

CITY OF  
**SEBASTIAN**  
HOME OF PELICAN ISLAND



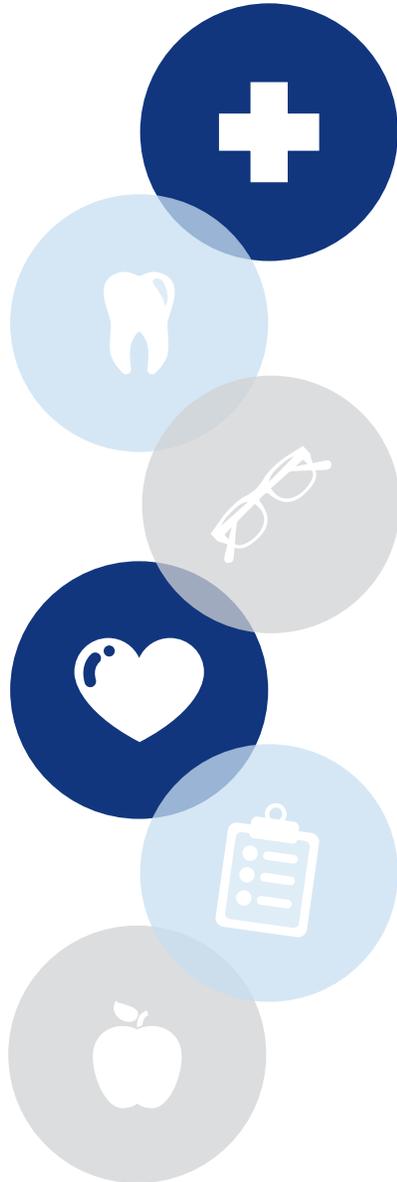


## Contact Information

	<b>Human Resources</b>	Cynthia Watson HR Director	Phone: (772) 388-8222 Email: cwatson@cityofsebastian.org
	<b>Online Benefit Enrollment</b>	ADP	Customer Service: (844) 227-5237 workforcenow.adp.com
	<b>Medical Insurance</b>	Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	<b>Prescription Drug Coverage</b>	Prime Therapeutics through Florida Blue	Customer Service: (877) 794-3574 www.floridablue.com
	<b>Mail Order Program</b>	Amazon Pharmacy through Florida Blue	Customer Service: (855) 965-7539 www.floridablue.com
	<b>Telehealth</b>	Teladoc Health	Customer Service: (800) 835-2362 www.teladochealth.com
	<b>Health Savings Account</b>	HealthEquity	Customer Service: (877) 223-5329 www.healthequity.com
	<b>Dental Insurance</b>	MetLife	Customer Service: (800) 438-6388 www.metlife.com/dental
	<b>Vision Insurance</b>	MetLife	Customer Service: (800) 438-6388 www.metlife.com/vision
	<b>Flexible Spending Accounts</b>	HealthEquity	Customer Service: (866) 346-5800 www.healthequity.com
	<b>Basic Life and AD&amp;D Insurance</b>	Lincoln Financial Group	Customer Service: (800) 423-2765 www.lfg.com
	<b>Voluntary Life and AD&amp;D Insurance</b>	Lincoln Financial Group	Customer Service: (800) 423-2765 www.lfg.com
	<b>Short Term Disability Insurance</b>	Lincoln Financial Group	Customer Service: (800) 423-2765 www.lfg.com
	<b>Long Term Disability Insurance</b>	Lincoln Financial Group	Customer Service: (800) 423-2765 www.lfg.com
	<b>Employee Assistance Program</b>	Lincoln Financial Group	Customer Service: (855) 327-4463 www.guidanceresources.com
	<b>Supplemental Benefits</b>	Allstate	Agent: Artie Hoffman   Cell: (954) 609-4924 Email: benefitsuniverse@gmail.com Customer Service: (800) 521-3535 www.allstatebenefits.com/mybenefits
		MetLife Pet Insurance	Customer Service: (800) 438-6388 www.metlife.com/getpetquote
	<b>Legal Plan</b>	US Legal Services	Agent: Dixie Kuehn   Cell: (321) 403-0156 Email: dixiekuehn@cfl.rr.com Customer Service: (800) 356-5297 www.uslegalservices.net



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This booklet is merely a summary of employee benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The City of 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.



## 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 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. Benefits are subject to change contingent upon availability of funds.

### Summary of Benefits and Coverage

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

**From:** Human Resources  
**Address:** 1225 Main Street  
Sebastian, FL 32958  
**Phone:** (772) 388-8222  
**Email:** [cwatson@cityofsebastian.org](mailto:cwatson@cityofsebastian.org)

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.

## Online Benefit Enrollment

The City provides employees with an online benefits enrollment platform through ADP. ADP 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 events and review and make changes to Life insurance beneficiary designations.

### To Access ADP Open Enrollment Portal:

- ✓ Log on to [workforcenow.adp.com](https://workforcenow.adp.com) and create or enter your user ID and password.
- ✓ Click "Enroll Now". Click "Start Enrollment".
- ✓ Welcome Note: Review all important information. Click "Next".
- ✓ Manage Dependents, click on 3-dot icon to edit existing dependents/beneficiaries. Click "Add dependent or beneficiary" to add new dependents/beneficiaries.
- ✓ Employee Self Service
  - › Action Required - Items that need to be reviewed to move forward.
  - › Selected Plans - Benefit plans that employee is already enrolled in.
  - › Eligible Benefits - Benefit plans that are available for employee to enroll in.
- ✓ Upload Documents if adding dependent or Qualifying Event documentation.
- ✓ Click Continue to Enrollment Summary to download and print a copy of elections.
- ✓ Click: Submit Enrollment

For technical issues directly related to using the ADP portal, please call ADP customer service & support at (844) 227-5237 or contact Human Resources.

To access the ADP Open Enrollment Portal, log on to:  
**[workforcenow.adp.com](https://workforcenow.adp.com)**



## 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 employee is hired on April 11, then the effective date of coverage will be July 1.

### Separation of Employment

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

### Dependent Eligibility

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

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

### Dependent Age Requirements

**Medical 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 (taxable 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.

### Dependent Age Requirements (Continued)

**Dental and Vision Coverage:** A dependent child may be covered through the end of the month in which the child turns age 26.

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

### Disabled Dependents

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

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

Proof of disability will be required upon request, 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 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 27 any time during the upcoming calendar year or for more information.

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

### Domestic Partner Coverage

Domestic partners may be eligible to participate in the City's group 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)
- 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. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements.

## Telehealth

Florida Blue provides access to telehealth services as part of the medical plan. Teladoc Health 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 | ✓ Fever        | ✓ Rash          |
| ✓ Headache    | ✓ Cold And Flu | ✓ Acne          |
| ✓ Stomachache | ✓ Allergies    | ✓ 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 Health

Customer Service: (800) 835-2362 | [www.teladochealth.com](http://www.teladochealth.com)



## 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 HSA 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	\$172.07	\$344.14
Employee + Child(ren)	\$126.87	\$253.74
Employee + Family	\$268.78	\$537.56

**Florida Blue**  
Customer Service: (800) 352-2583 | [www.floridablue.com](http://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 \$100 semi-monthly (24 pay periods) for this waiver.

## Medical 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 contact Florida Blue's customer service at (800) 352-2583 or visit [www.floridablue.com](http://www.floridablue.com).

### Mobile App

Mobile app provides on-the-go access to the medical benefit account. Download the Florida Blue mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View Claims

### 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.blue365deals.com](http://www.blue365deals.com) to learn more about these programs or call (800) 352-2583.

- ✓ 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

### BlueValue Solutions (BVS)

The City has partnered with Florida Blue to focus on increasing engagement in Health and Wellness. Employees can get and stay healthy by using the tools and resources available and understand how to use them. By employees participating, the City earns points to help control health premiums costs and eligible employees can earn rewards and incentives\* by completing certain activities. Activities include completing:

- ✓ Annual biometric screening
- ✓ Digital personal health assessment
- ✓ Annual adult wellness exam
- ✓ Care Pathway Plan goals (Applies to certain health conditions identified by FL Blue)

\*Incentives may vary by activity.

**Florida Blue** | Customer Service: (800) 352-2583 | [www.floridablue.com](http://www.floridablue.com)  
Designated Nurse Advocate: Grace Gonzalez, RN  
Phone: (786) 209-5414 | Email: [grace.gonzalez@floridablue.com](mailto:grace.gonzalez@floridablue.com)



## Florida Blue HSA 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](http://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 (SBC) document.

\*\*\***Out-Of-Pocket Limit:** When a family member reaches their individual out-of-pocket limit, the plan will cover all eligible services for the rest of the calendar year for that person. Other family members will still share costs until they reach their own single limit or the total family out-of-pocket maximum.

†Quest is the preferred lab for bloodwork 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	
<b>Plan Year Deductible (PYD)*</b>		<b>In-Network</b>	<b>Out-of-Network**</b>
Single		\$1,650	\$3,300
Family		\$3,300	\$6,600
<b>Coinsurance</b>			
Member Responsibility		20%	40%
<b>Plan Year Out-of-Pocket Limit</b>			
Single		\$4,800	\$9,600
Family***	Individual Out-of-Pocket Limit	\$7,050	\$18,400
	Total Family Out-of-Pocket Limit	\$9,200	\$18,400
What Applies to the Out-of-Pocket Limit?		Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>			
Primary Care Physician (PCP) Office Visit		20% After PYD	40% After PYD
Specialist Office Visit		20% After PYD	40% After PYD
<b>Non-Hospital Services; Freestanding Facility</b>			
Clinical Lab (Bloodwork)†		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
<b>Hospital Services</b>			
Inpatient Hospital (Per Admission)		Option 1: 20% After PYD	Option 2: 25% After PYD \$500 PAD‡ + 40% After PYD
Outpatient Hospital (Per Visit)		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 In-Network PYD
<b>Mental Health/Alcohol &amp; Substance Abuse</b>			
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
<b>Prescription Drugs (Rx)</b>			
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 Savings Account

The Florida Blue HSA BlueOptions 5190/5191 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, including eligible dental and vision expenses, not covered by the plan.

### Plan Year Funding\*

- **Employee Only: \$2,250**
- **Employee + Family: \$4,750**
- **HSA amounts will be prorated based of date of eligibility outside of the City of Sebastian's annual Open Enrollment Period.**

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).

- 2025 IRS Contribution Limitations: \$4,300 (individual coverage)  
\$8,550 (family coverage)
- 2026 IRS Contribution Limitations: \$4,400 (individual coverage)  
\$8,750 (family coverage)
- Individuals age 55 and older can also make additional "catch-up" contributions up to \$1,000 annually

This maximum HSA amount would include any employer and employee contributions (pre-tax or post-tax). If employee is receiving an employer contribution, employee will want to account for this towards the annual IRS total maximum so employee does not over-contribute for the tax year. Guidelines regarding the HSAs are established by the IRS.

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

### 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 desires to fund the remaining IRS HSA Combined Contribution Limit balance, they may do so with pre-tax payroll deductions.

- HSA dollars may be used tax-free for all qualified health care expenses, including eligible dental and vision expenses.
- 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.
- Some account service fees, determined by the bank, may apply.
- Account holder can access HSA statement at any time to track account balance and activity online at [www.healthequity.com](http://www.healthequity.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 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 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, 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, then employee is eligible to enroll and contribute into the HSA up to the maximum contribution amounts of tier enrolled.
- 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 of tier enrolled. 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.

**HealthEquity**

Customer Service: (877) 223-5329 | [www.healthequity.com](http://www.healthequity.com)



## Dental Insurance

### MetLife Dental PPO Base Plan

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

#### Dental Insurance – MetLife DPPO Base Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly	Monthly
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$7.83	\$15.66
Employee + Child(ren)	\$12.79	\$25.58
Employee + Family	\$20.81	\$41.62

#### In-Network Benefits

The 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 MetLife PDP Plus network. These participating dental providers have contractually agreed to accept MetLife's contracted fee or "allowed amount." This fee is the maximum amount a MetLife 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 MetLife DPPO provider. MetLife reimburses out-of-network services based on what it determines is the Reasonable & Customary Charge (R&C). The R&C 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 MetLife's R&C and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

The DPPO 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 DPPO Base plan will pay for each covered member is \$1,500 for in-network and out-of-network services combined. All services, including preventive, 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.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the MetLife US mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Download member ID cards
- Locate a provider
- View Claims

**MetLife**

Customer Service: (800) 438-6388 | [www.metlife.com/dental](http://www.metlife.com/dental)



## MetLife DPPPO Base Plan At-A-Glance

Network	MetLife PDP Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
<b>Calendar Year Benefit Maximum</b>		
Per Member		\$1,500
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
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 (1 Set Per Calendar Year)		
Complete X-rays (1 Set Every 5 Years)		
<b>Class II Services: Basic Restorative Care</b>		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Endodontics (Root Canal Therapy)		
<b>Class III Services: Major Restorative Care</b>		
Periodontal Services	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Crowns		
Bridges		
Dentures		
Implant Services		
<b>Class IV Services: Orthodontia</b>		
Lifetime Maximum		\$1,000
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact MetLife's customer service or visit [www.metlife.com/dental](http://www.metlife.com/dental). When completing the necessary search criteria, select the MetLife PDP Plus network.



### Plan References

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



### Important Notes

- Two (2) cleanings per calendar year covered under the preventive benefit.
- Waiting periods and age limitations may apply.
- 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 MetLife's customer service for details specific to a procedure.



## Dental Insurance

### MetLife DPPO Buy-Up Plan

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

#### Dental Insurance – MetLife DPPO Buy-Up Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly	Monthly
Employee Only	\$3.13	\$6.26
Employee + Spouse	\$14.16	\$28.32
Employee + Child(ren)	\$21.48	\$42.96
Employee + Family	\$32.68	\$65.36

#### In-Network Benefits

The 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 MetLife PDP Plus network. These participating dental providers have contractually agreed to accept MetLife's contracted fee or "allowed amount." This fee is the maximum amount a MetLife 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 MetLife DPPO provider. MetLife reimburses out-of-network services based on what it determines is the Reasonable & Customary Charge (R&C). The R&C 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 MetLife's R&C and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

The DPPO 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 DPPO Buy-Up plan will pay for each covered member is \$2,000 for in-network and out-of-network services combined. All services, including preventive, 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.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the MetLife US mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View Claims

**MetLife**

Customer Service: (800) 438-6388 | [www.metlife.com/dental](http://www.metlife.com/dental)



# MetLife DPPPO Buy-Up Plan At-A-Glance

Network	MetLife PDP Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
<b>Calendar Year Benefit Maximum</b>		
Per Member		\$2,000
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
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 (1 Set Per Calendar Year)		
Complete X-rays (1 Set Every 5 Years)		
<b>Class II Services: Basic Restorative Care</b>		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Endodontics (Root Canal Therapy)		
<b>Class III Services: Major Restorative Care</b>		
Periodontal Services	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Crowns		
Bridges		
Dentures		
Implant Services		
<b>Class IV Services: Orthodontia</b>		
Lifetime Maximum		\$1,000
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



## Locate a Provider

To search for a participating provider, contact MetLife's customer service or visit [www.metlife.com/dental](http://www.metlife.com/dental). When completing the necessary search criteria, select the MetLife PDP Plus network.



## Plan References

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



## Important Notes

- Two (2) cleanings per calendar year covered under the preventive benefit.
- Waiting periods and age limitations may apply.
- 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 MetLife's customer service for details specific to a procedure.



## Vision Insurance

### MetLife Vision Plan

The City offers vision insurance through MetLife 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 MetLife's customer service.

#### Vision Insurance – MetLife Vision Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Semi-Monthly	Monthly
Employee Only	\$0.00	\$0.00
Employee + Family	\$2.37	\$4.74

#### 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, employee and covered dependent(s) can select any network provider who participates in the Superior National 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 Superior National network. When going out of network, the provider will require payment at the time of appointment. MetLife 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.

#### Mobile App

Mobile app provides on-the-go access to the vision benefit account. Download the MetLife US mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Download member ID cards
- Locate a provider
- View Claims

**MetLife**

Customer Service: (800) 438-6388 | [www.metlife.com/vision](http://www.metlife.com/vision)



## MetLife Vision Plan At-A-Glance

Network		Superior National	
Services		In-Network	Out-of-Network
Eye Exam		\$10 Copay	Up to \$45 Reimbursement
Contact Lens Exam (Fit & Follow Up)	Standard	\$25 Copay	Applied to Contact Lens Allowance
	Premium	\$50 Allowance After \$25 Copay	
Materials		\$15 Copay	Reimbursement Based on Type of Service
Retinal Imaging		Up to \$39 Copay	Applied to Exam Allowance
<b>Frequency of Services Per Calendar Year</b>			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
<b>Lenses</b>			
Single		\$15 Copay	Up to \$30 Reimbursement
Bifocal		\$15 Copay	Up to \$50 Reimbursement
Trifocal		\$15 Copay	Up to \$65 Reimbursement
<b>Frames</b>			
Allowance		Up to \$130 Retail Allowance Plus 20% Off Balance Over \$130	Up to \$70 Reimbursement
<b>Contact Lenses*</b>			
Non-Elective (Medically Necessary)		No Charge	Up to \$210 Reimbursement
Elective		Up to \$130 Allowance Plus 20% Off Balance Over \$130	Up to \$105 Reimbursement



### Locate a Provider

To search for a participating provider, contact MetLife's customer service or visit [www.metlife.com/vision](http://www.metlife.com/vision). When completing the necessary search criteria, select Superior National network.



### 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 HealthEquity. The FSA plan year is from October 1 through September 30.

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

- **Limited Purpose FSA:** Available to eligible employee enrolled in the Florida Blue HSA BlueOptions 5190/5191 Plan with an HSA. A Limited Purpose Health Care FSA may be used for qualified dental and vision expenses only.
- **Dependent Care FSA:** Covers day care expenses for qualified dependents necessary for employee and legal spouse, if married, to work.

### Limited Purpose FSA

This account allows participants to set aside up to an annual maximum of \$3,300. This money will not be taxable income to the participant and can be used to offset the cost of a variety of eligible dental and vision expenses\* that generate out-of-pocket costs. Participating employee can 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.

*\*Employees who participate in the Florida Blue HSA BlueOptions 5190/5191 Plan are qualified to enroll in 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.*

*Please Note: The entire Limited Purpose 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 Limited Purpose 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

- ✓ Dental and Orthodontic Fees
- ✓ Diagnostic Tests/Health Screenings
- ✓ Physician Fees and Office Visits\*
- ✓ Corrective Eyeglasses and Contact Lenses\*
- ✓ LASIK Surgery
- ✓ Optometrist Fees\*

*\*These items are eligible expenses when related to dental and vision 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

- Employee may rollover \$660 of unused Limited Purpose FSA (LPFSA) 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 LPFSA has a 90 day run out period at the end of the plan year to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year (October 1 – September 30).
- Employee can enroll in an FSA only during the Open Enrollment Period, New Hire Orientation, or Qualifying Life Events.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners healthcare expenses are not eligible for reimbursement in the employee FSA as Federal law does not recognize them as a qualified dependent.

### Filing a Claim

#### Claim Form

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

#### Debit Card

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 dental and vision providers and facilities, and most pharmacy retail outlets. HealthEquity may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the City. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

### HERE'S HOW IT WORKS!



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

	With a LPFSA	Without a LPFSA
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
<b>Tax Savings</b>	<b>\$197</b>	

### Mobile App

Mobile app provides on-the-go access to the FSA benefit account. Download the HealthEquity app from the iPhone or Android app store. Using the mobile app, members are able to:

- Request reimbursement
- Manage Expenses
- View item for eligibility
- View and upload receipts

**Please Note:** Be conservative when estimating dental and vision 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 \$660 rollover that may be allowed for the Health Care FSA. **This rule is known as "use-it or lose-it".**

### HealthEquity

Customer Service: (866) 346-5800 | [www.healthequity.com](http://www.healthequity.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 ComPsych, provided by 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) visits with a specialist, per person, per issue, per year, online material/tools and webinars. EAP offers counseling services on issues such as:

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

### Are Services Confidential?

Yes. Receipt of EAP Services 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 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.

#### ComPsych, through Lincoln Financial Group

Customer Service: (888) 628-4824 | [www.guidanceresources.com](http://www.guidanceresources.com)

Organization Web ID: Lincoln

## Basic Life and AD&D Insurance

### Basic Term Life Insurance

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

### Accidental Death & Dismemberment Insurance (AD&D)

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

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

#### Lincoln Financial Group

Customer Service: (800) 423-2765 | [www.lfg.com](http://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 dependent child(ren) at different benefit levels.

New Hires may purchase Voluntary Employee Life and AD&D 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.
- Monthly Premium Calculation:  

$$\text{Elected coverage} \div \$1,000 \times \text{Employee rate (see rate table)} \times 12 \text{ months} \div 24 \text{ annual deductions} = \text{per pay premium.}$$

### Voluntary Spouse Life and AD&D Insurance

New Hires may purchase Voluntary Spouse Life and AD&D 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 and AD&D 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.

### 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 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.
- Coverage may be purchased for dependent child(ren) age 14 days up to six (6) months in the amount of \$250.
- Coverage may be purchased for dependent child(ren) age six (6) months up to the date on which the dependent child reaches age 19 in the amount of \$5,000 or \$10,000.
- Coverage may be continued to age 25, if the dependent is a full-time student.

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

**Lincoln Financial Group**

Customer Service: (800) 423-2765 | [www.lfg.com](http://www.lfg.com)



## Short Term Disability

The City provides Short Term Disability (STD) insurance at no cost to all full-time employees working 30 or more hours per week through Lincoln Financial Group. 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 provides a benefit of 60% of employee's weekly earnings up to a benefit maximum of \$1,500 per week.
- Employee must be disabled for 7 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 8th day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 13 weeks.
- Employee deemed unable to return to work after the STD 13 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income.

#### Lincoln Financial Group

Customer Service: (800) 423-2765 | [www.lfg.com](http://www.lfg.com)

## Long Term Disability

The City provides Long Term Disability (LTD) insurance at no cost to employees working 30 or more hours per week who have completed one (1) year of service through Lincoln Financial Group. The LTD benefit pays employee a percentage of monthly earnings if employee becomes disabled due to an illness or 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 benefits (known as the elimination period).
- Benefits will begin 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](http://www.lfg.com)

## Supplemental Benefits

### Allstate

Allstate offers a variety of voluntary supplemental 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](http://www.allstatebenefits.com/mybenefits).

Available Allstate plans include coverages for:

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

**Allstate** | Customer Service: (800) 521-3535

[www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits)

Agent: Artie Hoffman | Cell: (954) 609-4924

Email: [artiehoffman@bellsouth.net](mailto:artiehoffman@bellsouth.net)

## Pet Insurance

### MetLife Pet Insurance

The City offers employees the opportunity to purchase pet insurance on a voluntary basis through MetLife. Pet Insurance is coverage for dogs and cats that can help be prepared for unexpected vet costs. Employee can visit any U.S. licensed vet, emergency clinic or specialist then send in claim documents to MetLife. Employee can file by using mobile app, online portal, email, fax or mail. MetLife will process claim in approximately 10 days. Then, employee will receive reimbursement if the claim expense is covered under the policy. Each pet's premium will be unique based on the age, breed, location, as well as what coverage amount is selected. Visit [www.metlife.com/getpetquote](http://www.metlife.com/getpetquote) to get a quote for coverage.

#### MetLife Pet Insurance

Customer Service: (800) 438-6388 | [www.metlife.com/getpetquote](http://www.metlife.com/getpetquote)



## Legal & Identity Protection Plans

### U.S. Legal Services – Family Defender Plan

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 & Codicils
- ✓ 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 (dependent spouse and unmarried dependent children up to age 26, if enrolled full-time in an accredited college or university). Plan benefits include phone and face-to-face consultations with the attorney, and much more.

### U.S. Legal Services – Identity Theft Protection

Identity Defender can be purchased separately or 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

Customer Service: (800) 356-5297 | [www.uslegalservices.net](http://www.uslegalservices.net)

Agent: Dixie Kuehn | Cell: (321) 403-0156

Email: [dixiekuehn@cfl.rr.com](mailto: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 IUPA 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 MissionSquare Retirement (457) Deferred Compensation Plan. All exempt management personnel participate in a 401A Plan. A representative of MissionSquare Retirement periodically visits the City at which time employees can make an appointment to discuss financial planning via the programs offered by MissionSquare Retirement; 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. Please refer to the appropriate collective bargaining agreements for specifics.

### 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.





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