independently attainable incentives. If only employee or spouse/domestic partner complete, their portion of the incentive is still earned.

Health Reimbursement Account *(Continued)*

Optional HRA Funding

- Employee may rollover any unused funds year to year, up to a maximum of:
  Employee Only $7,500
  Employee + 1 Dependent $11,250
  Employee + Family $15,000
- To receive optional City HRA funding employee must complete the following steps:
  1. Employee (and/or spouse if applicable) must complete lab testing (bloodwork) with the City's Health Center.
  2. Upon Completion of the Lab testing the employee (and/or spouse if applicable) must meet with a Health Center provider. Once results are reviewed, please complete Cigna's online Health Assessment (HA) questionnaire.
  3. The Health Assessment must be completed between **March 1, 2024 and September 30, 2024**. Sworn Police/Fire Fighters can use the bloodwork results completed during their annual physical between (October 1, 2023 through February 28, 2024) to complete their Health Assessment.
- Any unused funds, up to the funding maximum, will remain in the employee's HRA account when the new HRA plan year begins. Therefore, as of July 1, 2024 any unused funds from the previous year will be available to use.

HRA IRS Guidelines

HRA's must be funded solely by an employer. The contribution cannot be paid through a voluntary salary reduction agreement on the part of an employee. Employee is reimbursed tax free for qualified medical expenses up to a maximum dollar amount for a coverage period. An HRA may be offered with other health plans, including Flexible Spending Accounts.

What are the benefits of an HRA?

- ✓ Contributions made by the employer can be excluded from employee's gross income.
- ✓ Reimbursements may be tax free if employee pays qualified medical expenses.
- ✓ Any unused amounts in the HRA can be carried forward for reimbursements in later years for qualified medical expenses.

Retain Receipts

During the year, employee should keep all receipts and documentation for prescriptions and medical related expenses if needed to verify a claim for Cigna or for IRS tax purposes. If asked to produce documentation, a valid Explanation of Benefits (EOB) and receipt of payment for the services rendered will be sufficient.

What is the difference between an HRA and an FSA?

Health Care Reimbursement Account (HRA)

- ✓ **Employer** Funded Account
- ✓ Enrollment is automatic if enrolled in City's medical plan
- ✓ Funds used for eligible medical expenses for an employee and dependent(s) enrolled in the City's medical plan
- ✓ Unused funds accumulate and rollover year to year

Flexible Spending Accounts (FSA)

- ✓ **Employee** Funded Accounts
- ✓ Employee must enroll annually
- ✓ Funds used for eligible medical, dental, vision & dependent care expenses for employee and qualified dependent(s)
- ✓ Unused funds will be forfeited at the end of the plan year (once the filing deadlines have expired)

Please Note: *If employee has the HRA and elects an FSA, employee may voluntarily choose to utilize FSA Funds prior to utilizing HRA Funds. To change HRA utilization settings please log on to www.mycigna.com or contact the Cigna On-Site Representative at (561) 494-1032. Select "Review My Coverage," then click on "Health Reimbursement Account" and choose "Autopay/Change." Please contact the Human Resources/Benefits Department for more information.*

How to Check Available HRA Balance?

Balance, activity and account history is available anytime online at www.mycigna.com or by calling Cigna at (800) 244-6224.

Please Note: *If the Plan Year Deductibles exceed the HRA funding amounts, member will be responsible for any amount over the HRA funding until the Plan Year Deductible and Out-of-Pocket Limit have been met for the plan year.*

At Retirement

Upon age 55+ or 25 years of service and retiring from the City, employee can transfer all remaining unused City HRA funds (up to maximum allowed) to an employer sponsored Retirement Health Savings plan (RHS).

Please contact the Human Resources/Benefits Department for more information.

Dental Insurance

Cigna DHMO K1-09 Plan

The City offers dental insurance through Cigna Healthcare to benefit-eligible employees. The monthly costs for coverage are listed in the premium tables below and a brief summary of benefits is provided on page thirteen (13). For more detailed information about the dental plans, please refer to the carrier's summary plan document or contact Cigna's customer service.

Dental Insurance – Cigna DHMO K1-09 Plan

Monthly Premium Deductions

Tier of Coverage	Employee Cost	City Pays	Total Premium
Employee Only	$0	$13.48	$13.48
Employee + 1 Dependent	$6.99	$16.19	$23.18
Employee + Family	$19.88	$14.46	$34.34
Police/Fire - 2 Member Family (Employee + 1 Dependent) [1]	$0	$23.18	$23.18
Police/Fire - 2 Member Family [1]	$0	$34.34	$34.34

*1) Two Member Family coverage is used when **two (2) police officers or firefighters**, who are married to each other or who have filed Domestic Partner Affidavits, both work for the City. For medical, dental, and vision insurance, one (1) spouse/domestic partner will enroll all family members, including spouse/domestic partner (City worker) under family coverage.*

Dental Insurance
Cigna DHMO K1-09 Plan – Domestic Partner

Monthly Reported Imputed Income Value

Tier of Coverage	
Employee + Domestic Partner Value [1]	$9.70
Employee + Domestic Partner + Employee Child(ren) Value [1]	$9.70
Employee + Domestic Partner + Domestic Partner Child(ren) Value [1]	$20.86

1) Imputed income amount reportable on employee W-2 Form for value of insurance.

***Please Note:** If employee is covering employee's own child(ren) AND child(ren) of a Domestic Partner, please contact the Human Resources/Benefits Department for a customized calculation of the specific scenario.*

In-Network Benefits

The DHMO K1-09 dental plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Cigna Dental Care Access DHMO network to receive covered services. There is no coverage for services received out-of-network.

The DHMO K1-09 plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on page thirteen (13). Please refer to the summary plan document for a detailed listing of charges and benefits.

Out-of-Network Benefits

The DHMO K1-09 plan does not cover any services rendered by out-of-network facilities or providers.

Plan Year Deductible

There is no plan year deductible.

Plan Year Benefit Maximum

There is no benefit maximum.

IMPORTANT NOTES

- *Two (2) routine cleanings per plan year (must be six (6) months apart) covered under the preventive benefit. Members can also receive two (2) additional cleanings at the charge of a copay.*
- *Referrals are required to see specialty dentists (Endodontist, Periodontist or Oral Surgeon) within the network.*
- *Service frequencies and age limitations may apply for some services.*
- *Copays for services do not include the additional cost of noble metal alloys, high noble, metal alloys, titanium or titanium alloys. The additional cost of precious metal shall not exceed $150 per unit and $75 per unit for porcelain fused to metal (only molars). Porcelain/ceramic substrate crowns on molars are not covered.*
- *Participants covering young children may be seen by a pediatric dental provider up to the child's 13th birthdate. Once the child reaches age thirteen (13), a referral with medical documentation will be required prior to being seen by a pediatric dental provider.*
- *Employees must receive services from facilities and providers in the Cigna Dental Care Access DHMO network for benefits to be covered.*

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

Dental Insurance

Cigna DHMO P5X00 Plan

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

Dental Insurance – Cigna DHMO P5X00 Plan

Monthly Premium Deductions

Tier of Coverage	Employee Cost	City Pays	Total Premium
Employee Only	$9.68	$13.48	$23.16
Employee + 1 Dependent	$23.65	$16.19	$39.84
Employee + Family	$44.60	$14.46	$59.06
Police/Fire - 2 Member Family (Employee + 1 Dependent) [1]	$0	$39.84	$39.84
Police/Fire - 2 Member Family [1]	$0	$59.06	$59.06

*1) Two Member Family coverage is used when **two (2) police officers or firefighters**, who are married to each other or who have filed Domestic Partner Affidavits, both work for the City. For medical, dental, and vision insurance, one (1) spouse/domestic partner will enroll all family members, including spouse/domestic partner (City worker) under family coverage.*

Dental Insurance
Cigna DHMO P5X00 Plan – Domestic Partner

Monthly Reported Imputed Income Value

Tier of Coverage	
Employee + Domestic Partner Value [1]	$16.68
Employee + Domestic Partner + Employee Child(ren) Value [1]	$16.68
Employee + Domestic Partner + Domestic Partner Child(ren) Value [1]	$35.90

1) Imputed income amount reportable on employee W-2 Form for value of insurance.

***Please Note:** If employee is covering employee's own child(ren) AND child(ren) of a Domestic Partner, please contact the Human Resources/Benefits Department for a customized calculation of the specific scenario.*

In-Network Benefits

The DHMO P5X00 dental plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Cigna Dental Care Access DHMO network to receive covered services. There is no coverage for services received out-of-network.

The DHMO P5X00 plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on page thirteen (13). Please refer to the summary plan document for a detailed listing of charges and benefits.

Out-of-Network Benefits

The DHMO P5X00 plan does not cover any services rendered by out-of-network facilities or providers.

Plan Year Deductible

There is no plan year deductible.

Plan Year Benefit Maximum

There is no benefit maximum.

IMPORTANT NOTES

- *Two (2) routine cleanings per plan year covered under the preventive benefit.*
- *Referrals are required to see specialty dentists (Endodontist, Periodontist or Oral Surgeon) within the network.*
- *Service frequencies and age limitations may apply for some services.*
- *Copays for services do not include the additional cost of noble metal alloys, high noble, metal alloys, titanium or titanium alloys. The additional cost of precious metal shall not exceed $150 per unit and $75 per unit for porcelain fused to metal (only molars). Porcelain/ceramic substrate crowns on molars are not covered.*
- *Participants covering young children may be seen by a pediatric dental provider up to the child's 13th birthdate. Once the child reaches age thirteen (13), a referral with medical documentation will be required prior to being seen by a pediatric dental provider.*
- *Employees must receive services from facilities and providers in the Cigna Dental Care Access DHMO network for benefits to be covered.*

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

Cigna DHMO K1-09 & P5X00 Side by Side Plans At-A-Glance

Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Cigna Dental Care Access network.

Plan References

**Excluding Final Restoration.*

***Copays for these services do not include the additional cost of noble metal alloys, high noble metal alloys, titanium or titanium alloys. The additional cost of precious metal shall not exceed $150 per unit and $75 per unit for porcelain fused to metal (only molars). Porcelain/ceramic substrate crowns on molars are not covered.*

Network	Dental Care Access		
Plan Year Deductible (PYD)	**In-Network Only**		
Per Member	Does Not Apply		
Per Family			
Waived for Class I Services?			
Class I Services: Diagnostic & Preventive Care	**Code**	**K1-09**	**P5X00**
Routine Oral Exam *(4 Per Year)*	0120	No Charge	No Charge
Routine Cleanings *(2 Per Year)*	1110/1120	No Charge	No Charge
Additional Routine Cleanings *(Adult/Child)*	1110/1120	$45 Copay/$30 Copay	$45 Copay/$35 Copay
Bitewing X-rays	0274	No Charge	No Charge
Complete X-rays *(1 Set Every 3 Years)*	0330	No Charge	No Charge
Sealants - Per Tooth *(Children Under Age 14)*	1351	$12 Copay	$10 Copay
Fluoride Treatments *(2 Per Year)*	1208	No Charge	No Charge
Space Maintainer *(Unilateral/Bilateral)*	1510/1516	$110 Copay/$170 Copay	$25 Copay
Class II Services: Basic Restorative Care			
Fillings *(Amalgam; 3 Surfaces)*	2160	No Charge	No Charge
Fillings *(Composite; 3 Surfaces, Anterior)*	2332	No Charge	No Charge
Fillings *(Composite; 3 Surfaces, Posterior)*	2393	$82 Copay	$75 Copay
Extractions *(Erupted Tooth or Exposed Root)*	7140	$12 Copay	$5 Copay
Root Canal Therapy *(Molar)*	3330	$335 Copay*	$250 Copay*
Surgical Removal of Tooth *(Erupted/Impacted)*	7210/7240	$53 Copay/$115 Copay	$30 Copay/$90 Copay
Full Mouth Debridement *(Deep Cleaning; 1 Per Lifetime)*	4355	$65 Copay	$40 Copay
Periodontal Maintenance *(4 Per Year)*	4910	$53 Copay	$30 Copay
Class III Services: Major Restorative Care			
Bridges *(Porcelain Fused to High Noble Metal)*	6240	$450 Copay**	$185 Copay**
Crowns *(Porcelain Fused to High Noble Metal)*	2750	$450 Copay**	$185 Copay**
Dentures *(Upper/Lower)*	5110/5120	$625 Copay	$150 Copay
Class IV Services: Orthodontia			
Benefit — Child to Age 19	8080/8670	$2,555	$1,744
Benefit — Adults and Dependent Children *(Age 19 and Over)*	8090/8670	$2,891	$2,344
Records/Treatment Planning	8999	$195 Copay	$270 Copay
Retention	8680	$345 Copay	$275 Copay

Dental Insurance

Cigna Dental PPO Plan

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

Dental Insurance – Cigna Dental PPO Plan

Monthly Premium Deductions

Tier of Coverage	Employee Cost	City Pays	Total Premium
Employee Only	$20.54	$13.48	$34.02
Employee + 1 Dependent	$50.83	$16.19	$67.02
Employee + Family	$105.34	$14.46	$119.80
Police/Fire - 2 Member Family (Employee + 1 Dependent) [1]	$0	$67.02	$67.02
Police/Fire - 2 Member Family [1]	$0	$119.80	$119.80

*1) Two (2) Member Family coverage is used when **two (2) police officers or firefighters**, who are married to each other or who have filed Domestic Partner Affidavits, both work for the City. For medical, dental, and vision insurance, one (1) spouse/domestic partner will enroll all family members, including spouse/domestic partner (City worker) under family coverage.*

Dental Insurance
Cigna Dental PPO Plan – Domestic Partner

Monthly Reported Imputed Income Value

Tier of Coverage	
Employee + Domestic Partner Value [1]	$33.00
Employee + Domestic Partner + Employee Child(ren) Value [1]	$33.00
Employee + Domestic Partner + Domestic Partner Child(ren) Value [1]	$85.78

1) Imputed income amount reportable on employee W-2 Form for value of insurance.

***Please Note:** If employee is covering employee's own child(ren) AND child(ren) of a Domestic Partner, please contact the Human Resources/Benefits Department for a customized calculation of the specific scenario.*

In-Network Benefits

The Dental PPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Total Cigna DPPO network. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Plan Year Deductible (PYD) and then coinsurance based on the plan's charge limitations.

Please Note: Total DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Total Cigna DPPO provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Plan Year Deductible

The Dental PPO plan requires a $50 individual or a $100 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Plan Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO plan will pay for each covered member is $1,250 for in-network and out-of-network services combined. When members visit a dentist for preventive care, the Plan Year Benefit Maximum towards covered Class I, Class II or Class III services will increase $100 for each year the member and covered dependents continue to receive a preventative service, up to a limit of $1,550.

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

Cigna Dental PPO Plan At-A-Glance

Locate a Provider

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

Plan References

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

Important Notes

- *Two (2) routine cleanings per plan year covered under the preventive benefit.*
- *Waiting periods and age limitations may apply.*
- *For any dental work expected to cost $200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.*
- *Benefit frequency limitations may apply to certain services.*

Network	Total Cigna DPPO	
Plan Year Deductible (PYD)	**In-Network and Out-of-Network Combined**	
Per Member	$50	
Per Family	$100	
Waived for Class I Services?	Yes	
Plan Year Benefit Maximum	**In-Network**	**Out-of-Network***
Per Member	$1,250 *(Increases $100 per year enrolled; with a Benefit Maximum limit of $1,550)*	
Class I Services: Diagnostic & Preventive Care		
Oral Exam *(1 Every 6 Months)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Prophylaxis/Cleanings *(1 Every 6 Months)*		
X-rays *(Limitations May Apply)*		
Fluoride Treatments *(1 Per Plan Year; Children Under Age 19)*		
Sealants *(1 Every 3 Years; Children Under Age 14)*		
Space Maintainers		
Emergency Palliative Treatment		
Class II Services: Basic Restorative Care		
Fillings *(Amalgams, Synthetic or Composite)*	Plan Pays: 80% After PYD	Plan Pays: 80% After PYD *(Subject to Balance Billing)*
Tooth Extraction		
Endodontics *(Root Canals)*		
Periodontics *(Includes the Treatment of Gum Diseases)*		
Class III Services: Major Restorative Care		
Major Restorative *(Crowns, Inlays, Onlays)*	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD *(Subject to Balance Billing)*
Prosthetics *(Bridges & Dentures)*		
Bridge & Denture Repair		
Class IV Services: Orthodontia		
Lifetime Maximum	$1,250	
Benefit	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived *(Subject to Balance Billing)*

Vision Insurance

EyeMed Vision Plan

The City offers vision insurance through EyeMed to benefit-eligible employees. The monthly costs for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact EyeMed's customer service.

Vision Insurance – EyeMed Vision Plan

Monthly Premium Deductions

Tier of Coverage	Employee Cost	City Pays	Total Premium
Employee Only	$0	$4.33	$4.33
Employee + 1 Dependent	$0	$12.37	$12.37
Employee + Family	$0	$12.37	$12.37

Vision Insurance
EyeMed Vision Plan – Domestic Partner

Monthly Reported Imputed Income Value

Tier of Coverage	
Employee + Domestic Partner Value [1]	$4.33
Employee + Domestic Partner + Employee Child(ren) Value [1]	$4.33
Employee + Domestic Partner + Domestic Partner Child(ren) Value [1]	$8.04

1) Imputed income amount reportable on employee W-2 Form for value of insurance.

Please Note: *If employee is covering employee's own child(ren) AND a child(ren) of Domestic Partner, please contact the Human Resources/Benefits Department for a customized calculation of the specific scenario. .*

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the EyeMed Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the Insight network when: (i) you cannot schedule a visit within two-weeks, (ii) you are unable to locate a participating provider within a 10-mile radius in an urban-suburban area, or (iii) you are unable to locate a participating provider within a 20-mile radius in a rural area. When going out-of-network, the provider will require payment at the time of appointment. EyeMed will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

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

EyeMed | Customer Service: (866) 723-0513 | www.eyemed.com

EyeMed Vision Plan At-A-Glance

Locate a Provider

To search for a participating provider, contact EyeMed's customer service or visit www.eyemed.com. When completing the necessary search criteria, select the Insight network.

Plan References

** As a participant in the City's vision insurance, employee is eligible for exclusive savings from Target Optical, for any available frames, covered at 100%.*

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

Important Notes

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

Network		Insight	
Services		**In-Network**	**Out-of-Network**
Eye Exam		$10 Copay	Up to $40 Reimbursement
Contact Lens Fit and Follow-Up	Standard Lens	Up to $40 Copay	Not Covered
	Premium Lens	10% Off Retail Price	Not Covered
Retinal Imaging		Up to $39 Copay	Not Covered
Frequency of Services			
Examination		12 Months	12 Months
Lenses		12 Months	12 Months
Frames		24 Months	24 Months
Contact Lenses		12 Months	12 Months
Lenses			
Single		No Charge	Up to $30 Reimbursement
Bifocal			Up to $50 Reimbursement
Trifocal			Up to $70 Reimbursement
Frames*			
Allowance		Up to $150 Allowance 20% Off Balance Over $150	Up to $77 Reimbursement
Contact Lenses**			
Non-Elective *(Medically Necessary; With Prior Authorization)*		No Charge	Up to $210 Reimbursement
Elective	Conventional	Up to $150 Allowance 15% Off Balance Over $150	Up to $120 Reimbursement
	Disposable	Up to $150 Allowance	Up to $120 Reimbursement

Flexible Spending Accounts

The City of West Palm Beach offers Flexible Spending Accounts (FSA) administered through HealthEquity. The FSA plan year is from July 1, 2024 through June 30, 2025.

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

Health Care FSA

This account allows participant to set aside up to an annual maximum of $3,200. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

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

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of $5,000 if single or married and file a joint tax return ($2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

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

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

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

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

- ✓ Prescription/Over-the-Counter Medications
- ✓ Menstrual Products
- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees
- ✓ Diagnostic Tests/Health Screenings
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction/Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ LASIK Surgery
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs

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

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- The Health Care FSA and Dependent Care FSA allow a grace period to September 15th, 2025 at the end of the plan year. The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends. Receipts for claims must be submitted by September 28th, 2025. Once the grace period ends, any unused funds still remaining in the account will be forfeited.
- Employee can enroll in an FSA only during the Open Enrollment Period, New Hire Orientation, or Qualifying Life Events. .
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible in the employee FSA as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form: A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail, fax, online or through the HealthEquity mobile app. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

Debit Card: Use the HealthEquity Card instead of cash or credit at health care providers and pharmacies for eligible services, goods and prescriptions. Typical expenses include co-pays for doctor visits and prescriptions, dental and orthodontia expenses, vision care, prescribed over-the-counter (OTC) drugs and medication and non-drug OTC items and devices.

FSA participant will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. HealthEquity may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the City. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

HERE'S HOW IT WORKS!

An employee earning $50,000 elects to place $1,000 into a Health Care FSA. The payroll deduction is $41.66 based on a 24 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of $197.

	With a Health Care FSA	Without a Health Care FSA
Salary	$50,000	$50,000
FSA Contribution	- $1,000	- $0
Taxable Pay	$49,000	$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	- $9,628	- $9,825
After Tax Expenses	- $0	- $1,000
Spendable Income	$39,372	$39,175
Tax Savings	**$197**	

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

Using a Smartphone or Mobile Device

With EZ Receipts mobile app from HealthEquity, employees can file and manage reimbursement claims and receipts with a click of a smartphone or mobile device camera, from anywhere.

Use EZ Receipts:

- **Download the app from www.healthequity.com/wageworks, Apple App Store or Google Play Store.**
- **Log into account.**
- **Choose the type of receipt from the simple menu.**
- **Enter required information regarding the transaction.**
- **Use a smartphone camera or device to capture the documentation.**
- **Submit the image and details to HealthEquity.**

HealthEquity
Customer Service: (877) 924-3967 | Hours: 8:00am - 8:00pm EST
www.healthequity.com/wageworks

Basic Life and AD&D Insurance

Basic Term Life Insurance

The City provides Basic Term Life insurance through New York Life Group Benefit Solutions. Employee benefit amount is determined by eligibility classification as described in the table to the right. Enrollment is automatic but employee is required to designate a beneficiary. Beneficiary designations can be made online at www.mybentek.com/wpb. A beneficiary confirmation statement can also be printed and retained for personal records.

Accidental Death & Dismemberment Insurance

For Classes 1-7 and 13, the City also provides Accidental Death & Dismemberment (AD&D) insurance which pays in addition to, and in an amount equal to, the Basic Term Life benefit when death occurs as a result of an accident. A partial AD&D benefit may also be payable based on the schedule of benefits. For detailed coverages, exclusions, and stipulations contact New York Life's Group Benefit Solutions customer service.

Age Reduction Schedule

For Classes 1-7 and 13, the Basic Life and AD&D benefit amounts are subject to the following age reduction schedule:

- Reduces to 65% of the benefit amount at age 70
- Reduces to 50% of the benefit amount at age 75

Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Basic Term Life insurance benefit in excess of $50,000 must be included as income and is subject to Federal, Social Security and Medicare taxes.

Please Note: *For details regarding all the plan's coverages, exclusions, and stipulations, contact New York Life Group Benefit Solutions customer service or visit www.mynylgbs.com.*

Always remember to keep beneficiary information updated. Beneficiary information may be updated at any time through Bentek at www.mybentek.com/wpb or through the Human Resources/Benefits Department.

New York Life Group Benefit Solutions
Customer Service: (800) 362-4462 | www.mynylgbs.com

Class	Eligibility Classifications	Benefit Classifications
Class 1	Active Full-time Employees of Management Class 1.	1 times annual earnings plus $100,000, rounded to the next higher multiple of $1,000, to a maximum of $250,000.
Class 2	Active Full-time Employees of Management Class 2 other than members of Professional Managers Supervisors Association (PMSA).	1 times annual earnings plus $50,000, rounded to the next higher multiple of $1,000, to a maximum of $250,000.
Class 4	Active Full-time Employees other than Mayor, Members of the PMSA, Firefighters and Police Department employees.	1 times annual earnings, rounded to the next higher multiple of $1,000, to a maximum of $100,000.
Class 5	Active Full-time Employees who are members of the PMSA who are not in Management Classes 1 or 2, other than Firefighters and Police Department employees.	1 times annual earnings plus $25,000, rounded to the next higher multiple of $1,000, to a maximum of $100,000.
Class 6	Active Full-time Employees of the Police Department who are not in Management Classes 1 or 2.	1 times annual earnings, rounded to the next higher multiple of $1,000, to a maximum of $100,000.
Class 7	Active Full-time Employees of the Fire Department who are not in Management Classes 1 or 2.	1 times annual earnings, rounded to the next higher multiple of $1,000, to a maximum of $100,000.
Class 8	Retired Employees who retired prior to October 1, 1998 other than employees of the Police and Fire Department.	Flat $7,500.
Class 9	Retired Employees who retired on or after October 1, 1998 other than employees of the Police and Fire Department.	Flat $10,000.
Class 10	Retired Employees of the Police Department.	Flat $25,000.
Class 11	Retired Employees of the Fire Department retired prior to February 1, 2010.	Flat $25,000.
Class 12	Retired Employees of the Fire Department retired on or after February 1, 2010.	Flat $10,000.
Class 13	Active Elected Officials other than Mayor.	Flat $100,000.

Voluntary Employee & Dependent Life Insurance

Voluntary Employee Life Insurance

The City offers Voluntary Employee Life insurance through New York Life Group Benefit Solutions. Enrollment is voluntary and 100% employee paid. A summary of the plan's benefit provisions is provided below followed by a premium calculation. Beneficiary designations can be made online at www.mybentek.com/wpb. A beneficiary confirmation statement can also be printed and retained for personal records.

Voluntary Employee Life Plan Summary	
Eligibility	All Active Full-time Employees.
Benefit Options	Up to five (5) times the employee's basic annual earnings to a maximum of $500,000.
Cost to Employees	This benefit is 100% employee paid.
Guaranteed Issue	One (1), two (2), or three (3) times the employee's basic annual earnings to a maximum of $250,000 for all first-time eligible employees. Employee who does not enroll when first eligible and later wants to add this coverage, or employee who wants to increase current election must submit medical Evidence of Insurability to New York Life Group Benefit Solutions. Coverage will not be effective unless, and until, New York Life Group Benefit Solutions approves the application.
Portability	Employee can take this coverage with them if they terminate employment prior to normal retirement age. Rates will be similar but not identical.
Age Reduction	Employee benefit reduces to 65% of the benefit amount at age 70; and 50% of the benefit amount at age 75.
2024-2025 Open Enrollment	Enrolled employees may increase coverage up to but not exceeding the Guaranteed Issue amount of $250,000 without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI). Please contact the Human Resources/Benefits Department for additional information.

Voluntary Employee Life Monthly Premium Calculation

_____	÷	$1,000	=	_____	x	$0.32	=	_____
Elected Benefit Amount						*Monthly Rate per $1,000 of Elected Benefit*		*Monthly Cost*

Voluntary Spouse and Dependent Child(ren) Life Insurance

The City offers Voluntary Spouse and Dependent Child(ren) Life insurance through New York Life Group Benefit Solutions. Enrollment is voluntary and 100% employee paid. A summary of the plan's benefit provisions is provided below followed by a premium calculation. Beneficiary designations can be made online at www.mybentek.com/wpb. A beneficiary confirmation statement can also be printed and retained for personnel records.

Please Note: *Employees must participate in the Voluntary Life insurance plan for spouses/dependent child(ren) to participate.*

Voluntary Spouse and Dependent Child(ren) Life Plan Summary	
Benefit Options	Spouse: Units can be purchased in increments of $10,000 to a maximum of $50,000. Child(ren): Flat $5,000.
Dependent Spouse	Dependent elections cannot exceed 50% of the employee's inforce life benefit. Employee may not elect coverage for their spouse if spouse is covered as an employee under this policy. If both the employee and spouse are employees of the City, only one may elect coverage for any child(ren).
Dependent Child(ren)	Children from live birth to age 19 are covered, and may remain in the plan to age 25 if a full-time student.
Cost to Employees	This benefit is 100% employee paid.
Spouse Guaranteed Issue	$30,000 is the guaranteed issue amount for spouses who are newly eligible for coverage. Employee who has previously declined spouse coverage must submit medical Evidence of Insurability for their spouse to New York Life Group Benefit Solutions. Coverage will not be effective unless, and until, New York Life Group Benefit Solutions approves the employee's application.
Child(ren) Guaranteed Issue	All amounts are guaranteed issue, even if enrolling late.
Age Reduction	None.
2024-2025 Open Enrollment	Enrolled employees may increase coverage for spouses up to but not exceeding the Guaranteed Issue amount of $30,000 without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI). Please contact the Human Resources/Benefits Department for additional information.

Voluntary Spouse LifeMonthly Premium Calculation

_____	÷	$1,000	=	_____	x	$0.29	=	_____
Elected Benefit Amount						*Monthly Rate per $1,000 of Elected Benefit*		*Monthly Cost*

New York Life Group Benefit Solutions | Customer Service: (800) 362-4462 | www.mynylgbs.com

Long Term Disability

The City provides Long Term Disability (LTD) Insurance through New York Life Group Benefit Solutions for all general employees enrolled in the Defined Contribution Retirement Plan. LTD insurance is "income replacement" insurance that pays a percentage of monthly earnings if an employee is unable to work due to illness or a non-work related injury. The City pays for this benefit 100% and enrollment is automatic. A summary of the plan's benefit provisions is provided below. For details regarding all the plan's coverages, exclusions, and stipulations, contact New York Life's Group Benefit Solutions customer service or visit www.mynylgbs.com.

Employee LTD Plan Summary	
Definition of Disability	Disability means an employee cannot perform one (1) or more of the essential duties of their occupation due to a non-work related injury, illness, pregnancy or other medical condition covered by the insurance, and as a result, current monthly earnings are 80% or less than the pre-disability earnings. Once disabled for 36 months following the elimination period, employee must be prevented from performing one (1) or more of the essential duties of any occupation and as a result, their current monthly earnings are 60% less than pre-disability earnings.
Elimination Period	Benefits begin after 90 calendar days.
Benefit Percent	The plan replaces up to 60% of basic monthly earnings.
Monthly Benefit Minimum / Maximum	$100 / $5,000
Benefit Duration	If under age 63 when disabled, benefit may be payable up to the normal Social Security retirement at age 63 or older, benefit may be payable beyond normal retirement age. Consult the certificate for full description.
Pre-Existing Condition	Any condition for which the medical attention was sought or medication was taken in the 180 days prior to coverage becoming effective will not be covered unless the date of the disability follows 365 days of continuous coverage under this plan.
Mental & Nervous / Substance Abuse	24 month limit unless confined to a facility.
Cost to Employees	None. The City pays for this benefit.

New York Life Group Benefit Solutions
Customer Service: (800) 362-4462 | www.mynylgbs.com

Employee Assistance Program

The City provides, at no cost to all PT20, PT30 and full-time employees and their household members a comprehensive Employee Assistance Program (EAP) through Cigna. EAP offers employee and household members access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

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

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

Are Services Confidential?

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

To Access Services

Employee and family member(s) must register and create a user ID on www.mycigna.com to access EAP services.

Cigna
Customer Service: (877) 622-4327 | www.mycigna.com
Employer ID: cityofwpb

Supplemental Insurance

Aflac

Aflac offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction. Aflac pays money directly to employee, regardless of what other insurance plans they may have. Available Aflac plans include:

- ✓ Hospital Choice (Hospital Confinement)
- ✓ Critical Care Protection
- ✓ Short Term Disability
- ✓ Accident Advantage
- ✓ Cancer Protection Assurance (Optional additional Lump Sum Critical Illness benefit)
- ✓ Group Critical Illness

To learn more about these Aflac plans and/or to schedule a personal appointment, contact the City's Aflac Agent, Linda Carcich, at (561) 784-5256.

Aflac
Agent: Linda Carcich | Phone: (561) 784-5256 | www.aflac.com
Email: lindak_carcich@us.aflac.com | Aflac@wpb.org

Pet Insurance

Nationwide

The City offers employees the opportunity to purchase pet insurance on a voluntary basis through Nationwide. The plan allows members to visit any licensed vet or specialist, and may receive up to 70% reimbursement from Nationwide on vet bills. Participating providers cover medical treatments and surgeries for accidents, illnesses, and medical conditions. Also, included at no additional cost is Nationwide's 24/7/365 vet helpline that helps pet owners with any pet questions and PetRXExpress. Members can sign up multiple pets with individual plans and receive a discount for even more savings. See policy document for a complete list of exclusions.

Nationwide offers a choice of reimbursement options so you can find coverage that fits your budget. All plans have a $250 annual deductible and $7,500 maximum annual benefit. Coverage includes:

- ✓ Accidents
- ✓ Illnesses
- ✓ Hereditary and Congenital Conditions
- ✓ Cancer
- ✓ Dental Diseases
- ✓ Behavioral Treatments
- ✓ Rx Therapeutic Diets and Supplements
- ✓ And More

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- ✓ Lost Pet Advertising and Reward Expense
- ✓ Emergency Boarding
- ✓ Loss Due to Theft
- ✓ Mortality Benefit

Nationwide: Enrollment Process

1. Go directly to: www.petinsurance.com/wpb;
2. Visit petsnationwide.com and enter your company name;
3. Call (877) 738-7874 and mention you are an employee of City of West Palm Beach

Nationwide
Customer Service: (877) 738-7874 | www.petinsurance.com/wpb

Preferred Legal Plan

City employees have the opportunity to enroll in a voluntary pre-paid legal program through Preferred Legal Plan. By enrolling in this plan, a participant will have direct access to attorneys who will provide legal assistance 24 hours a day / seven (7) days a week for a variety of situations such as those examples provided below. Additional services may also be provided at discounted rates.

The cost to the employee to participate in this legal plan is $9.95 per month. This cost is the same for all employees regardless of the number of eligible dependents enrolled in the plan. All premiums will be payroll deducted on a post-tax basis for the employee's convenience.

Preferred Legal Plan service examples:

- ✓ Divorce
- ✓ Domestic Violence
- ✓ Civil Litigation
- ✓ Child Custody and Support
- ✓ Identity Theft Issues
- ✓ Personal Injury
- ✓ Bankruptcy
- ✓ Criminal Defense
- ✓ Traffic Tickets
- ✓ Probate
- ✓ Immigration
- ✓ Wills (Member and Spouse)
- ✓ Real Estate
- ✓ Credit Report Issues
- ✓ Contract Review
- ✓ Loan Modifications
- ✓ Foreclosure Defense

Preferred Legal Plan
Customer Service: (888) 577-3476 | www.preferredlegal.com
Email: info@preferredlegal.com

Preferred Identity Plan

City employees have the opportunity to enroll in a voluntary identity theft protection/credit monitoring service through Identity Works, a part of Experian℠.

Identity Works is available for an additional $7.00 per month for employee only and $14.00 per month for employee plus spouse (or adult child) when added to the Preferred Legal Plan (or $9.00 stand alone for employee only, $18.00 stand alone for employee plus spouse [or adult child]).

By enrolling in this plan as an add-on benefit to the Preferred Legal Plan or as a stand alone benefit, a participant will have the following benefits:

- Early warning Surveillance Alert™ notifications via email or mobile text.
- Credit report monitoring checks for new credit cards, loans, inquiries, delinquent accounts and more on a member's credit report.
- Change of address monitoring checks for address changes at the account level that could indicate criminal activity.
- Lost wallet protection
- Monthly email notifications of "all clear" or other status.
- $1,000,000 Identity Theft Insurance with a $0 deductible may cover 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.
- 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.

Identity Works is pleased to partner with Preferred Legal Plan™. Identity Works provides more than identity protection. To learn more about the plan, contact Preferred Legal Plan at (888) 577-3476.

Identity Works, a part of Experian℠
Identity Theft Protection/Credit Monitoring Service
Member Services: (888) 577-3476 | www.experianidworks.com/plus

WEST PALM BEACH

RISK strategies | GEHRING GROUP
A RISK STRATEGIES COMPANY

3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | www.gehringgroup.com

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