2024
2025

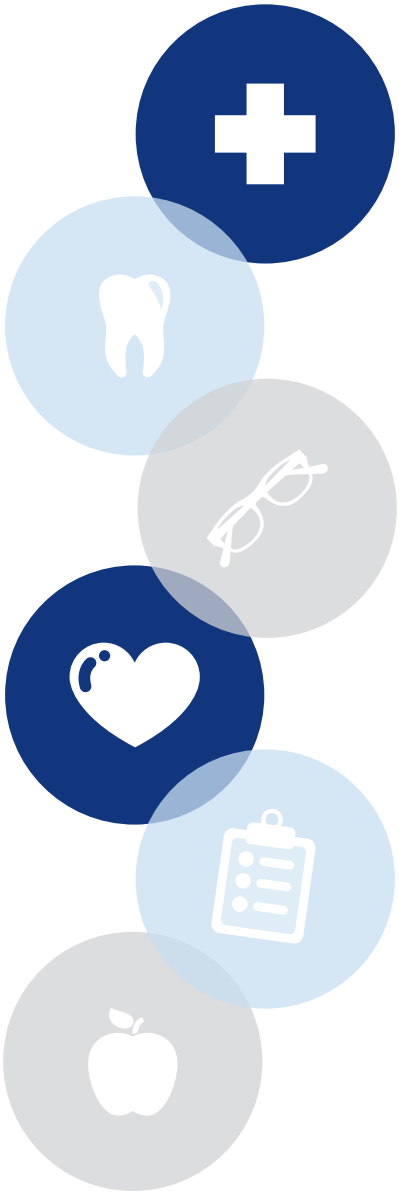
EMPLOYEE BENEFIT HIGHLIGHTS

City of
DUNEDIN
Florida

Contact Information

	Human Resources	Paula McLemore	Phone: (727) 298-3044 Email: pmclemore@dunedinfl.net
	Online Benefit Enrollment	Bentek	Customer Service: (888) 5-Bentek (523-6835) Email: support@mybentek.com www.mybentek.com/dunedin
	Medical Insurance	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com
	Prescription Mail-Order Program	Cigna/Express Scripts Pharmacy	Customer Service: (800) 835-3784 www.mycigna.com
	Employee Wellness Program	Vitality	Customer Service: (877) 224-7117 www.PowerofVitality.com
	Health Reimbursement Account	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
	Health Savings Account	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
	Dental Insurance	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com
	Vision Insurance	Cigna Vision	Customer Service: (888) 353-2653 www.mycigna.com
	Flexible Spending Accounts	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
	Employee Assistance Program	Cigna Behavioral Health	Customer Service: (877) 622-4327 www.mycigna.com
	Basic Life and AD&D Insurance and Voluntary Life Insurance	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	Short Term Disability Insurance	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	Voluntary Long Term Disability Insurance	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	Supplemental Insurance	Aflac	Agent: Terri Scully Phone: (727) 742-5285 | Email: terri.benefits@gmail.com www.aflac.com
		Colonial	Customer Service: (800) 325-4368 Agent: Shirley Drake | Phone: (727) 538-2960, Ext. 3 www.coloniallife.com
	Legal Insurance	LegalShield	Agent: Barry Olfern Phone: (954) 655-2446 https://shieldbenefits.com/dunedin
	Pet Insurance	Nationwide Voluntary Pet Insurance	Customer Service: (800) 540-2016 www.petinsurance.com/dunedingov
	Retirement Plans	FRS	Customer Service: (844) 377-1888 http://frs.myflorida.com
		Empower Retirement	Agent: Christina Constantine Phone: (727) 282-7048 Email: christina.constantine@empower.com www.empower-retirement.com
		Firefighters Retirement System	Agent: Patrick Kroeger Phone: (727) 773-1598 | Email: pkroeger@tampabay.rr.com

Table of Contents



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

City of DUNEDIN Florida

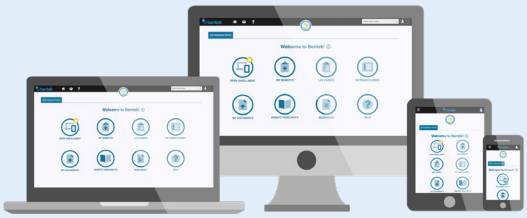
Introduction

The City of Dunedin provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the City's Personnel Policies 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 Human Resources for further information.

Online Benefit Enrollment

The City provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides 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/dunedin**
- ✓ 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 October 1 through September 30.

Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are benefit-eligible employees working a minimum of 35 or more hours per week. Employees working more than 30 hours per week, but less than 35 hours per week, on a year round basis, may elect to participate in the City's Base HMO medical plan option only.

Coverage will be effective the first day of the month following 30 calendar days of employment. For example, if employee is hired on April 11, then the effective date of coverage will be June 1.

Separation of Employment

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

Dependent Eligibility

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

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

Dependent Age Requirements

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

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

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

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

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

Disabled Dependents

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

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

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

Taxable Dependents

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

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

Group Insurance Eligibility *(Continued)*

Domestic Partner Coverage

Domestic partners may be eligible to participate in the City's group medical, dental and vision insurance plans and will be required to complete a City of Dunedin Declaration of Domestic Partnership. IRS guidelines state that employee may not receive a tax advantage on any portion of premiums paid related to domestic partner coverage. Employees insuring domestic partners and/or child dependent(s) of a domestic partner will see the insurance premium deductions on a post-tax basis, and any amount subsidized by the employer will be reported as "imputed income" to employee. Employee may contact Human Resources for further details and rates if employee is covering a domestic partner at any time during the upcoming calendar year. Upon termination of the domestic partnership, please contact Human Resources for the applicable forms. Please note, domestic partners are not eligible for COBRA continuation of coverage.

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance and/or certain supplemental policies and contributions to Flexible Spending Accounts (FSA) 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, **Human Resources 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. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Newborns are effective on the date of birth. 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.

Medical Insurance

Medical Opt Out Benefit

If employee is covered by another medical insurance plan (example: an individual policy, as a dependent under a spouse's policy, military insurance, etc.) and wishes to opt out of the City's medical insurance plan, the employee will receive $75.00 biweekly (this is taxable income).

Employee will still be enrolled in employer paid coverage's such as Basic Life, Accidental Death and Dismemberment, Short Term Disability, and the Employee Assistance Program (EAP) at no cost to employee. The City may request proof of other medical insurance (i.e., certificate of insurance, copy of identification card, or copy of current policy) and employee's signed declination form. Employee will be required to verify this information on an annual basis and notify the City of any changes to employee's insurance.

Medical Plan Resources

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

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 benefit options. A free paper copy of the SBC document may be requested or is available as follows:

From:	Human Resources
Address:	737 Louden Ave Dunedin, FL 34698
Phone:	(727) 298-3044
Email:	pmclemore@dunedinfl.net
Website URL:	www.mybentek.com/dunedin

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting Human Resources or on the following web address: www.mybentek.com/dunedin.

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

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.

OAPIN Base Plan	Services Cost Per Visit
Primary Care Services	$35 Copay
Specialty Care Services	$45 Copay

OAPIN Buy Up Plan	Services Cost Per Visit
Primary Care Services	$20 Copay
Specialty Care Services	$35 Copay

OAP HDHP Plan	Services Cost Per Visit
Primary Care Services	20% After PYD
Specialty Care Services	20% After PYD

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

Omada

Members who have been diagnosed with pre-diabetes and qualify may participate in Cigna's Omada Program. Omada is a personalized lifestyle program designed to help members make gradual changes, in eating, exercise, sleep and managing stress. This program is available at no additional cost to benefit-eligible employees and covered dependents. For more details, please visit www.omadahealth.com/omadaforcigna

Medical Insurance

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

Medical Insurance – Cigna OAPIN Base Plan with HRA

26 Payroll Deductions Per Plan Year

Tier of Coverage	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	$931.20	$931.20	$0.00	$0.00
Employee + Spouse	$1,862.40	$1,549.76	$312.64	$144.30
Employee + Child(ren)	$1,676.16	$1,394.78	$281.38	$129.87
Employee + Family	$2,700.48	$2,085.44	$615.04	$283.86

Medical Insurance – Cigna OAPIN Buy Up Plan with HRA

26 Payroll Deductions Per Plan Year

Tier of Coverage	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	$1,118.54	$978.08	$140.46	$64.83
Employee + Spouse	$2,237.08	$1,606.54	$630.54	$291.02
Employee + Child(ren)	$2,013.38	$1,445.90	$567.48	$261.91
Employee + Family	$3,243.76	$2,142.42	$1,101.34	$508.31

Medical Insurance – Cigna OAP HDHP Plan with HSA

26 Payroll Deductions Per Plan Year

Tier of Coverage	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	$778.56	$778.56	$0.00	$0.00
Employee + Spouse	$1,557.12	$1,293.02	$264.10	$121.89
Employee + Child(ren)	$1,401.40	$1,163.72	$237.68	$109.70
Employee + Family	$2,257.82	$1,710.38	$547.44	$252.66

The myCigna Mobile App

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

- Quickly view, print, email, or share ID Cards from 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 prescriptions
- View plan coverage and authorizations
- Review plan deductibles and maximums
- View wellness goals and awards

Employee Wellness Incentive Program

For the 2024-2025 plan year, the City will contribute money into an HRA account for any employee enrolled in the City's medical plans based upon participation in the City's Employee Wellness Incentive Program, Vitality. Wellness funds for HDHP plan participants will go into the employee's HSA.

Vitality Program

Vitality is an interactive, personalized and fun voluntary wellness program that rewards medical plan participants by awarding points for completing various healthy lifestyle activities, including online educational assessments, preventive screenings and fitness activities. Points accumulated are ultimately redeemable for rewards. The more members engage in Vitality, the more points they can earn.

Participation in the Vitality Program will affect HRA funding for future years.

For more information regarding the Vitality program, please contact Vitality's customer service or visit www.PowerofVitality.com

Vitality
Customer Service: (877) 224-7117 | www.PowerofVitality.com

Health Reimbursement Account

The City will continue to contribute to an HRA account for employees who participate in either the Cigna OAPIN Base plan or Cigna OAPIN Buy-Up medical plans. The City utilizes Cigna for the administration of the Health Reimbursement Account (HRA). HRA monies are funded by the City and may be used for any qualified medical expenses such as copayments, deductibles and coinsurance for physician services, hospital services, prescription drugs, dental and vision services, etc. The HRA monies provide tax-free funds to cover expenses incurred under the medical plan.

Retain Receipts

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

How to Check Available HRA Balance

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

Expenses Eligible for Reimbursement

Employee may request reimbursement of expenses for employee or covered dependent(s). Eligible expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical condition. Cosmetic expenses are not eligible for reimbursement. Reimbursement checks will be issued to employee throughout the year for incurred expenses up to the maximum annual benefit amount. Employee has the option to have reimbursement checks direct deposited into employee's bank account. For more information regarding eligible expenses, visit www.mycigna.com or by calling Cigna at (800) 244-6224. Please note that domestic partners are not eligible to use the HRA as federal law does not recognize them as a qualified dependent.

File a Claim

Debit Card

Each employee will be provided with a debit card to use for payment of out-of-pocket medical expenses. This may prevent employee from having to pay an expense first and then seek reimbursement. However, employee may be required to submit documentation of any expenses that do not match a copay associated with specific service under the plan.

All claims must be filed within 90 days after the end of the plan year (September 30, 2025), or 30 days from the date employee becomes ineligible to file for expenses incurred while participating during the plan year.

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

Cigna OAPIN Base with HRA 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 **Open Access Plus In** network.

Plan References

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

*** Excludes Specialty Drugs*

Important Notes

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

Network	Open Access Plus In-Network
Plan Year Deductible (PYD) *October 1-September 30*	**In-Network**
Single	$1,000
Family	$2,000
Coinsurance	
Member Responsibility	30%
Plan Year Out-of-Pocket Limit *October 1-September 30*	
Single	$2,500
Family	$5,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician *(PCP)* Office Visit	$35 Copay
Specialist Office Visit *(No Referral Required)*	$45 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Bloodwork)**	No Charge
X-rays	No Charge
Advanced Imaging *(MRI, PET, CT)*	No Charge
Outpatient Surgery at Surgical Center	30% After PYD
Physician Services at Surgical Center	No Charge
Urgent Care *(Per Visit)*	$40 Copay
Hospital Services	
Inpatient Hospital *(Per Admission)*	30% After PYD
Outpatient Hospital *(Per Visit)*	30% After PYD
Physician Services at Hospital	No Charge
Emergency Room *(Per Visit; Waived if Admitted)*	$150 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospitalization *(Per Admission)*	30% After PYD
Outpatient Services *(Per Visit)*	$35 Copay
Prescription Drugs *(Rx)*	
Generic	$15 Copay
Preferred	$30 Copay
Non-Preferred	$55 Copay
Specialty	25% Coinsurance ($250 Per Rx Maximum)
Mail-Order Drug *(90-Day Supply) ***	2x Retail Copay

Cigna OAPIN Buy-Up with HRA Plan At-A-Glance

Network	Open Access Plus In-Network
Plan Year Deductible (PYD) *October 1-September 30*	**In-Network**
Single	Does Not Apply
Family	Does Not Apply
Coinsurance	
Member Responsibility	0%
Plan Year Out-of-Pocket Limit *October 1-September 30*	
Single	$2,500
Family	$5,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician *(PCP)* Office Visit	$20 Copay
Specialist Office Visit *(No Referral Required)*	$35 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Bloodwork)**	No Charge
X-rays	No Charge
Advanced Imaging *(MRI, PET, CT)*	No Charge
Outpatient Surgery at Surgical Center	$250 Copay
Physician Services at Surgical Center	No Charge
Urgent Care *(Per Visit)*	$35 Copay
Hospital Services	
Inpatient Hospital *(PerAdmission)*	$500 Copay
Outpatient Hospital *(Per Visit)*	$250 Copay
Physician Services at Hospital	No Charge
Emergency Room *(Per Visit; Waived if Admitted)*	$150 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospitalization *(Per Admission)*	$500 Copay
Outpatient Services *(Per Visit)*	$20 Copay
Prescription Drugs *(Rx)*	
Generic	$10 Copay
Preferred	$25 Copay
Non-Preferred	$50 Copay
Specialty	25% Coinsurance ($250 Per Rx Maximum)
Mail-Order Drug *(90-Day Supply)* **	2x Retail Copay

Locate a Provider

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

Plan References

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

*** Excludes Specialty Drugs .*

Important Notes

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

Cigna OAP HDHP with HSA 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 **Open Access Plus** network.

Plan References

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

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

**** Excludes Specialty Drugs*

Important Notes

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

Network	Open Access Plus	
Plan Year Deductible (PYD) *October 1-September 30*	**In-Network**	**Out-of-Network***
Single	$2,000	$6,000
Family	$4,000	$12,000
Coinsurance		
Member Responsibility	20%	50%
Plan Year Out-of-Pocket Limit *October 1-September 30*		
Single	$3,400	$10,200
Family	$6,800	$20,400
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	20% After PYD	50% After PYD
Specialist Office Visit *(No Referral Required)*	20% After PYD	50% After PYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	20% After PYD	50% After PYD
X-rays	20% After PYD	50% After PYD
Advanced Imaging *(MRI, PET, CT)*	20% After PYD	50% After PYD
Outpatient Surgery at Surgical Center	20% After PYD	50% After PYD
Physician Services at Surgical Center	20% After PYD	50% After PYD
Urgent Care *(Per Visit)*	20% After PYD	50% After PYD
Hospital Services		
Inpatient Hospital	20% After PYD	50% After PYD
Outpatient Hospital *(Per Visit)*	20% After PYD	50% After PYD
Physician Services at Hospital	20% After PYD	50% After PYD
Emergency Room *(Per Visit; Waived if Admitted)*	20% After PYD	20% after INN PYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospitalization *(Per Admission)*	20% After PYD	50% After PYD
Outpatient Services *(Per Visit)*	20% After PYD	50% After PYD
Prescription Drugs *(Rx)*		
Generic	$15 After PYD	50% After PYD
Preferred Brand	$30 After PYD	
Non-Preferred Brand	$55 After PYD	
Specialty	20% After PYD ($250 Per Rx Maximum)	
Mail-Order Drug *(90-Day Supply)****	2x Retail Copay After PYD	50% After PYD

Health Savings Account

The Cigna OAP HDHP Plan complies with the Internal Revenue Service (IRS) requirements and qualifies enrollee to open a Health Savings Account (HSA). An HSA is an interest-bearing account where funds may be used to help pay employee and dependent(s) deductible, coinsurance and any qualified health care expenses not covered by the plan.

2024-2025 Plan Year Funding:

- The City will fund employee only HSA's $500 for 12 months.*
- The City will fund employee + spouse HSA's $1,000 for 12 months.*
- The City will fund employee + children HSA's $1,000 for 12 months.*
- The City will fund employee + family HSA's $1,500 for 12 months.*

**The City funding is in addition to any voluntary amount funded.*

Employee may opt to fund an HSA via pre-tax evenly dispersed payroll deductions or in a lump sum payroll deduction. Employee contributions to an HSA may also be made on an after-tax basis and taken as an above-the-line deduction on employee's tax return (making such contributions tax-free)

- 2024 IRS Contribution Limitations: $4,150 (individual coverage); $8,300 (family coverage)
- 2025 IRS Contribution Limitations: $4,300 (individual coverage) $8,550 (family coverage)
- Individuals age 55 and older can also make additional "catch-up" contributions up to $1,000 annually.

Guidelines regarding the HSAs are established by the IRS.

What to know about an HSA

- Employee owns the HSA funds from day one and decides how and when to spend the money.
- No use-it-or lose-it rules; funds are in the account when needed, now or in the future. Participant cannot fund a traditional Health Care FSA, however, participant may fund a Limited Purpose FSA for dental and vision expenses only.
- HSA funds may earn interest.
- The HSA will be funded with employer contributions. If employee chooses to fund the remaining IRS HSA Combined Contribution Limit balance they may do so with pre-tax payroll deductions
- HSA funds are portable from one employer to another. Accumulated funds can help employee plan for retirement.
- An account holder may write a check or withdraw funds with a Health Savings Account Debit Card.
- A monthly per account service fee, determined by the bank, may be deducted automatically from the HSA.
- Account holder can access HSA statement at any time to track account balance and activity online at www.mycigna.com.
- To be eligible to open an HSA, employee must be covered by a qualified high deductible health plan. Employee may not be covered under another medical plan that is not a qualified high deductible health plan including a plan the employee's spouse may have selected where he/she has family coverage. Please Note: Eligibility status to qualify for an HSA is specifically driven by the County employee and NOT dependents.
- HSA funds can be used for dependent(s) even if dependent is not enrolled in the employee's group insurance benefits as long as the dependent is a qualified tax dependent.
- Over-age dependent is not able to use HSA funds for qualified expenses, even if dependent is covered under the medical plan as Federal law does not recognize them as a qualified dependent.
- If employee is enrolled in Medicare, TRICARE or TRICARE for Life, the employee is not eligible to contribute funds into an HSA. In addition, the IRS prohibits the City from contributing HSA funds into the account. If employee is not enrolled in Medicare, TRICARE or TRICARE for Life, and meets the other requirements, then employee is eligible to enroll and contribute into the HSA up to the 2024/2025 maximum contribution amounts.
- Active employee NOT on Medicare but with a spouse enrolled in Medicare: Any active employee who is covering a spouse that is enrolled in Medicare is eligible to enroll and contribute into the HSA up to the maximum contribution amounts. These funds can be utilized for the active employee and spouse expenses.
- Active employee ON Medicare and with a spouse NOT enrolled in Medicare: Any active employee who is enrolled in Medicare and covering a spouse may not contribute or receive HSA funding. Any remaining balance in the HSA can be utilized until there are no funds remaining.

**Please contact Human Resources for further information regarding funding variations of employer HSA contributions.*

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

Dental Insurance

Cigna DHMO Plan

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

Dental Insurance – Cigna Dental DHMO Plan

26 Payroll Deductions Per Plan Year

Tier of Coverage	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	$13.95	$13.95	$0.00	$0.00
Employee + Family	$29.80	$12.52	$17.28	$7.98

In-Network Benefits

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

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

Out-of-Network Benefits

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

Plan Year Deductible

There is no plan year deductible.

Plan Year Benefit Maximum

There is no benefit maximum.

The myCigna Mobile App

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

- Quickly view, print, email, or share ID Cards from 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
- Review plan deductibles and maximums
- View wellness goals and awards

IMPORTANT NOTES

- *Each covered family member may receive two (2) routine cleanings per plan year (one (1) every six (6) months) covered under the preventive benefit. Additional cleanings are available at the charge of a copay.*
- *Prior authorization is not required for specialty referrals for Endodontic and Pediatric Services.*
- *Waiting periods and age limitations may apply for some services.*

The summary on the following page has been provided as a convenient reference. For a full listing of covered services, please see the plan's Schedule of Benefits or contact Cigna's customer service.

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

Cigna DHMO Plan At-A-Glance

Network	Access Plus	
Plan Year Deductible (PYD) October 1-September 30	**In-Network Only**	
Per Member	Does Not Apply	
Per Family		
Waived for Class I Services?		
Class I Services: Diagnostic & Preventive Care	**Code**	**In-Network**
Office Visit	9430	$0
Routine Oral Exam *(2 Per Calendar Year)*	0120	$0
Routine Cleanings *(2 Per Calendar Year)*	1110/1120	$0
Bitewing X-rays *(4 Films)*	0274	$0
Complete X-rays	0210	$0
Fluoride	1208	$0
Sealants *(Per Tooth)*	1351	$12 Copay
Emergency Care to Relieve Pain *(During Regular Hours)*	9999	$0
Class II Services: Basic Restorative Care		
Fillings *(Amalgam; 3 Surface: Primary or Permanent)*	2160	$0
Fillings *(Composite, 3 Surface: Anterior/Posterior)*	2332/2393	$0 / $82 Copay
Simple Extractions *(Erupted/Exposed Tooth)*	7140	$12 Copay
Surgical Removal of Tooth *(Erupted/Impacted)*	7210/7240	$53 Copay / $115 Copay
Root Canal Therapy *(Molar)**	3330	$335 Copay
Periodontal	4341/4342	$83 Copay / $42 Copay
Deep Cleaning	4355	$65 Copay
Local Anesthesia	9215	$0
Class III Services: Major Restorative Care		
Crowns *(Porcelain Fused to High Noble Metal)*	2750	$450 Copay
Dentures	5110/5120	$625 Copay
Bridges	6240	$450 Copay
Implants	6010	$1,025 Copay
Class IV Services: Orthodontia		
Benefit — Child *(To Age 19)*	8670	$2,040
Benefit — Adult	8670	$2,376
Evaluation	$67 Copay	
Records/Treatment Planning	$195 Copay	
Retention	8680	$345 Copay

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 **Access Plus** network.

Plan References

**Excluding final restoration.*

Dental Insurance

Cigna Dental PPO Plan

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

Dental Insurance – Cigna Dental PPO Plan

26 Payroll Deductions Per Plan Year

Tier of Coverage	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	$36.85	$26.57	$10.28	$4.74
Employee + Family	$98.53	$17.33	$81.20	$37.48

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 Cigna Total 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.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Cigna Total DPPO network 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 $150 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 $2,000 for in-network and out-of-network services combined. Preventive services accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next plan year.

IMPORTANT NOTES

- *Each covered family member may receive up to three (3) routine cleanings per plan year covered under the preventive benefit.*
- *Waiting periods and age limitations for certain services 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.*

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

Cigna Dental PPO Plan At-A-Glance

Network	Total Cigna DPPO	
Plan Year Deductible (PYD) October 1-September 30	**In-Network**	**Out-of-Network***
Per Member	$50	$50
Per Family	$150	$150
Waived for Class I Services?	Yes	
Plan Year Benefit Maximum October 1-September 30		
Per Member *(Includes Class I Services)*	$2,000	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(3 Per Year)*		
Bitewing X-rays *(2 Set Per Year)*		
Complete X-rays *(1 Every 3 Years)*		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 90% After PYD	Plan Pays: 90% After PYD *(Subject to Balance Billing)*
Simple Extractions		
Oral Surgery		
Endodontics *(Root Canal Therapy)*		
Anesthetics		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 60% After PYD	Plan Pays: 60% After PYD *(Subject to Balance Billing)*
Dentures		
Bridges		
Periodontal Services		
Class IV Services: Orthodontia		
Lifetime Benefit	$1,000	
Child Benefit *(Dependent Children Up To Age 19)*	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived *(Subject to Balance Billing)*

Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.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.*

Vision Insurance

Cigna Vision PPO Plan

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

Vision Insurance – Cigna Vision Plan

26 Payroll Deductions Per Plan Year

Tier of Coverage	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	$6.00	$0.00	$6.00	$2.77
Employee + One	$11.46	$0.00	$11.46	$5.29
Employee + Family	$18.64	$0.00	$18.64	$8.60

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 Cigna Vision network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

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

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

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

The myCigna Mobile App

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- 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
- Review plan deductibles and maximums
- View wellness goals and awards

Cigna Healthcare | Customer Service: (877) 478-7557
www. mycigna.com

Cigna Vision Plan At-A-Glance

Network		Cigna Vision Network	
Services		**In-Network**	**Out-of-Network**
Eye Exam		$10 Copay	Up to $45 Reimbursement
Contact Lens Exam *(Fit & Follow-Up)*		$0 Copay	Not Covered
Frequency of Services Per Calendar Year			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
Lenses			
Single		$15 Copay	Up to $32 Reimbursement
Bifocal			Up to $55 Reimbursement
Trifocal			Up to $65 Reimbursement
Frames			
Allowance		Up to $130 Allowance Then 20% Off Balance Over$130	Up to $71 Reimbursement
Contact Lenses*			
Non-Elective *(Medically Necessary; Prior Authorization Required)*		No Charge	Up to $210 Reimbursement
Elective *(Materials)*	Conventional	Up to $130 Allowance; Then 15% Discount over $130	Up to $105 Reimbursement
	Disposable	Up to $130 Allowance	Up to $105 Reimbursement

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 Vision** network (serviced by EyeMed).

Plan References

**Contact lenses are in lieu of spectacle lenses.*

Important Notes

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

Flexible Spending Accounts

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

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year. There are three (3) types of FSAs:

- **Health Care FSA:** Available to eligible employee who is **not** enrolled in the Cigna HDHP Plan with an HSA. The Health Care FSA covers medical, dental, and vision expenses that are not paid by insurance.
- **Limited Purpose FSA:** Available to eligible employee who is enrolled in the Cigna HDHP Plan with an HSA. A Limited Purpose Health Care FSA may be used for qualified dental and vision expenses.
- **Dependent Care FSA:** Covers day care expenses for qualified dependents necessary for employee and legal spouse, if married, to work.

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 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 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

**These items are eligible expenses under the Limited Purpose FSA.*

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 has a run out period at the end of the plan year (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year (October 1 through September 30).
- When a plan year ends and all claims have been filed all unused funds will be forfeited and will not be returned.
- Employee can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

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

Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. Cigna may request supporting documentations for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the City. 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 $38.46 based on a 26 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of $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 healthcare and/or dependent care expenses. IRS regulations state that 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."***

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

Employee Assistance Program

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

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and household members/domestic partners free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes eight (8) visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

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

Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor/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 city employee designated by the employee. The designated employee will not receive specific information regarding the referred employee's case. The designated employee will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

Cigna Behavioral Health | Customer Service: (877) 622-4327
www.mycigna.com

Basic Life and AD&D Insurance

Basic Term Life Insurance

The City provides a Basic Term Life benefit to all eligible, full-time employees at no cost, through New York Life. Eligible employees will receive a benefit amount equal to 1.5 times annual salary, rounded to the next higher 1,000, up to a benefit maximum of $100,000.

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.

Accidental Death & Dismemberment Insurance

Also, at no cost to employee, the City provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 65
- › Reduces to 50% of the benefit amount at age 70
- › Reduces to 30% of the benefit amount at age 75

Retirees

Eligible retirees who have retired after 10/1/1997, may choose to continue a Term Life insurance benefit amount of $15,000. This election will be paid at retiree's expense in the amount of $3.65 per month.

Always remember to keep beneficiary forms updated. Beneficiary forms may be updated at anytime through Human Resources or by logging onto Bentek.

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

Voluntary Life Insurance

Voluntary Employee Life Insurance

Eligible, full-time employees may elect to purchase additional Life insurance on a voluntary basis through New York Life. This coverage may be purchased in addition to the Basic Term Life and AD&D benefit. Voluntary Life insurance offers coverage for employee, spouse and/or child(ren) at different benefit levels.

New Hires may purchase Voluntary Employee Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $200,000.**

- Units can be purchased in increments of $10,000 to a maximum of $500,000, not to exceed five (5) times annual salary.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces to 65% of the benefit amount at age 65
  - Reduces to 50% of the benefit amount at age 70
  - Reduces to 30% of the benefit amount at age 75

2024-2025 Open Enrollment: Eligible employees have the opportunity to purchase or increase Voluntary Employee Life Insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of $200,000.

Voluntary Spouse Life Insurance

New Hires may purchase Voluntary Spouse Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $50,000.**

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of $10,000, to a maximum of $250,000, not to exceed 50% of employee's Voluntary Life coverage amount.
- Spouse Life insurance coverages will be subject to the same age reduction schedule as the employee.
- **2024-2025 Open Enrollment:** Eligible employees have the opportunity to purchase or increase Voluntary Spouse Life and insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of $50,000.

Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- Coverage may be purchased for eligible, unmarried children, from birth to age 20, or up to age 26 if a full-time student.
- Child(ren) birth to 14 days old may be covered for a benefit amount of $500.
- Child(ren) 15 days old to six (6) months of age may be covered for a $5,000 benefit amount.
- Children six (6) months old up to age 20 (or 26 if a full-time student); may be covered in increments of $5,000 up to a maximum amount of $25,000.

Voluntary Life Rate Table

Rate Per $1,000 of Benefit

Age Bracket *(Based On Employee Age)*	Voluntary Life Rate
Under Age 29	$0.072
30-34	$0.081
35-39	$0.099
40-44	$0.153
45-49	$0.261
50-54	$0.432
55-59	$0.675
60-64	$1.053
65-69	$1.890
70+	$3.384

Always remember to keep beneficiary forms updated. Beneficiary forms may be updated through Human Resources or by logging onto Bentek.

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

Short Term Disability

The City provides Short Term Disability (STD) insurance at no cost to all eligible employees through New York Life. The STD benefit pays employee a percentage of weekly earnings if employee becomes disabled due to an illness or non-work related injury.

Short Term Disability (STD) Benefits

- STD program offers a benefit of 60% of employee's weekly earnings, up to a benefit maximum of $800 per week.
- Employee must be disabled for 30 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will begin on the 31st day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 150 days.
- Pregnancy is included.
- Benefits may be reduced by other income.
- Disability benefits are taxable.

While receiving an STD benefit, employee must supplement the balance of normal bi-weekly gross paycheck by utilizing sick leave, compensatory time and/or annual leave. Normal payroll deductions will be deducted from these supplements but once exhausted, employee will be responsible for making arrangements with Human Resources for payment of payroll deductions. STD benefits may be offset with other income benefits such as social security and retirement benefits.

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

Voluntary Long Term Disability

The City offers Voluntary Long Term Disability (LTD) insurance to all eligible employees through New York Life. The LTD pays a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

Voluntary Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of $5,000 per month.
- Employee must be disabled for 180 days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will commence on the 181st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- Benefits are payable up to age 65 or are based on a reduced benefit duration if the employee is disabled after the age of 63.
- Benefits may be reduced by other income.

While receiving an LTD benefit, employees who are still actively employed must supplement the balance of the normal bi-weekly gross paycheck by utilizing sick leave, compensatory time and/or annual leave. Normal payroll deductions will be deducted from these supplements but once exhausted, employees will be responsible for making arrangements with Human Resources for payment of payroll deductions. LTD benefits may be offset with other income benefits such as social security and retirement benefits.

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

Supplemental Insurance

Aflac

Aflac offers a variety of supplemental insurance plans that may be purchased on a voluntary basis and premiums paid by pre-tax payroll deductions for most offerings. Aflac pays money directly to employee, regardless of what other insurance plans employee may have. To learn more about these Aflac plans and/or to schedule a personal appointment, contact the local Aflac agent. Details regarding available Aflac plans and services are also available online at www.aflac.com.

Available Aflac plans include coverage for:

- ✓ Critical Care Protection
- ✓ Cancer Protection Assurance
- ✓ Accident Advantage Plan
- ✓ Life Solutions - Term Life Insurance
- ✓ Hospital Choice

Aflac | www.aflac.com
Agent: Terri Scully | Phone: (727) 742-5285
Email: terri.benefits@gmail.com

Colonial Life

Colonial Life offers a variety of supplemental insurance plans that may be purchased on a voluntary basis and premiums paid by pre-tax payroll deductions for most offerings. Children may be included in some plans through the age of 25. To learn more about these Colonial Life plans and/or to schedule a personal appointment, contact the Shirley Drake at our local Colonial Office by calling (727) 538-2960, Ext. 3. Details regarding available Colonial plans and services are also available online at www.coloniallife.com.

Available Colonial plans include coverage for:

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

Colonial Life | Customer Service: (800) 325-4368
Agent: Shirley Drake | Phone: (727) 538-2960, Ext. 3
www.coloniallife.com

Legal & Identity Theft Plan

LegalShield

The City offers employees the opportunity to participate in a voluntary pre-paid legal program offered through LegalShield. By enrolling in the legal plan, employees and family member(s) will have direct access to a nationwide network of law firms for a variety of situations. Dependents are covered up to age 26, if living at home or a student. The plan provides assistance, but is not limited to the following benefits:

- ✓ Legal Consultation and Advice
- ✓ Court Representation
- ✓ Dedicated Law Firm
- ✓ Legal Document Preparation and Review
- ✓ Speeding Ticket Assistance
- ✓ Will Preparation
- ✓ 24/7 Emergency Legal Access
- ✓ Irrevocable or Revocable Trust

IDShield

The City also offers employees the opportunity to enroll in a voluntary identity theft protection/credit monitoring service through IDShield. By enrolling in this plan as an add-on benefit to the LegalShield plan, employee will have access to the following benefits:

- ✓ Identity Consultation and Advice
- ✓ Dedicated Licensed Private Investigators
- ✓ Identity and Credit Monitoring
- ✓ Social Media Monitoring
- ✓ Child Monitoring (Family Plan Only)
- ✓ Comprehensive Identity Restoration
- ✓ Identity and Credit Threat Alerts
- ✓ 24/7 Emergency Access $3 Million Fraud Policy
- ✓ 3-Credit Bureau monitoring

There are several levels of coverage options that may be purchased. The cost for each option, are as follows:

Payroll Deduction Amount	LegalShield	IDShield	Combined (LegalShield & IDShield)
Individual	$7.27 Per Pay	$4.13 Per Pay	$10.80 Per Pay
Family	$7.27 Per Pay	$7.82 Per Pay	$13.94 Per Pay

Plan benefits include unlimited phone consultations. For additional information please contact the City's dedicated Agent Barry Olfern as listed below.

LegalShield
Agent: Barry Olfern | Phone: (954) 655-2446
Email: barryolfern@gmail.com
https://shieldbenefits.com/dunedin

Voluntary Pet Insurance

The City offers employees the opportunity to enroll in a Voluntary Pet insurance plan. Premiums for this plan will be made by bank draft from personal bank account. As an employee of the City, employee is eligible to receive a discount for all the plan options available. Coverage under these plans can help pay for a variety of services as listed below. To enroll, please call Nationwide's customer service number or enroll on www.petinsurance.com/dunedingov.

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

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

Nationwide Voluntary Pet Insurance | Customer Service: (800) 540-2016
www.petinsurance.com/dunedingov

Retirement Plan

City of Dunedin Defined Contribution Plan (City Plan) 401(a): City of Dunedin Defined Contribution Plan (City Plan) 401(a): Applicable to regular class status employees employed on or after January 1, 1996.

The City Plan is a defined contribution plan and is non-contributory for members. During each year, the City will make a contribution to the plan, generally 10% of the participant's compensation for anyone hired prior to January 1, 2010. Employees hired after January 1, 2010 currently in both instances will receive a contribution of 8% of the participant's compensation.

- Plan year is October 1 through September 30.
- Members of the regular class vest after five (5) years of creditable service.

401 (a) Vesting Schedule (Effective 1/1/18)

Years of Credible Service	% Vested
0-2 Years	0%
3 Years	50%
4 Years	75%
5 Years	100%

Retirement Plan *(Continued)*

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

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

- Plan year is July 1 through June 30.
- Members of the regular class vest after six (6) years of creditable service.
- FRS employees not in DROP will have a 3% contributory cost for the FRS plan.

Firefighter Retirement System: Applicable to all sworn firefighters of the Dunedin Fire Department. For a summary of benefits, contact the Plan Administrator, Patrick Kroeger.

Deferred Compensation Plan IRS 457 (b)

The deferred compensation plan is regulated by the Internal Revenue Service, Code 457. Employees may make voluntary contributions through payroll deductions into either a Pre Tax 457b or an After Tax Roth account to complement FRS, City Plan and Social Security. All regular status employees are eligible to participate. Investments are administered by Empower Retirement.

Always remember to keep beneficiary forms updated. Beneficiary forms are available in Human Resources by logging onto Bentek at www.mybentek.com/dunedin.

Leave Types *(See ESSR for Further Details)*

Annual Leave

All classified service status employees shall be entitled to earn and accrue annual leave with pay, which will be computed from the starting date of employment in proportion to the number of hours regularly scheduled.

- The employee shall be eligible to use such leave as earned subject to the provisions of the rules and the approval of the department/ division director.
- Leave must be used in quarter-hour increments.
- Exempt employees must use applicable leave for the balance of the work day, if on a particular day at least 1/2 of employee's normal work hours are not worked.

Sick Leave

Employees are entitled to accrue sick leave under the same rules as annual leave; however, sick leave is available for use as earned. Sick leave is earned at the rate of 5% of regularly scheduled annual hours. Sick leave is charged to the employee for the actual time the employee is away from work in quarter-hour minimum increments. Exempt employees must use applicable leave for the balance of their work day, if on a particular day at least 1/2 of normal work hours are not worked, or if they are out of the office due to illness for one or more full days.

Job Basis Leave

Eligible FLSA Exempt employees shall be granted job basis leave of either twenty (20) or forty (40) hours during the current calendar year, pro-rated on a calendar year basis as follows: Hired on or before June 1st 100% leave allotment; Hired after June 1st through December 1st - 50% leave allotment; Hired after December 1st - No leave allotment until the following calendar year Please refer to the Job Basis Leave Policy for further details.

Compensatory Time

Compensatory Time (Comp Time) is the time earned in lieu of overtime payment.

- A maximum of 60 hours may be in the employee's Comp Time Bank at any given time.
- Comp Time must be used prior to Annual Leave Usage.
- Comp Time must be used in quarter-hour increments.

Holidays

The holidays celebrated by the City of Dunedin on an annual basis are provided below.

City of Dunedin Annual Holiday Schedule	
New Year's Day	Labor Day
Martin Luther King, Jr. Day	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Day After Thanksgiving
Independence Day	Christmas Day
City Manager's Designated Holiday	

City Programs

Direct Deposit

Payroll direct deposit is available to all employees regardless of banking institution. Once employee has chosen this option, one pay period must pass before next paycheck is directly deposited into the banking account of choice.

Education Reimbursement

Once eligible employees successfully complete the one-year probationary period, the City may reimburse the cost of tuition, enrollment fees and required books for academic courses related to a city-approved degree program. Pre-approval paperwork is required for all courses prior to enrollment and the reimbursement schedule is as follows:

- 100% reimbursement for grades A,B,C or Pass
- Two (2) year buy-back if employment ends with the City.

2024-2025 Rate Summaries

The City offers three (3) medical plan options through Cigna Healthcare. The costs per pay period for coverage are listed in the premium tables below. For information about medical plans, please refer to the Summary of Benefits and Coverage (SBC) provided.

Medical Insurance Premiums: Active Employees

Coverage Tier	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Cigna OAPIN Base Plan with HRA				
Employee Only	$931.20	$931.20	$0.00	$0.00
Employee + Spouse	$1,862.40	$1,549.76	$312.64	$144.30
Employee + Child(ren)	$1,676.16	$1,394.78	$281.38	$129.87
Employee + Family	$2,700.48	$2,085.44	$615.04	$283.86
Cigna OAPIN Buy Up Plan with HRA				
Employee Only	$1,118.54	$978.08	$140.46	$64.83
Employee + Spouse	$2,237.08	$1,606.54	$630.54	$291.02
Employee + Child(ren)	$2,013.38	$1,445.90	$567.48	$261.91
Employee + Family	$3,243.76	$2,142.42	$1,101.34	$508.31
Cigna OAP HDHP Plan with HSA				
Employee Only	$778.56	$778.56	$0.00	$0.00
Employee + Spouse	$1,557.12	$1,293.02	$264.10	$121.89
Employee + Child(ren)	$1,401.40	$1,163.72	$237.68	$109.70
Employee + Family	$2,257.82	$1,710.38	$547.44	$252.66

Medical Insurance Premiums: COBRA Participants*

Coverage Tier	Total Monthly Premium (Paid by Participant)	Total Monthly Premium (Paid by Participant)	Total Monthly Premium (Paid by Participant)
	Cigna OAPIN Base Plan	Cigna OAPIN Buy Up Plan	Cigna OAP HDHP Plan
Employee Only	$949.82	$1,140.91	$794.13
Employee + Spouse	$1,899.65	$2,281.82	$1,588.26
Employee + Child(ren)	$1,709.68	$2,053.65	$1,429.43
Employee + Family	$2,754.49	$3,308.64	$2,302.98

**Premiums include a 2% administrative fee.*

Medical Insurance Premiums: Retirees**

Coverage Tier	Total Monthly Premium (Paid by Participant)	Total Monthly Premium (Paid by Participant)	Total Monthly Premium (Paid by Participant)
	Cigna OAPIN Base Plan	Cigna OAPIN Buy Up Plan	Cigna OAP HDHP Plan
Employee Only	$931.20	$1,118.54	$778.56
Employee + Spouse	$1,862.40	$2,237.08	$1,557.12
Employee + Child(ren)	$1,676.16	$2,013.38	$1,401.40
Employee + Family	$2,700.48	$3,243.76	$2,257.82

***Retirees who elect coverage for spouse or dependent(s) must also cover themselves and pay the applicable premium amount.*

2024-2025 Rate Summaries *(Continued)*

Dental Insurance Premiums: Active Employees

Coverage Tier	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
		DHMO		
Employee Only	$13.95	$13.95	$0.00	$0.00
Employee + Family	$29.80	$12.52	$17.28	$7.98
		PPO		
Employee Only	$36.85	$26.57	$10.28	$4.74
Employee + Family	$98.53	$17.33	$81.20	$37.48

Dental Insurance Premiums: COBRA Participants*

Coverage Tier	Total Monthly Premium (Paid by Participant)	Total Monthly Premium (Paid by Participant)
	DHMO	PPO
Employee Only	$14.23	$37.59
Employee + Family	$30.40	$100.50

**Premiums include a 2% administrative fee.*

Dental Insurance Premiums: Retirees**

Coverage Tier	Total Monthly Premium (Paid by Participant)	Total Monthly Premium (Paid by Participant)
	DHMO	PPO
Employee Only	$13.95	$36.85
Employee + Family	$29.80	$98.53

***Retirees who elect coverage for spouse or dependent(s) must also cover themselves and pay the applicable premium amount.*

Vision Insurance Premiums: Active Employees

Coverage Tier	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	$6.00	$0.00	$6.00	$2.77
Employee + One	$11.46	$0.00	$11.46	$5.29
Employee + Family	$18.64	$0.00	$18.64	$8.60

Vision Insurance Premiums: COBRA Participants*

Coverage Tier	Total Monthly Premium (Paid by Participant)
Employee Only	$6.12
Employee + One	$11.69
Employee + Family	$19.01

**Premiums include a 2% administrative fee.*

Vision Insurance Premiums: Retiree Participants**

Coverage Tier	Total Monthly Premium (Paid by Participant)
Employee Only	$6.00
Employee + One	$11.46
Employee + Family	$18.64

***Retirees who elect coverage for spouse or dependent(s) must also cover themselves and pay the applicable premium amount.*

2024-2025 Rate Summaries *(Continued)*

Voluntary Life Insurance

Age	≤ 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Voluntary Life Rate	$0.072	$0.072	$0.081	$0.099	$0.153	$0.261	$0.432	$0.675	$1.053	$1.890	$3.384	$3.384

**Dependent Child Benefit Rate: $0.315 per $5,000 of benefit.*

_____	÷	1,000	=	_____	X	_____	=	_____	X	12	=	_____	÷	26	=	_____
Benefit Election						Rate by Age (In Table)						Pay Periods				Bi-Weekly Premium

*** Dependent Child Calculation: Benefit Election ÷ 1,000 X $0.063 X # of Children Covered X 12 ÷ 26 = Bi-Weekly Premium**

Voluntary LTD Insurance

Age	≤ 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee Rate	$0.041	$0.057	$0.097	$0.162	$0.275	$0.365	$0.527	$0.680	$0.527	$0.356	$0.284

$ _____	÷	12	=	$ _____	÷	100	=	$ _____	X	_____	=	$ _____	X	12	=	$ _____	÷	26	=	$ _____
Annual Salary				Or $8,333.34						Rate by Age (In Table)								Pay Periods		Bi-Weekly Premium

Claims, Billing & Benefit Assistance

If employees have questions on claims, receive bills from providers which they do not understand or would like general information on any of the employee benefits provided, please contact the Gehring Group Service Team.

The Gehring Group Service Team works directly with the City of Dunedin and its employees to provide claims and benefits service and will assist employees with their concerns. Please remember this is in addition to the City's Human Resources and is not replacing assistance employee may need from Human Resources.

Employee may contact a claims specialist by:

1. Email: dunedin@gehringgroup.com

Please include your name, contact information and a brief description of the issue. A Gehring Group Claims Specialist will respond via email or phone call to gather additional information.

OR

2. Call: (800) 244-3696

When calling, please identify yourself as an employee of the City and ask to speak to a Claims Specialist or another member of the City's designated team to assist with questions or concerns.

Office hours are Monday through Friday, 8:30am – 5:00pm. If calling after office hours, please leave a message indicating you are a City of Dunedin employee who would like to speak to a Claims Specialist. Please leave full name, contact information and a brief message and a Claims Specialist will be in contact with you the following business day.

At the Gehring Group, our goal is to be your advocate and ensure issues are resolved as quickly as possible.

Notes

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

City of DUNEDIN Florida

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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