2019 | 2020 EMPLOYEE BENEFIT HIGHLIGHTS

CITY OF

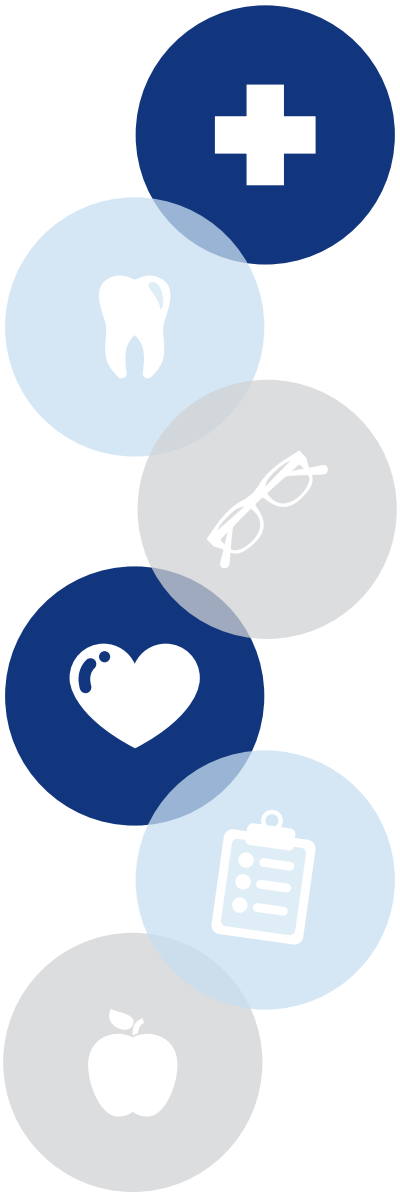
SEBASTIAN

HOME OF PELICAN ISLAND

Contact Information

	Human Resources	Cynthia Watson HR Manager	Phone: (772) 388-8222 Email: cwatson@cityofsebastian.org
	Online Benefit Enrollment	Bentek Support	(888) 5-Bentek (523-6835) www.mybentek.com/sebastian Email: support@mybentek.com
	Medical Insurance	Florida Blue	Customer Service: (800) 345-3885 www.floridablue.com
	Prescription Drug Coverage & Mail-Order Program	Alliance Rx Walgreens Prime	Customer Service: (888) 849-7865 www.floridablue.com
	Health Reimbursement Account	BenefitsWorkshop	Customer Service: (888) 537-3539 www.benefitsworkshop.com/sebastian
	Dental Insurance	Humana	Customer Service: (800) 233-4013 www.humana.com
	Vision Insurance	Humana	Customer Service: (866) 537-0229 www.humana.com
	Flexible Spending Accounts	BenefitsWorkshop	Customer Service: (888) 537-3539 www.benefitsworkshop.com/sebastian
	Basic Life and AD&D Insurance	Lincoln Financial Group	Customer Service: (800) 423-2765 www.lfg.com
	Voluntary Life and AD&D Insurance	Lincoln Financial Group	Customer Service: (800) 423-2765 www.lfg.com
	Long Term Disability Insurance	Lincoln Financial Group	Customer Service: (800) 423-2765 www.lfg.com
	Employee Assistance Program	Lincoln Financial Group	Customer Service: (855) 327-4463 www.guidanceresources.com
	Supplemental Insurance	Allstate	Agent: Artie Hoffman Customer Service: (800) 521-3535 Cell: (954) 609-4924 Email: benefitsuniverse@gmail.com www.allstatebenefits.com/mybenefits
	Legal Insurance	US Legal Services	Agent: Dixie Kuehn Customer Service: (800) 356-5297 Email: dixiekuehn@cfl.rr.com www.uslegalservices.net

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 of Sebastian 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
SEBASTIAN
HOME OF PELICAN ISLAND

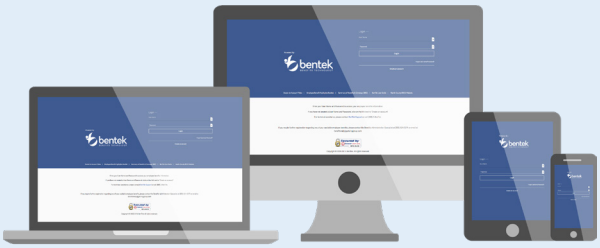
Introduction

The City of Sebastian 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 an employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources for further information. Benefits are subject to change contingent upon availability of funds.

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 Qualifying 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 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/sebastian**
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate to the menu in order to review current elections, learn about benefit options, and make elections, changes or beneficiary designations.

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

To access group insurance benefits online, log onto:
www.mybentek.com/sebastian

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

Group Insurance Eligibility

The City's group insurance plan year is October 1 through September 30.

Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are full-time employees working a minimum of 40 hours per week. Part-time employees working a minimum of 30 hours per week may participate in the City's medical plan only. Coverage will be effective the first of the month following 60 days of employment. For example, if an employee is hired on April 11, then the effective date of coverage will be July 1.

Separation of Employment

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

Disabled Dependents

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

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

Proof of disability will be required upon request, including a medical examination, no more than once per year. Please contact Human Resources if further clarification is needed.

Taxable Dependents

Employee covering adult child(ren) under employee's 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 the dependent child reaches age 26. Beginning January 1 of the calendar year in which the dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year. Imputed income is the dollar value of insurance coverage attributable to covering the adult dependent child. Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return. Contact Human Resources for further details if covering an adult dependent child who will turn 27 any time during the upcoming calendar year or for more information.

Domestic Partner Coverage

Domestic partners may be eligible to participate in the City's group insurance plans if the partner is officially registered as a domestic partner with the City. The 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 are required to pay imputed income tax on subsidy amounts and should consult a tax advisor. Please contact Human Resources for more information.

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

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

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

Examples of Qualifying Events:

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

IMPORTANT NOTES

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

Summary of Benefits and Coverage

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

From:	Human Resources
Address:	1225 Main Street Sebastian, FL 32958
Phone:	(772) 388-8222
Email:	cwatson@cityofsebastian.org
Website URL:	www.cityofsebastian.org www.mybentek.com/sebastian

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

If there are questions about the plan offerings or coverage options, please contact Human Resources at (772) 388-8222.

Medical Insurance

The City offers medical insurance through Florida Blue 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 medical plan, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Florida Blue's customer service.

Medical Insurance
Florida Blue HRA BlueOptions 5190/5191 Plan
24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly	Monthly
Employee Only	$12.50	$25.00
Employee + Spouse	$159.46	$318.92
Employee + Child(ren)	$99.93	$199.86
Employee + Family	$241.17	$482.34

Florida Blue | Customer Service: (800) 345-3885 | www.floridablue.com

Group Insurance Premiums

All benefit-eligible employees who participate in the group medical insurance coverage, shall pay $25.00 per month. The City pays 100% of the premium cost for all benefit-eligible employees for dental, vision, life and long term disability group insurance coverages. The City also pays 100% of the cost for an Employee Assistance Program which is provided to all benefit-eligible employee and dependent(s).

Opt Out Benefit

The City provides an "opt out" program for all eligible employees who elect not to take the medical insurance offered by the City. Employee must provide proof of other medical insurance coverage in order to qualify for this program. Qualifying employee will receive a taxable payment of $75 semi-monthly (24 pay periods) for this waiver.

Other Available Plan Resources

Florida Blue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the Summary of Benefits and Coverage (SBC) document or contact Florida Blue's customer service at (800) 345-3885.

Blue365

Blue365 is provided automatically at no additional cost and offers access to discounted products and services at participating providers. Members can log on to www.floridablue.com to learn more about these programs or call (800) 345-3885.

- ✓ Fitness club memberships, exercise footwear and apparel
- ✓ Vision care, glasses, and contact lenses
- ✓ Hearing care and aids
- ✓ Alternative medicine
- ✓ Elder care advisory services
- ✓ Hotel rooms and travel information
- ✓ Weight loss management

The Florida Blue Mobile App

Florida Blue's mobile website can be accessed from any smartphone or download the app from the iPhone® or Android™ with just a tap! Visit the smartphone's app store and search for Florida Blue or visit http://apps.floridablue.com.

Telehealth

Florida Blue provides access to telehealth services as part of the medical plan. Teladoc 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 Teladoc.

Teladoc | Customer Service: (800) 835-2362 | www.teladoc.com

Florida Blue HRA BlueOptions 5190/5191 Plan At-A-Glance

Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select **BlueOptions** network.

Plan References

**Deductible is shared for all individuals of the family.*

*****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 document.*

****Quest is the preferred lab for blood work through Florida Blue. When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueOptions network.*

*****PAD: Per Admission Deductible*

Network	BlueOptions		
Plan Year Deductible (PYD)*	**In-Network**		**Out-of-Network****
Single	$1,500		$3,000
Family	$3,000		$6,000
Coinsurance			
Member Responsibility	20%		40%
Plan Year Out-of-Pocket Limit			
Single	$4,500		$9,000
Family	$6,850 Per Person $9,000 Per Family		$18,000 Per Person $18,000 Per Family
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx		
Physician Services			
Primary Care Physician *(PCP)* Office Visit	20% After PYD		40% After PYD
Specialist Office Visit	20% After PYD		40% After PYD
Telehealth Services	20% After PYD		40% After PYD
Non-Hospital Services; Freestanding Facility			
Clinical Lab *(Blood Work)****	0% After PYD		40% After PYD
X-rays	20% After PYD		40% After PYD
Advanced Imaging *(MRI, PET, CT)*	20% After PYD		40% After PYD
Outpatient Surgery in Surgical Center	20% After PYD		40% After PYD
Physician Services at Surgical Center	20% After PYD		40% After PYD
Urgent Care *(Per Visit)*	20% After PYD		20% After PYD
Hospital Services			
Inpatient Hospital *(Per Admission)*	Option 1: 20% After PYD	Option 2: 25% After PYD	$500 PAD**** + 40% After PYD
Outpatient Hospital	Option 1: 20% After PYD	Option 2: 25% After PYD	40% After PYD
Physician Services at Hospital	20% After PYD		20% After In-Network PYD
Emergency Room *(Per Visit)*	20% After PYD		20% After PYD
Mental Health/Alcohol & Substance Abuse			
Inpatient *(Per Admission; Prior Authorization May Be Required)*	20% After PYD		20% After In-Network PYD
Outpatient *(Per Admission; Prior Authorization May Be Required)*	20% After PYD		40% After PYD
Prescription Drugs *(Rx)*			
Generic	$10 Retail Copay After PYD		50% After In-Network PYD
Preferred Brand	$30 Retail Copay After PYD		50% After In-Network PYD
Non-Preferred Brand	$50 Retail Copay After PYD		50% After In-Network PYD
Mail Order Drug *(90 Day Supply)*	2.5x Retail Copays After PYD		50% After In-Network PYD

Health Reimbursement Account

The City provides employees who participate in the Florida Blue HRA BlueOptions 5190/5191 Plan, a Health Reimbursement Account (HRA) through BenefitsWorkshop. HRA monies are funded by the City and can be used for any qualified medical expenses such as deductibles, coinsurance and copayments 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. Please Note: The HRA funds are allocated specifically for medical plan expenses ONLY and cannot be used for other IRS 213.d expenses such as dental or vision.

HRA Funding Allotment

HRA Funding for 2019-2020 is as follows:

- $2,500 for Employee only
- $5,000 for Family Coverage
- No rollover of unused funds

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 BenefitsWorkshop 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 anytime online at www.benefitsworkshop.com/sebastian or by calling BenefitsWorkshop at (888) 537-3539.

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 BenefitsWorkshop online at www.benefitsworkshop.com/sebastian.

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 the 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 charge associated with a specific service under the plan.

Paper Claim

Employee may submit claim forms to BenefitsWorkshop and must include a copy of carrier's Explanation of Benefits or receipts for eligible medical services received. Claim forms can be submitted via fax to (904) 880-2830, which is indicated on the claims form, or via mail to address listed below.

Claims Mailing Address
PO Box 56828, Jacksonville, FL 32241

BenefitsWorkshop
Customer Service: (888) 537-3539 | www.benefitsworkshop.com/sebastian

All claims must be filed within 90 days after the plan year ends (September 30, 2020), or 30 days from the date employee becomes ineligible to file for expenses incurred while participating during the plan year.

Dental Insurance

Humana Dental PPO Base Plan

The City offers dental insurance through Humana 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 Humana's customer service.

Dental Insurance – Humana Dental PPO Base Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly	Monthly
Employee Only	$0.00	$0.00
Employee + Spouse	$7.54	$15.08
Employee + Child(ren)	$13.11	$26.22
Employee + Family	$20.64	$41.28

In-Network Benefits

The Humana Dental PPO Base 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 Humana PPO/Traditional Preferred network. These participating dental providers have contractually agreed to accept Humana's contracted fee or "allowed amount." This fee is the maximum amount a Humana dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) 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 Humana PPO/Traditional Preferred network provider. Humana reimburses out-of-network services based on what it determines is the Usual, Customary & Reasonable (UCR) charge. The UCR 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 the Humana UCR and the amount charged by the out-of-network dental provider. This is known as balance billing. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Humana Dental PPO Base 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 and orthodontia services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Humana Dental PPO Base plan will pay for each covered member is $1,000 for in-network and out-of-network services combined. Diagnostic and preventive services do not accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

Humana | Customer Service: (800) 233-4013 | www.humana.com

Humana Dental PPO Base Plan At-A-Glance

Network	PPO/Traditional Preferred	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Per Member	$50	
Per Family	$150	
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum		
Per Member	$1,000	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Evaluation *(2 Per Calendar Year)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(2 Per Calendar Year)*		
Bitewing X-rays**		
Complete X-rays *(1 Set Every 5 Years)*		
Class II Services: Basic Restorative Care		
Fillings *(Amalgam; one (1) per tooth every two (2) years)*	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD *(Subject to Balance Billing)*
Fillings *(Composite for Anterior/Front Teeth)*		
Simple Extractions		
Oral Surgery		
Class III Services: Major Restorative Care		
Periodontal Services	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Endodontics *(Root Canal Therapy)*		
Crowns		
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum	$1,000	
Benefit *(Dependent Children through Age 18)*	Plan Pays: 50%	Plan Pays: 50% *(Subject to Balance Billing)*

Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select PPO/Traditional Preferred 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 for services rendered, please refer to the Out-of-Network Benefits section on the previous page.*

***Bitewing X-rays: Two (2) films per year under age 10. Four (4) films per year age 10 and older.*

Important Notes

- *Each covered member may receive up to two (2) routine cleanings per calendar year under the preventive benefit.*
- *Waiting periods and age limitations may apply for some services.*
- *If treatment is going to exceed $300, a pre-treatment plan is recommended.*
- *The above summary is provided as a convenient reference. Additional charges may apply. For a full listing of covered services, exclusions, and stipulations, refer to the carrier's summary plan document or contact Humana's customer service for details specific to a procedure.*

Dental Insurance

Humana Dental PPO Buy-Up Plan

The City offers dental insurance through Humana 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 Humana's customer service.

Dental Insurance – Humana Dental PPO Buy-Up Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly	Monthly
Employee Only	$3.14	$6.28
Employee + Spouse	$13.88	$27.76
Employee + Child(ren)	$21.82	$43.64
Employee + Family	$32.54	$65.08

In-Network Benefits

The Humana Dental PPO Buy-Up 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 Humana PPO/Traditional Preferred network. These participating dental providers have contractually agreed to accept Humana's contracted fee or "allowed amount." This fee is the maximum amount a Humana dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) 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 Humana PPO/Traditional Preferred network provider. Humana reimburses out-of-network services based on what it determines is the Usual, Customary & Reasonable (UCR) charge. The UCR 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 the Humana UCR and the amount charged by the out-of-network dental provider. This is known as balance billing. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Humana Dental PPO Buy-Up 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 and orthodontia services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Humana Dental PPO Buy-Up plan will pay for each covered member is $1,500 for in-network and out-of-network services combined. Diagnostic and preventive services do not accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

Humana | Customer Service: (800) 233-4013 | www.humana.com

Humana Dental PPO Buy-Up Plan At-A-Glance

Network	PPO/Traditional Preferred	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Per Member	$50	
Per Family	$150	
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum		
Per Member	$1,500	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Evaluation *(2 Per Calendar Year)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(2 Per Calendar Year)*		
Bitewing X-rays**		
Complete X-rays *(1 Set Every 5 Years)*		
Class II Services: Basic Restorative Care		
Fillings *(Amalgam; one (1) per tooth every two (2) years)*	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD *(Subject to Balance Billing)*
Fillings *(Composite for Anterior/Front Teeth)*		
Simple Extractions		
Oral Surgery		
Class III Services: Major Restorative Care		
Periodontal Services	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Endodontics *(Root Canal Therapy)*		
Crowns		
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum	$1,000	
Benefit *(Dependent Children through Age 18)*	Plan Pays: 50%	Plan Pays: 50% *(Subject to Balance Billing)*

Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select PPO/Traditional Preferred 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 for services rendered, please refer to the Out-of-Network Benefits section on the previous page.*

***Bitewing X-rays: Two (2) films per year under age 10. Four (4) films per year age 10 and older.*

Important Notes

- *Each covered member may receive up to two (2) routine cleanings per calendar year under the preventive benefit.*
- *Waiting periods and age limitations may apply for some services.*
- *If treatment is going to exceed $300, a pre-treatment plan is recommended.*
- *The above summary is provided as a convenient reference. Additional charges may apply. For a full listing of covered services, exclusions, and stipulations, refer to the carrier's summary plan document or contact Humana's customer service for details specific to a procedure.*

Vision Insurance

Humana Vision 130 Plan

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

Vision Insurance – Humana Vision 130 Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly	Monthly
Employee Only	$0.00	$0.00
Employee + Family	$1.88	$3.76

In-Network Benefits

The vision plan offers employee and dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered employee and dependent(s) can select any network provider who participates in the Humana 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 are additional costs if chosen at the time of the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may also choose to receive services from vision providers who do not participate in the Humana Insight network. When going out of network, the provider will require payment at the time of appointment. Humana 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.

Humana | Customer Service: (866) 537-0229 | www.humana.com

Humana Vision 130 Plan At-A-Glance

Network		Insight	
Services		**In-Network**	**Out-of-Network**
Eye Exam		$10 Copay	Up To $30 Reimbursement
Contact Lens Exam *(If Different Than Eye Exam)*		Up to $55 Allowance	Not Covered
Material		$15 Copay	Reimbursement Based on Type of Service
Retinal Imaging		Up to $39 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 $25 Reimbursement
Bifocal		$15 Copay	Up To $40 Reimbursement
Trifocal		$15 Copay	Up To $60 Reimbursement
Frames			
Allowance		Up to $130 Retail Allowance Plus 20% Off Balance Over $130	Up To $65 Reimbursement
Contact Lenses*			
Non-Elective *(Medically Necessary)*		No Charge	Up To $200 Reimbursement
Elective	Conventional	Up to $130 Allowance Plus 15% Off Balance Over $130	Up to $104 Reimbursement
	Disposable	Up to $130 Allowance	Up to $104 Reimbursement

Locate a Provider

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

Plan References

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

Important Notes

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

Flexible Spending Accounts

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

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from the 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 participants to set aside up to an annual maximum of $2,700. 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 participants 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 that if a family's income is over $20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

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

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

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

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

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

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employee may rollover $500 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed. Dependent Care funds cannot be carried over.
- The Health Care FSA has a run out period at the end of the plan year (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year (October 1 – September 30).
- When a plan year ends and all claims have been filed, with the exception of the $500 rollover for the Health Care FSA, all unused funds will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail 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. BenefitsWorkshop may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the City. This card will not expire at the end of the benefit year. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small $5 fee may apply.

HERE'S HOW IT WORKS!

Employee earning $30,000 elects to place $1,000 into a Health Care FSA. The payroll deduction is $41.66 based on a 24 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of $227.

	With a Health Care FSA	Without a Health Care FSA
Salary	$30,000	$30,000
FSA Contribution	- $1,000	- $0
Taxable Pay	$29,000	$30,000
Estimated Tax 22.65% = 15% + 7.65% FICA	- $6,568	- $6,795
After Tax Expenses	- $0	- $1,000
Spendable Income	$22,432	$22,205
Tax Savings	**$227**	

Please Note: *Be conservative when estimating health care 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, with the exception of the $500 rollover that may be allowed for the Health Care FSA.* ***This rule is known as "use-it or lose-it".***

Claims Mailing Address | P.O. Box 56828 | Jacksonville, FL 33421
Claims Fax | (904) 880-2830

BenefitsWorkshop | Customer Service: (888) 537-3539
Fax: (904) 880-2830 | www.benefitsworkshop.com/sebastian

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 Lincoln Financial Group. EAP offers employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

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

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

Are Services Confidential?

Yes. Receipt of EAP Services is completely confidential. If, however, participation in the EAP is a 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/manager will not, however, receive specific information regarding the referred employee's case. The supervisor/manager will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

Lincoln Financial Group
Customer Service: (855) 327-4463 | www.guidanceresources.com

Basic Life and AD&D Insurance

Basic Term Life Insurance

The City provides Basic Term Life insurance to all eligible full-time employees working a minimum of 30 hours per week, at no cost, through Lincoln Financial Group. All full-time employees receive a flat benefit amount of $15,000.

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, partial benefit may also be payable.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces by 35% of the benefit amount at age 65
- › Reduces by 60% of the benefit amount at age 80

Life Insurance Imputed Income

The IRS requires that the imputed cost of employer paid employee life insurance, in excess of $50,000, must be included in income and is subject to Social Security and Medicare taxes.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at any time through Bentek.

Lincoln Financial Group | Customer Service: (800) 423-2765 | www.lfg.com

Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employee may elect to purchase additional Life and AD&D insurance on a voluntary basis through Lincoln Financial Group. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. 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 $100,000**.

- Units can be purchased in increments of $10,000 to the maximum of $500,000, or up to a maximum of five (5) times annual salary.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces by 35% of the benefit amount at age 65
  - Reduces by 60% of the benefit amount at age 80
- Benefits terminate at retirement.

2019-2020 Open Enrollment: If employee is covered under the Voluntary Employee Life insurance benefit, employee may purchase additional coverage up to the Guaranteed Issue Amount of $20,000 without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI).

Voluntary Spouse Life and AD&D 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 $30,000**.

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of $5,000 to a maximum of $250,000 not to exceed 50% of the employee's Voluntary Life coverage amount.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces by 35% of the benefit amount at age 65
  - Reduces by 60% of the benefit amount at age 80
- Spouse life insurance rate is based on employee age.

2019-2020 Open Enrollment: If employee's spouse is covered under the Voluntary Spouse Life insurance benefit, employee may purchase additional coverage up to Guaranteed Issue amount of $10,000 without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI).

Voluntary Life and AD&D Insurance Rate Table

Monthly Premium

Age Bracket *(Based On Employee Age)*	Employee/Spouse *(Rate Per $1,000 of Benefit)*
Under Age 30	$0.13
30 - 34	$0.17
35 - 39	$0.20
40 - 44	$0.30
45 - 49	$0.46
50 - 54	$0.71
55 - 59	$1.17
60 - 64	$1.21
65 - 69	$2.64
70 - 74	$4.31
75 +	$7.13

Please Note: *Spouse coverage terminates at employee retirement.*

Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in the Voluntary Employee Life plan for dependent child(ren) to participate.
- Dependent child(ren), 14 days old up to six (6) months of age, may be covered for a benefit amount of $250.
- Dependent child(ren), six (6) months old up to age 19 (or age 25 if a full-time student), may be covered for a minimum benefit of $5,000 up to a maximum amount of $10,000.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at any time through Bentek.

Lincoln Financial Group | Customer Service: (800) 423-2765 | www.lfg.com

Long Term Disability

The City provides Long Term Disability (LTD) insurance at no cost to employee, who has completed one (1) year of service, through Lincoln Financial Group. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or non-work related injury.

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 90 consecutive days prior to becoming eligible for LTD benefits (known as the elimination period).
- Benefit payments will commence on the 91st day of disability.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.

Lincoln Financial Group | Customer Service: (800) 423-2765 | www.lfg.com

Supplemental Insurance

Allstate offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction. Allstate pays money directly to employees, regardless of what other insurance plans they may have. To learn more about these Allstate plans and/or to schedule a personal appointment, contact the local Allstate agent. Details regarding available Allstate plans and services are also available online at www.allstatebenefits.com/mybenefits.

Available Allstate plans include coverages for:

- ✓ Group Critical Illness Insurance
- ✓ Group Accident Insurance
- ✓ Group Voluntary Disability Insurance
- ✓ Cancer Insurance

Allstate | Customer Service: (888) 546-3193
www.allstatebenefits.com/mybenefits
Agent: Artie Hoffman | Cell: (954) 609-4924
Email: artiehoffman@bellsouth.net

Legal & Identity Protection Plans

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

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

The cost to the employee to participate in this legal plan is $16.90 per month for employee only coverage or $21.50 per month for family coverage (dependents up to age 18, or 23 if a full time college student). Plan benefits include phone and face-to-face consultations with the attorney, and much more.

Identity Theft Protection

Identity Defender can be added to the legal insurance plan for $9.95 per month. With the Identity Defender Plan, employee and family members can fight back against stolen identity and can restore good credit and stolen funds. Certified Protection Experts available to assist with identity theft matters 24/7. Experts complete all paperwork and make all calls to ensure identity is restored. Members have access to an online dashboard and mobile app for continuous monitoring and alerts. Covered identity services include, but are not limited to:

- ✓ Advanced Fraud Monitoring
- ✓ Change of Address Monitoring
- ✓ Credit & Debit Card Monitoring
- ✓ Dark Web Monitoring*
- ✓ Fraud Alert Reminders
- ✓ Medical ID Fraud Protection
- ✓ Smart SSN Tracker*
- ✓ Lost Wallet
- ✓ Stolen Funds Reimbursement
- ✓ Identity Theft Insurance ($1 million)*
- ✓ Identity Restoration*
- ✓ Credit Monitoring
- ✓ Mobile App
- ✓ Two Adults & Unlimited Dependent Children Covered**

**Covered for dependents under ChildWatch*
***Dependents must be under 26 years old and live in the policy holder's residence.*

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

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

Retirement Plans

Chapter 185 Pension Plan - Sworn Police Officers

The Chapter 185 Pension Plan is available only for full-time permanent sworn Officers of the City. It is a defined benefit plan. Contact Human Resources for information regarding contributions to the plan.

The Officer becomes vested in this Plan after 10 years of service with the City of Sebastian. For additional information, refer to the Plan documents.

CWA/ITU Negotiated Pension Plan

The employees covered by the PEA Union bargaining Unit are eligible for coverage in the CWA/ITU Negotiated Pension Plan. This is a defined benefit plan. The City contributes to the plan for each regular full-time employee covered under the bargaining unit.

The employee becomes vested in the plan after five (5) years of employment with the City of Sebastian. For additional information, refer to the Plan documents.

Tax Deferred Individual Pension Plans

All employees of the City of Sebastian are eligible to participate in the ICMA (457) Deferred Compensation Plan. All exempt management personnel participate in a 401A Plan. A representative of ICMA periodically visits the City at which time employees can make an appointment to discuss financial planning via the programs offered by ICMA; i.e. Deferred Compensation Plan, IRA and Roth IRA Plans. Employee contributions can be made through payroll deduction.

Miscellaneous Benefits

Probationary Period

All regular full-time and part-time employees are on a six (6) month introductory period from date of hire.

Sworn Police Officers and 911 Emergency Dispatch Technicians are on a 12 month introductory probationary period from date of hire.

Direct Deposit

Employees may have paycheck directly deposited to any bank, savings and loan or credit union which is ACH approved.

Supplemental Insurance

Upon employment with the City and during Open Enrollment for insurance, representatives of Allstate will meet with employees to discuss various types of supplemental insurances that may be purchased on a voluntary basis at employee cost. Supplemental Insurance premium payments may be payroll deducted.

Leave Policies

Paid Holidays

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

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve Day
- Christmas Day

Annual Leave

Annual leave accrues at the rate of 10 days per year for full-time employees and at a pro-rated rate for regular part-time employees. The rate increases with every five (5) years of continuous service with the City. Request for annual leave is subject to Department Head approval.

Sick Leave

Sick leave begins accruing from date of hire. New employees may not use sick leave during their first 60 days of employment. Please refer to the appropriate bargaining agreements for specifics.

Personal Leave

Regular full-time employees are entitled to personal leave. Request for personal leave is subject to Department Head approval. Please refer to the appropriate bargaining agreements for specifics.

Bereavement Leave

Bereavement Leave is available for employees to arrange and/or attend the funeral of an immediate family member. Please refer to the appropriate collective bargaining agreement for specifics. Leave is to be approved by the Supervisor upon proof of death of a family member (i.e. death certificate, newspaper, obituary).

Jury Duty

Employees are required to bring notification of request for jury duty to the Supervisor. Employees of the City will receive their normal earnings while serving jury duty. Please refer to the appropriate bargaining agreements for specifics.

Regular Part-Time Employee

Regular part-time employees receive pro-rated benefits based on 40 hours of service per pay period or as specified in the collective bargaining agreement.

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

SEBASTIAN

HOME OF PELICAN ISLAND

GEHRING® GROUP

EMPLOYEE BENEFITS | RISK MANAGEMENT

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

FINAL
Last Modified: August 12, 2019 9:37 AM