







1020 Cultural Park Blvd., Cape Coral, FL 33990

*Eligible for Employees,  
Dependents, & Retirees on the  
Florida Blue Group Health Plan  
(HMO, High/Low PPO)*



## SERVICES PROVIDED TO YOU AT NO COST:

- ✓ Onsite Family Medicine Physician
- ✓ Onsite Medications, Laboratory, & X-ray Services
- ✓ Wellness Programs & Health Coaching
- ✓ Diabetic & Nutrition Counseling
- ✓ Personalized Health Assessment—Vital Health Profile (VHP)
- ✓ Customized Patient Portal to Access Medical Information that is Secure & Safe
- ✓ MyRX Prescription Refills for Chronic Conditions—Delivered Directly to your Home

### WE ARE OPEN for Provider & Lab Appointments:

**Monday:** 7:00am–6:00pm (Closed for lunch 12:00pm–1:00pm)

**Tuesday:** 7:00am–6:00pm (Closed for lunch 12:00pm–1:00pm)

**Wednesday:** 7:00am–7:00pm (Closed for lunch 1:00pm–2:00pm)

**Thursday:** 7:00am–6:00pm (Closed for lunch 12:00pm–1:00pm)

**Friday:** 7:00am–6:00pm (Closed for lunch 12:00pm–1:00pm)

**Saturday:** 9:00am–1:00pm (Open Every Saturday)



Services Provided By

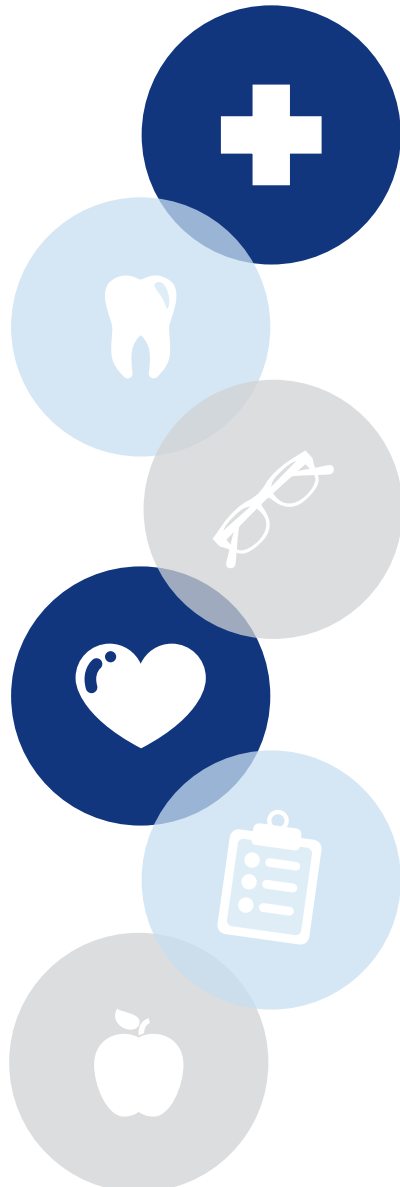


Schedule an appointment today via the **healow app** (practice code: DAAEBD), through our online patient portal at [www.my-patientportal.com](http://www.my-patientportal.com) or by calling the toll free **Call Center Support Team** at: **239-799-7299**.



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## Contact Information

|   |   |  |
|---|---|--|
| <b>Human Resources – Benefits Division</b>  | Cynthia Nieves Ramos<br>Benefits Manager        | Phone: (239) 574-0533<br>Email: <a href="mailto:cnievesramos@capecoral.gov">cnievesramos@capecoral.gov</a>   |
|   | Deana Watson<br>Benefits Coordinator            | Phone: (239) 574-0526<br>Email: <a href="mailto:dwatson@capecoral.gov">dwatson@capecoral.gov</a>   |
|   | Ana Brown<br>Benefit Specialist                 | Phone: (239) 574-0531<br>Email: <a href="mailto:abrown@capecoral.gov">abrown@capecoral.gov</a><br>Department Fax: (239) 574-0522   |
|    | <b>Online Benefit Enrollment</b>                | Bentek<br>Customer Service: (888) 5-Bentek (523-6835)<br><a href="http://www.mybentek.com/cityofcapecoral">www.mybentek.com/cityofcapecoral</a>  |
|    | <b>Medical Insurance</b>                        | Florida Blue<br>HMO Customer Service: (877) 352-2583<br>Away From Home: (800) 717-8641<br>PPO Customer Service: (800) 583-9072<br><a href="http://www.floridablue.com">www.floridablue.com</a>   |
|    | <b>Prescription Drug Coverage</b>               | Prime Therapeutics<br>Customer Service: (877) 794-3574<br><a href="http://www.myprime.com">www.myprime.com</a>   |
|   | <b>Mail-Order Program</b>                       | Amazon Pharmacy<br>Customer Service: (855) 965-7539<br><a href="http://www.amazon.com">www.amazon.com</a>  |
|    | <b>Dental Insurance</b>                         | Florida Combined Life<br>DHMO Customer Service: (877) 325-3979<br>DPPO Customer Service: (888) 223-4892<br><a href="http://www.floridabluedental.com">www.floridabluedental.com</a>  |
|   | <b>Vision Insurance</b>                         | Vision Service Plan<br>Customer Service: (800) 877-7195<br><a href="http://www.vsp.com">www.vsp.com</a>  |
|  | <b>Flexible Spending Accounts</b>               | HealthEquity<br>Customer Service: (866) 242-3458<br><a href="http://www.healthequity.com/wageworks">www.healthequity.com/wageworks</a>   |
|  | <b>Employee Assistance Program</b>              | New Directions Behavioral Health<br>Customer Service: (800) 624-5544<br><a href="http://eap.ndbh.com">eap.ndbh.com</a>   Login Code: Cape Coral  |
|  | <b>Basic Life and AD&amp;D Insurance</b>        | USABLE Life<br>Customer Service: (800) 370-5856<br><a href="http://www.usablelife.com">www.usablelife.com</a>  |
|   | <b>Voluntary Life Insurance</b>                 | USABLE Life<br>Customer Service: (800) 370-5856<br><a href="http://www.usablelife.com">www.usablelife.com</a>  |
|  | <b>Long Term Disability Insurance</b>           | USABLE Life<br>Customer Service: (800) 370-5856<br><a href="http://www.usablelife.com">www.usablelife.com</a>  |
|  | <b>Supplemental Insurance</b>                   | Aflac<br>Agent: Margaret Pearson   Phone: (561) 352-3581<br>Email: <a href="mailto:margaret_pearson@us.aflac.com">margaret_pearson@us.aflac.com</a><br>Customer Service: (800) 433-3036   <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>                                 |
|  | <b>Legal &amp; Identity Theft Plans</b>         | LegalShield<br>Agent: Barry Olfern   Phone: (954) 655-2446<br>Email: <a href="mailto:barryolfern@legalsshieldassociate.com">barryolfern@legalsshieldassociate.com</a><br>Customer Service: (800) 654-7757   <a href="http://benefits.legalshield.com/capecoral">benefits.legalshield.com/capecoral</a> |
|  | <b>Deferred Compensation Programs</b>           | MissionSquare Retirement<br>Agent: Natascha Barone   Phone: (202) 759-7016<br>Email: <a href="mailto:nbarone@missionsq.org">nbarone@missionsq.org</a>   <a href="http://www.icmarc.org">www.icmarc.org</a>   |
|   |   | Nationwide<br>Agent: Tony Flowers   Phone: (941) 587-1166<br>Email: <a href="mailto:tony.flowers@nationwide.com">tony.flowers@nationwide.com</a><br><a href="http://www.nationwide.com">www.nationwide.com</a>   |
|   | <b>Retirement Plans</b>                         | General and Fire<br>Plan Administrator: Ferrell Jenne   Assistant Plan Administrator: Kelly Konarski<br>Plans Analyst: Melody Hall   Phone: (239) 333-4872<br><a href="http://www.mypensionbenefit.com">www.mypensionbenefit.com</a>   |
|   |   | Police<br>Agent: Amber McNeill   Phone: (239) 573-4753<br><a href="http://www.resourcecenters.com">www.resourcecenters.com</a>   |
|  | <b>Employee Health and Wellness Center</b>      | My Health Onsite<br>Customer Service: (239) 799-7299<br><a href="http://www.myhealthonsite.com">www.myhealthonsite.com</a>   |
|  | <b>Claims, Billing &amp; Benefit Assistance</b> | Gehring Group<br>Customer Service: (800) 244-3696<br>Email: <a href="mailto:cityofcapecoral@gehringgroup.com">cityofcapecoral@gehringgroup.com</a>   |



## Introduction

The City of Cape Coral 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.

## Notice

### Notification of Grandfather Status

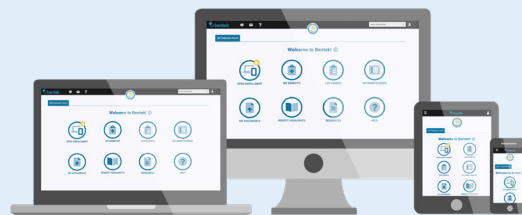
The City of Cape Coral has determined the medical plans offered are "grandfathered medical plans" under the Patient Protection and Affordable Care Act. As permitted by the Affordable Care Act, a grandfathered medical plan can preserve certain basic medical coverage that was already in effect when the law was enacted. Being a grandfathered medical plan means your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered medical plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered medical plan and what might cause a plan to change from grandfathered medical plan status can be directed to Human Resources. You may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).

**Please Note:** More information is available on the above notices by contacting Human Resources.

## Online Benefit Enrollment

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

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



### To Access the Employee Benefits Center:

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

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



To access Bentek using a mobile device, scan code.





## Group Insurance Eligibility



The City's group insurance plan year is January 1 through December 31.

### Employee Eligibility

Based on the following classifications, benefit-eligible employees may participate in certain group insurance plans:

**Classification I** – Employees scheduled to work an average of 37.5 hours or more per week may participate in all the City's group insurance benefits. Coverage will be effective the first of the month following 30 days of employment for general and charter school employees. For example, if employee is hired on April 11, then the effective date of coverage will be June 1. Medical and Life insurance benefits are available for eligible Police and Fire on date of hire.

**Please Note:** Classification II employees, please reference the CSII Employee Benefit Highlights booklet for available benefit options.

### Separation of Employment

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

### Dependent Eligibility

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

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

### Dependent Age Requirements

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

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

**Dental Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 30.

**Vision Coverage:** A dependent child may be covered through the end of the month in which the child turns age 30.

*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; and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plan; and
- The dependent has been continuously insured.

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



## Group Insurance Eligibility *(Continued)*

### Taxable Dependents

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

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

### Domestic Partner Coverage

Domestic Partners may be eligible to participate in the City's group medical, dental and vision insurance plans if the partner is officially registered as a domestic partner with the City and will be required to complete a Declaration of Domestic Partnership. 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.

*Please Note: Cape Coral Charter School Authority employees are not eligible for Domestic Partner Coverage.*



## Qualifying Events and Section 125

### Section 125 of the Internal Revenue Code

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

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

#### Examples of Qualifying Events:

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



### IMPORTANT NOTES

If employee experiences a Qualifying Event, **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.

*Please Note: "Birth of a child" Qualifying Events have a 60 day notification period.*





## 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 tables below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Florida Blue's customer service.

### Medical Insurance Florida Blue – BlueCare 16 HMO Plan

24 Payroll Deductions – Per Pay Period Cost

| Tier of Coverage      | Employee Cost |
|-----------------------|---------------|
| Employee Only         | \$0.00        |
| Employee + Spouse     | \$232.35      |
| Employee + Child(ren) | \$128.66      |
| Employee + Family     | \$361.56      |

### Medical Insurance Florida Blue – BlueOptions Low 3360 PPO Plan

24 Payroll Deductions – Per Pay Period Cost

| Tier of Coverage      | Employee Cost |
|-----------------------|---------------|
| Employee Only         | \$0.00        |
| Employee + Spouse     | \$188.71      |
| Employee + Child(ren) | \$104.39      |
| Employee + Family     | \$293.81      |

### Medical Insurance Florida Blue – BlueOptions High 3562 PPO Plan

24 Payroll Deductions – Per Pay Period Cost

| Tier of Coverage      | Employee Cost |
|-----------------------|---------------|
| Employee Only         | \$0.00        |
| Employee + Spouse     | \$297.08      |
| Employee + Child(ren) | \$157.19      |
| Employee + Family     | \$451.94      |

#### Florida Blue

HMO Customer Service: (877) 352-2583

PPO Customer Service: (800) 583-9072

[www.floridablue.com](http://www.floridablue.com)

### Summary of Benefits and Coverage

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

|                     |  |
|---------------------|--|
| <b>From:</b>        | Human Resources  |
| <b>Address:</b>     | 1015 Cultural Park Blvd.<br>Cape Coral, FL 33990                                       |
| <b>Phone:</b>       | (239) 574-0530   |
| <b>Website URL:</b> | <a href="http://www.mybentek.com/cityofcapecoral">www.mybentek.com/cityofcapecoral</a> |

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 (239) 574-0530.



### IMPORTANT NOTES

The Consolidated Appropriations Act, 2021 included the requirement of the No Surprises Act which will take effect on January 1, 2023 for health care providers, facilities, and health plans. The No Surprises Act was designed to protect patients from surprise medical bills for situations such as emergency care or out-of-network provider charges at in-network facilities. It is important to note that if a patient wishes to obtain services from out-of-network providers or facilities and acknowledges receipt of the information, the patient is knowingly waiving the protections of the law.



## 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 contact Florida Blue's customer service or visit [www.floridablue.com](http://www.floridablue.com).

### 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>.

### Oral Health & Overall Health

Oral health and overall health are closely linked. Members diagnosed with certain medical conditions may be eligible for enhanced dental benefits. Enhanced dental benefits are available to members enrolled in both the medical and dental plan. For additional information or to confirm eligibility, please visit [www.floridabluedental.com](http://www.floridabluedental.com).

### Blue365

Blue365 is a free discount program on products and services available to all members such as:

- Vision Care, Glasses, and Contact Lenses
- Hearing Care and Aids
- Fitness Club Memberships, Exercise Footwear and Apparel
- Weight Loss Management
- Alternative Medicine
- Elder Care Advisory Services
- Hotel Rooms and Travel Information

For more information, please contact Florida Blue at (800) 583-9072 or visit [www.floridablue.com](http://www.floridablue.com) and select "Members" then "Members Tips & Tools." Click "Discounts & Rewards" and then click "I Agree" on the "Explore Healthy Choices with Blue 365" website.

### Florida Blue

Customer Service: (800) 583-9072 | [www.floridablue.com](http://www.floridablue.com)

## Away From Home Care

Florida Blue provides benefit coordination for out-of-state dependents participating in the BlueCare HMO Plan.

- Florida Blue's Benefit Coordination department takes an Away From Home (AFHC) application and refers the information to the AFHC Department who contacts the dependents local BlueCross/BlueShield Office and sets up an active membership in that location.
- Dependent must have a local address for the out-of-state location at time of application.
- Application has a three (3) week turnaround
- Approvals will last up to 12 months from the date of the application. If renewing, please reapply before the end of the 12 month period to ensure continuous enrollment.
- Maintenance medications can be filled at nationwide pharmacies including: Walmart, CVS, or through Amazon Pharmacy. Prescriptions will be sent to employee's home and then employee will mail to dependents.

### Excluded States/Territories:

- |               |                  |                  |
|---------------|------------------|------------------|
| ✓ Alabama     | ✓ Nebraska       | ✓ Tennessee      |
| ✓ Alaska      | ✓ North Carolina | ✓ Utah           |
| ✓ Iowa        | ✓ North Dakota   | ✓ Vermont        |
| ✓ Idaho       | ✓ Oregon         | ✓ Virgin Islands |
| ✓ Kansas      | ✓ Puerto Rico    | ✓ Washington     |
| ✓ Michigan    | ✓ Rhode Island   | ✓ West Virginia  |
| ✓ Mississippi | ✓ South Carolina | ✓ Wyoming        |
| ✓ Montana     | ✓ South Dakota   |                  |

### Away From Home Care

Coordination Department: (800) 717-8641



## Florida Blue – BlueCare 16 HMO Plan At-A-Glance

| Network   | BlueCare (HMO)        |
|---|-----------------------|
| <b>Calendar Year Deductible (CYD)</b>                             | <b>In-Network</b>     |
| Single  | \$0                   |
| Family  | \$0                   |
| <b>Coinsurance</b>  |                       |
| Member Responsibility   | 0%                    |
| <b>Calendar Year Out-of-Pocket Limit</b>                          |                       |
| Single  | \$3,000               |
| Family  | \$6,000               |
| What Applies to the Out-of-Pocket Maximum?                        | Copays (Including Rx) |
| <b>Physician Services</b>   |                       |
| Primary Care Physician (PCP) Office Visit (PCP Election Required) | \$25 Copay            |
| Specialist Office Visit   | \$50 Copay            |
| <b>Preventive Care</b>  |                       |
| Adult/Child Wellness Visits*                                      | No Charge             |
| <b>Non-Hospital Services; Freestanding Facility</b>               |                       |
| Clinical Lab (Bloodwork)**  | No Charge             |
| X-rays  | No Charge             |
| Advanced Imaging (MRI, PET, CT) (Prior Authorization Required)    | \$250 Copay           |
| Outpatient Surgery in Surgical Center                             | \$200 Copay           |
| Physician Services at Surgical Center                             | No Charge             |
| Urgent Care (Per Visit)   | \$75 Copay            |
| <b>Hospital Services</b>  |                       |
| Inpatient Hospital (Per Admission)                                | \$750 Copay           |
| Outpatient Hospital (Per Visit)                                   | \$200 Copay           |
| Physician Services at Hospital                                    | No Charge             |
| Emergency Room (Per Visit; Waived if Admitted)                    | \$150 Copay           |
| <b>Mental Health/Alcohol &amp; Substance Abuse</b>                |                       |
| Inpatient Hospital Services (Per Admission)                       | No Charge             |
| Outpatient Services (Per Visit)                                   | No Charge             |
| Outpatient Office Visit   | No Charge             |
| <b>Prescription Drugs (Rx)</b>                                    |                       |
| Generic   | \$10 Copay            |
| Preferred Brand Name  | \$30 Copay            |
| Non-Preferred Brand Name  | \$50 Copay            |
| Mail Order Drug (90-Day Supply)                                   | 2x Retail Copay       |



### 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 BlueCare (HMO) network.



### Plan References

\*Charges are based on the doctor coding as preventive visit not diagnostic (wellness visit only, not for any illness or injury). Please check the carrier's Summary of Benefits and Coverage (SBC) document or contact Florida Blue for a list of preventive exams and for information regarding age and plan requirements.

\*\*Quest Diagnostics 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 BlueCare (HMO) network prior to receiving services.



### Important Notes

Services received by providers or facilities **not** in the BlueCare (HMO) network, will not be covered.



## Florida Blue – BlueOptions Low 3360 PPO 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

#### **\*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.

**\*\*Charges are based on the doctor coding as preventive visit not diagnostic (wellness visit only, not for any illness or injury). Please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Florida Blue for a list of preventive exams and information regarding age and plan requirements.**

**\*\*\*Quest Diagnostics 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 prior to receiving services.

| Network  | BlueOptions                            |                          |
|--|--|--------------------------|
| Calendar Year Deductible (CYD)                                 | In-Network                             | Out-of-Network*          |
| Single   | \$1,500                                | \$3,000                  |
| Family   | \$4,500                                | \$9,000                  |
| Coinsurance  |  |                          |
| Member Responsibility  | 20% After CYD                          | 40% After CYD            |
| Calendar Year Out-of-Pocket Limit                              |  |                          |
| Single   | \$3,000                                | \$5,000                  |
| Family   | \$6,000                                | \$10,000                 |
| What Applies to the Out-of-Pocket Maximum?                     | Deductible, Coinsurance, Copays and Rx |                          |
| Physician Services   |  |                          |
| Primary Care Physician (PCP) Office Visit                      | \$25 Copay                             | 40% After CYD            |
| Specialist Office Visit  | \$50 Copay                             | 40% After CYD            |
| Preventive Care  |  |                          |
| Adult/Child Wellness Visits**                                  | No Charge                              | 40% Coinsurance          |
| Non-Hospital Services; Freestanding Facility                   |  |                          |
| Clinical Lab (Bloodwork)***                                    | No Charge                              | 40% After CYD            |
| X-rays   | 20% After CYD                          | 40% After CYD            |
| Advanced Imaging (MRI, PET, CT) (Prior Authorization Required) | 20% After CYD                          | 40% After CYD            |
| Outpatient Surgery in Surgical Center                          | 20% After CYD                          | 40% After CYD            |
| Physician Services at Surgical Center                          | 20% After CYD                          | 40% After CYD            |
| Urgent Care  | 20% After CYD                          | 20% After CYD            |
| Hospital Services  |  |                          |
| Inpatient Hospital (Per Admission)                             | 20% After CYD                          | 40% After CYD            |
| Outpatient Hospital (Per Visit)                                | 20% After CYD                          | 40% After CYD            |
| Physician Services at Hospital                                 | 20% After CYD                          | 20% After In-Network CYD |
| Emergency Room (Per Visit; Waived if Admitted)                 | 20% After CYD                          | 20% After In-Network CYD |
| Mental Health/Alcohol & Substance Abuse                        |  |                          |
| Inpatient Hospital Services (Per Admission)                    | No Charge                              | 40% Coinsurance          |
| Outpatient Services (Per Visit)                                | No Charge                              | 40% Coinsurance          |
| Outpatient Office Visit  | No Charge                              | 40% Coinsurance          |
| Prescription Drugs (Rx)  |  |                          |
| Generic  | \$10 Copay                             | 50% Coinsurance          |
| Preferred Brand Name   | \$30 Copay                             | 50% Coinsurance          |
| Non-Preferred Brand Name                                       | \$50 Copay                             | 50% Coinsurance          |
| Mail Order Drug (90-Day Supply)                                | 2x Retail Copay                        | 50% Coinsurance          |





## Florida Blue – BlueOptions High 3562 PPO Plan At-A-Glance

| Network  | BlueOptions                            |                         |                      |
|--|--|-------------------------|----------------------|
| Calendar Year Deductible (CYD)                                 | In-Network                             |                         | Out-of-Network*      |
| Single   | \$500                                  |                         |                      |
| Family   | \$1,500                                |                         |                      |
| Coinsurance  |  |                         |                      |
| Member Responsibility  | 20% After CYD                          |                         | 50% After CYD        |
| Calendar Year Out-of-Pocket Limit                              |  |                         |                      |
| Single   | \$2,500                                |                         | \$5,000              |
| Family   | \$5,000                                |                         | \$10,000             |
| What Applies to the Out-of-Pocket Maximum?                     | Deductible, Coinsurance, Copays and Rx |                         |                      |
| Physician Services   |  |                         |                      |
| Primary Care Physician (PCP) Office Visit                      | \$15 Copay                             |                         | 50% After CYD        |
| Specialist Office Visit  | \$35 Copay                             |                         | 50% After CYD        |
| Preventive Care  |  |                         |                      |
| Adult/Child Wellness Visits**                                  | No Charge                              |                         | 50% Coinsurance      |
| Non-Hospital Services; Freestanding Facility                   |  |                         |                      |
| Clinical Lab (Bloodwork)***                                    | No Charge                              |                         | 50% After CYD        |
| X-rays   | \$50 Copay                             |                         | 50% After CYD        |
| Advanced Imaging (MRI, PET, CT) (Prior Authorization Required) | \$125 Copay                            |                         | 50% After CYD        |
| Outpatient Surgery in Surgical Center                          | \$100 Copay                            |                         | 50% After CYD        |
| Physician Services at Surgical Center                          | \$35 Copay                             |                         | 50% After CYD        |
| Urgent Care  | \$40 Copay                             |                         | \$40 Copay After CYD |
| Hospital Services  |  |                         |                      |
| Inpatient Hospital (Per Admission)                             | Option 1: \$600 Copay                  | Option 2: \$1,000 Copay | 50% After CYD        |
| Outpatient Hospital (Per Visit)                                | Option 1: \$250 Copay                  | Option 2: \$350 Copay   | 50% After CYD        |
| Physician Services at Hospital                                 | No Charge                              |                         | No Charge            |
| Emergency Room (Per Visit; Waived if Admitted)                 | \$100 Copay                            |                         | \$100 Copay          |
| Mental Health/Alcohol & Substance Abuse                        |  |                         |                      |
| Inpatient Hospital Services (Per Admission)                    | No Charge                              |                         | 50% Coinsurance      |
| Outpatient Services (Per Visit)                                | No Charge                              |                         | 50% Coinsurance      |
| Outpatient Office Visit  | No Charge                              |                         | 50% Coinsurance      |
| Prescription Drugs (Rx)  |  |                         |                      |
| Generic  | \$10 Copay                             |                         | 50% Coinsurance      |
| Preferred Brand Name   | \$30 Copay                             |                         | 50% Coinsurance      |
| Non-Preferred Brand Name                                       | \$50 Copay                             |                         | 50% Coinsurance      |
| Mail Order Drug (90-Day Supply)                                | 2x Retail Copay                        |                         | 50% Coinsurance      |



### 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

#### \*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.

\*\*Charges are based on the doctor coding as preventive visit not diagnostic (wellness visit only, not for any illness or injury). Please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Florida Blue for a list of preventive exams and information regarding age and plan requirements.

\*\*\*Quest Diagnostics 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 prior to receiving services.



## Dental Insurance

### Florida Combined Life BlueDental Care DHMO Plan

The City offers dental insurance through Florida Combined Life 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 Florida Combined Life's customer service.

#### Dental Insurance – Florida Combined Life BlueDental Care DHMO Plan

24 Payroll Deductions – Per Pay Period Cost

| Tier of Coverage      | Employee Cost |
|-----------------------|---------------|
| Employee Only         | \$5.80        |
| Employee + Spouse     | \$11.60       |
| Employee + Child(ren) | \$13.05       |
| Employee + Family     | \$21.00       |

#### In-Network Benefits

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

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

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Benefit Maximum

There is no benefit maximum.



#### IMPORTANT NOTES

- Costs listed in the table are for services provided by your chosen Primary Dental Provider only.
- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- Waiting periods and age limitations may apply.
- Children under age seven (7) may visit a pediatric dentist as their PDP. Children over the age of seven (7) are required to select a general dentist as their PDP.
- For any dental work expected to cost \$300 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.

#### Florida Combined Life

Customer Service: (877) 325-3979 | [www.floridabluedental.com](http://www.floridabluedental.com)



## Florida Combined Life BlueDental Care DHMO Plan At-A-Glance

| Network  |                | BlueDental Care Prepaid F  |            |
|--|----------------|--|------------|
| Calendar Year Deductible (CYD)                                 |                | In-Network Only<br><i>(Limited In-Network providers in SW Florida; Primary Dentist Required)</i> |            |
| Per Member   | Does Not Apply |  |            |
| Per Family   |                |  |            |
| Calendar Year Maximum  |                |  |            |
| Class I Services: Diagnostic & Preventive                      |                | Code   | In-Network |
| Office Visit   |                | 9430   | \$0        |
| Routine Oral Exam <i>(2 Per Year)</i>                          |                | 0120   | \$0        |
| Routine Cleanings <i>(2 Per Year)</i>                          |                | 1110   | \$0        |
| Bitewing X-rays <i>(2 Per Year)</i>                            |                | 0272   | \$0        |
| Complete X-rays <i>(1 Every 3 Years)</i>                       |                | 0210   | \$0        |
| Fluoride Treatments to Age 16 <i>(2 Per Year)</i>              |                | 1206   | \$0        |
| Sealants to Age 16   |                | 1351   | \$10       |
| Emergency Care to Relieve Pain <i>(During Regular Hours)</i>   |                | 9110   | \$20       |
| Class II Services: Basic Restorative                           |                |  |            |
| Fillings <i>(Amalgam, One Surface)</i>                         |                | 2140   | \$5        |
| Fillings <i>(Resin, One Surface Anterior)</i>                  |                | 2330   | \$30       |
| Fillings <i>(Resin, One Surface Posterior)</i>                 |                | 2391   | \$45       |
| Simple Extractions   |                | 7140   | \$0        |
| Root Canal Therapy <i>(Molar, Excluding Final Restoration)</i> |                | 3330   | \$250      |
| Local Anesthesia   |                | 9215   | \$0        |
| General Anesthesia <i>(First 15 Minutes)</i>                   |                | 9222   | \$83       |
| Repairs to Dentures  |                | 5511   | \$35*      |
| Class III Services: Major Restorative                          |                |  |            |
| Bridges  |                | 6242   | \$270*     |
| Crowns <i>(Porcelain Fused to Noble Metal)</i>                 |                | 2752   | \$270*     |
| Dentures   |                | 5110   | \$375*     |
| Class IV Services: Orthodontia                                 |                |  |            |
| Benefit – Child/Adult  |                | 8080/8090  | \$1,900    |
| Evaluation   |                | 8070/8080/8090   | \$45       |
| Records/Treatment Planning                                     |                | 8070/8080/8090   | \$250      |
| Retention  |                | 8680   | \$455      |



### Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit [www.floridabluedental.com](http://www.floridabluedental.com). When completing the necessary search criteria, select BlueDental Care Prepaid F network.



### Plan References

\*May require separate payment for Laboratory charges.



### Important Notes

Oral health and overall health are closely linked. Members diagnosed with certain medical conditions may be eligible for enhanced dental benefits. Enhanced dental benefits are available to members enrolled in both the medical and dental plan. For additional information or to confirm eligibility, please visit [www.floridabluedental.com](http://www.floridabluedental.com).



## Dental Insurance

### Florida Combined Life BlueDental Choice Low DPP0 Plan

The City offers dental insurance through Florida Combined Life 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 Florida Combined Life's customer service.

#### Dental Insurance – Florida Combined Life BlueDental Choice Low DPP0 Plan 24 Payroll Deductions – Per Pay Period Cost

| Tier of Coverage      | Employee Cost |
|-----------------------|---------------|
| Employee Only         | \$11.91       |
| Employee + Spouse     | \$23.82       |
| Employee + Child(ren) | \$34.43       |
| Employee + Family     | \$47.16       |

#### In-Network Benefits

The BlueDental Choice Low DPP0 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 selecting a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Florida Combined Life BlueDental Choice network. These participating dental providers have contractually agreed to accept Florida Combined Life's contracted fee or "allowed amount." This fee is the maximum amount a Florida Combined Life 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 Florida Combined Life BlueDental Choice provider. Florida Combined Life reimburses out-of-network services based on the percentage of fee schedule. The percentage of fee schedule 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 Florida Combined Life's fee schedule 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 BlueDental Choice Low DPP0 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 BlueDental Choice Low DPP0 plan will pay for each covered member is \$1,000 for in-network and out-of-network services combined. All services, including preventive services, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

#### IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$500 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.

#### Florida Combined Life

Customer Service: (888) 223-4892 | [www.floridabluedental.com](http://www.floridabluedental.com)





## Florida Combined Life BlueDental Choice Low DPPPO Plan At-A-Glance

| Network   | BlueDental Choice                    |   |
|---|--------------------------------------|---|
| 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: Preventive                    |                                      |   |
| Routine Oral Exam (2 Per Year)                  | Plan Pays: 100%<br>Deductible Waived | Plan Pays: 80%<br>Deductible Waived<br>(Subject to Balance Billing) |
| Routine Cleanings (2 Per Year)                  |                                      |   |
| Bitewing X-rays (2 Films Per Year)              |                                      |   |
| Complete X-rays (1 Every 36 Consecutive Months) |                                      |   |
| Class II Services: Basic Restorative            |                                      |   |
| Fillings (Amalgam and Composite)                | Plan Pays: 80% After CYD             | Plan Pays: 50% After CYD<br>(Subject to Balance Billing)            |
| Simple Extractions                              |                                      |   |
| Periodontics                                    |                                      |   |
| Oral Surgery                                    |                                      |   |
| Endodontics (Root Canal Therapy)                |                                      |   |
| Class III Services: Major Restorative           |                                      |   |
| Crowns  | Plan Pays: 50% After CYD             | Plan Pays: 50% After CYD<br>(Subject to Balance Billing)            |
| Dentures  |                                      |   |
| Bridges   |                                      |   |
| Implant   |                                      |   |
| Class IV Services: Orthodontia                  |                                      |   |
| Lifetime Maximum                                | \$1,000                              |   |
| Benefit (Child and Adult)                       | Plan Pays: 50%<br>Deductible Waived  | Plan Pays: 50%<br>(Subject to Balance Billing)                      |



### Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit [www.floridabluedental.com](http://www.floridabluedental.com). When completing the necessary search criteria, select BlueDental Choice 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

Oral health and overall health are closely linked. Members diagnosed with certain medical conditions may be eligible for enhanced dental benefits. Enhanced dental benefits are available to members enrolled in both the medical and dental plan. For additional information or to confirm eligibility, please visit [www.floridabluedental.com](http://www.floridabluedental.com).



## Dental Insurance

### Florida Combined Life BlueDental Choice Plus High DPPPO Plan

The City offers dental insurance through Florida Combined Life 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 Florida Combined Life's summary plan document or contact Florida Combined Life's customer service.

#### Dental Insurance – Florida Combined Life BlueDental Choice Plus High DPPPO Plan

24 Payroll Deductions – Per Pay Period Cost

| Tier of Coverage      | Employee Cost |
|-----------------------|---------------|
| Employee Only         | \$20.85       |
| Employee + Spouse     | \$49.45       |
| Employee + Child(ren) | \$58.35       |
| Employee + Family     | \$88.38       |

#### In-Network Benefits

The BlueDental Choice Plus High DPPPO 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 selecting a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Florida Combined Life BlueDental Choice Plus network. These participating dental providers have contractually agreed to accept Florida Combined Life's contracted fee or "allowed amount." This fee is the maximum amount a Florida Combined Life 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 Florida Combined Life BlueDental Choice Plus provider. Florida Combined Life reimburses out-of-network services based on what it determines is the Usual and Customary charge (U&C). The U&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 Florida Combined Life's U&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 BlueDental Choice Plus High DPPPO 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 BlueDental Choice Plus High DPPPO plan will pay for each covered member is \$2,000 for in-network and out-of-network services combined. All services, including preventive services accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.



#### IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$500 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.

#### Florida Combined Life

Customer Service: (888) 223-4892 | [www.floridabluedental.com](http://www.floridabluedental.com)



## Florida Combined Life BlueDental Choice Plus High DPP0 Plan At-A-Glance

| Network   | BlueDental Choice Plus               |  |
|---|--------------------------------------|--|
| 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                                      | \$2,000                              |  |
| Class I Services: Preventive Care               |                                      |  |
| Routine Oral Exam (2 Per Year)                  | Plan Pays: 100%<br>Deductible Waived | Plan Pays: 100%<br>Deductible Waived<br>(Subject to Balance Billing) |
| Routine Cleanings (2 Per Year)                  |                                      |  |
| Bitewing X-rays (2 Films Per Year)              |                                      |  |
| Complete X-rays (1 Every 36 Consecutive Months) |                                      |  |
| Class II Services: Basic Restorative Care       |                                      |  |
| Fillings (Amalgam and Composite)                | Plan Pays: 100% After CYD            | Plan Pays: 80% After CYD<br>(Subject to Balance Billing)             |
| Simple Extractions                              |                                      |  |
| Periodontics                                    |                                      |  |
| Oral Surgery                                    |                                      |  |
| Endodontics (Root Canal Therapy)                |                                      |  |
| Class III Services: Major Restorative Care      |                                      |  |
| Crowns  | Plan Pays: 60% After CYD             | Plan Pays: 50% After CYD<br>(Subject to Balance Billing)             |
| Dentures  |                                      |  |
| Bridges   |                                      |  |
| Implant   |                                      |  |
| Class IV Services: Orthodontia                  |                                      |  |
| Lifetime Maximum                                | \$1,500                              |  |
| Benefit (Child and Adult)                       | Plan Pays: 50%<br>Deductible Waived  | Plan Pays: 50%<br>(Subject to Balance Billing)                       |



### Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit [www.floridabluedental.com](http://www.floridabluedental.com). When completing the necessary search criteria, select BlueDental Choice Plus network.



### Plan References

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



### Important Notes

Oral health and overall health are closely linked. Members diagnosed with certain medical conditions may be eligible for enhanced dental benefits. Enhanced dental benefits are available to members enrolled in both the medical and dental plan. For additional information or to confirm eligibility, please visit [www.floridabluedental.com](http://www.floridabluedental.com).



## Vision Insurance

### VSP Base Option Plan

The City offers vision insurance through Vision Service Plan (VSP) 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 VSP's customer service.

#### Vision Insurance – VSP Base Option Plan

24 Payroll Deductions – Per Pay Period Cost

| Tier of Coverage      | Employee Cost |
|-----------------------|---------------|
| Employee Only         | \$2.50        |
| Employee + Spouse     | \$4.99        |
| Employee + Child(ren) | \$5.34        |
| Employee + Family     | \$8.54        |

#### In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) can select any network provider who participates in the VSP Choice 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 choose to receive services from vision providers who do not participate in the VSP Choice network. When going out of network, the provider will require payment at the time of appointment. VSP 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.

#### Vision Service Plan (VSP)

Customer Service: (800) 877-7195 | [www.vsp.com](http://www.vsp.com)





## VSP Base Option Plan At-A-Glance

| Network   | VSP Choice  |  |
|---|---|--|
| Services  | In-Network  | Out-of-Network                         |
| Eye Exam  | \$10 Copay  | Up to \$45 Reimbursement               |
| Contact Lens Exam <i>(Fitting and Evaluation)</i> | Up to \$60 Copay  | Not Covered                            |
| Materials   | \$15 Copay  | Reimbursement Based on Type of Service |
| Frequency of Services                             |   |  |
| Examination                                       | 12 Months   |  |
| Lenses  | 12 Months   |  |
| Frames  | 24 Months   |  |
| Contact Lenses                                    | 12 Months   |  |
| Lenses  |   |  |
| Single  | No Charge After \$15 Materials Copay  | Up to \$30 Reimbursement               |
| Bifocal   |   | Up to \$50 Reimbursement               |
| Trifocal  |   | Up to \$65 Reimbursement               |
| Frames  |   |  |
| Allowance   | Up to \$135 Allowance on Any Frame or \$185 for Featured Frame Brands Plus 20% Discount on Any Amount over the allowance After \$15 Materials Copay | Up to \$70 Reimbursement               |
| Contact Lenses*                                   |   |  |
| Non-Elective <i>(Medically Necessary)</i>         | No Charge After \$15 Materials Copay  | Up to \$210 Reimbursement              |
| Elective  | Up to \$115 Allowance   | Up to \$105 Reimbursement              |



### Locate a Provider

To search for a participating provider, contact Vision Service Plan's customer service or visit [www.vsp.com](http://www.vsp.com). When completing the necessary search criteria, select VSP Choice 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.



## Vision Insurance

### VSP Premier Option Plan

The City offers vision insurance through Vision Service Plan (VSP) 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 VSP's customer service.

#### Vision Insurance – VSP Premier Option Plan

24 Payroll Deductions – Per Pay Period Cost

| Tier of Coverage      | Employee Cost |
|-----------------------|---------------|
| Employee Only         | \$4.35        |
| Employee + Spouse     | \$8.71        |
| Employee + Child(ren) | \$9.31        |
| Employee + Family     | \$14.90       |

#### In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) can select any network provider who participates in the VSP Choice 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 choose to receive services from vision providers who do not participate in the VSP Choice network. When going out of network, the provider will require payment at the time of appointment. VSP 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.

#### Vision Service Plan (VSP)

Customer Service: (800) 877-7195 | [www.vsp.com](http://www.vsp.com)



## VSP Premier Option Plan At-A-Glance

| Network   | VSP Choice  |  |
|---|---|--|
| Services  | In-Network  | Out-of-Network                         |
| Eye Exam  | \$10 Copay  | Up to \$45 Reimbursement               |
| Contact Lens Exam <i>(Fitting and Evaluation)</i> | Up to \$60 Copay  | Not Covered                            |
| Materials   | \$15 Copay  | Reimbursement Based on Type of Service |
| Frequency of Services                             |   |  |
| Examination                                       | 12 Months   |  |
| Lenses  | 12 Months   |  |
| Frames  | 12 Months   |  |
| Contact Lenses                                    | 12 Months   |  |
| Lenses  |   |  |
| Single  | No Charge After \$15 Materials Copay  | Up to \$30 Reimbursement               |
| Bifocal   |   | Up to \$50 Reimbursement               |
| Trifocal  |   | Up to \$65 Reimbursement               |
| Frames  |   |  |
| Allowance   | Up to \$180 Allowance on Any Frame or \$230 Allowance for Featured Frame Brands Plus 20% Discount on Any Amount over the allowance After \$15 Materials Copay | Up to \$70 Reimbursement               |
| Contact Lenses*                                   |   |  |
| Non-Elective <i>(Medically Necessary)</i>         | No Charge After \$15 Materials Copay  | Up to \$210 Reimbursement              |
| Elective  | Up to \$140 Allowance   | Up to \$105 Reimbursement              |



### Locate a Provider

To search for a participating provider, contact Vision Service Plan's customer service or visit [www.vsp.com](http://www.vsp.com). When completing the necessary search criteria, select VSP Choice 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 January 1 to December 31.

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 participant to set aside up to an annual maximum of \$3,050. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

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

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

### Dependent Care FSA

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

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

- A child under the age of 13, or
- A child, spouse or other dependent 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 not limited to, the following:

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

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

## Flexible Spending Accounts *(Continued)*

### FSA Guidelines

- The Health Care FSA 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 (January 1 – December 31).
- When a plan year ends and all claims have been filed, 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. 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. 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 fee may apply.

### HERE'S HOW IT WORKS!



An 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 \$197.

|  | 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<br>19.65% = 12% + 7.65% FICA | -\$5,698               | -\$5,895                  |
| After Tax Expenses                         | -\$0                   | -\$1,000                  |
| Spendable Income                           | \$23,302               | \$23,105                  |
| <b>Tax Savings</b>                         | <b>\$197</b>           |                           |

***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. This rule is known as "use it or lose it."*

### HealthEquity

Customer Service: (866) 242-3458 | [www.healthequity.com/wageworks](http://www.healthequity.com/wageworks)





## 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 New Directions. 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?

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, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

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

### Are the services confidential?

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

#### New Directions

Customer Service: (800) 624-5544 | [eap.ndbh.com](http://eap.ndbh.com)

Login Code: Cape Coral

## Basic Life and AD&D Insurance

### Basic Term Life Insurance

The City provides Basic Term Life insurance for all eligible City and Charter School employees at no cost, through USABLE Life. Eligible employees will receive a benefit amount equal to two (2) times their annual base salary, to a maximum of \$330,000.

### Life Insurance Imputed Income

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

### Accidental Death & Dismemberment Insurance

Also, at no cost to the 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 benefits may also be payable.

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.***

## Long Term Disability

The City provides Long Term Disability (LTD) insurance at no cost to all eligible City and Charter School employees through USABLE Life. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or non-work related injury.

Eligible Police and Fire have disability provisions as a part of their pension plans. Please contact Human Resources for more information regarding LTD benefits.

### Long Term Disability (LTD) Benefits

- LTD provides a benefit of 66.67% of employee's monthly earnings up to a benefit maximum of \$5,000 per month.
- Employee must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 181st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on employee's age at the time of disability.
- Benefits may be reduced by other income.

**USABLE Life** | Customer Service: (800) 370-5856 | [www.usablelife.com](http://www.usablelife.com)



## Voluntary Life Insurance

### Voluntary Employee Life Insurance

Eligible employee may elect to purchase additional Life insurance on a voluntary basis through USABLE Life. This coverage may be purchased in addition to the Basic Term Life 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 having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$130,000.**

**2023 Open Enrollment:** Currently enrolled eligible employees have the opportunity to purchase \$10,000 in Voluntary Employee Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$130,000.

- Units can be purchased in increments of \$10,000, up to five (5) times employee's annual salary, to the maximum of \$500,000.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces to 65% of the benefit amount at age 70
  - › Reduces to 50% of the benefit amount at age 75
- Rate Calculations can be viewed on Bentek.
- Rates are subject to increase and are based on the employee's age band.
- Voluntary Life applications must be submitted to Human Resources.
- Beneficiary information can be updated on Bentek: [www.mybentek.com/cityofcapecoral](http://www.mybentek.com/cityofcapecoral)

### Voluntary Spouse Life Insurance

New Hires may purchase Voluntary Spouse Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$30,000.**

**2023 Open Enrollment:** Currently enrolled eligible employees have the opportunity to purchase \$5,000 in Voluntary Spouse Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$30,000.

- Employees 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 to 65% of the benefit amount at age 70
  - › Reduces to 50% of the benefit amount at age 75
- Spouse rates are determined by the employee's age. Rate Calculations can be viewed on Bentek.

### Dependent Child(ren) Life Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- For eligible unmarried children, from six (6) months up to age 30, coverage of \$5,000 or \$10,000 may be selected, however, coverage cannot exceed 50% of the employee's Voluntary Employee Life coverage amount.
- Child(ren) from 14 days to six (6) months may be covered for a reduced benefit of \$500.

***Always remember to keep beneficiary information updated.  
Beneficiary information may be updated at anytime through Bentek.***

**USABLE Life** | Customer Service: (800) 370-5856 | [www.usablelife.com](http://www.usablelife.com)



## Supplemental Insurance

### Aflac

The City offers a variety of Supplemental Insurance plans through Aflac Group. Aflac pays cash directly to the policyholder to help with expenses that health insurance doesn't cover such as co-pays, deductibles or even everyday bills like rent, mortgage, utilities, car payment, food etc. The policies may be purchased on a voluntary basis with premiums paid through payroll deductions. To learn more about policy benefits, limitations and exclusions, please review the resources at [www.mybentek.com/cityofcapecoral](http://www.mybentek.com/cityofcapecoral).

#### New Plan Features:

Existing and new hire benefit eligible employees may enroll:

- Plans are guaranteed issue (no medical underwriting required - no one will be denied coverage).
- Pre-Existing medical conditions are waived including pregnancy
- No waiting period
- Payroll Deducted employees and new hire benefit-eligible employees can enroll online
- Coverage is portable at the same low employee rate

#### Group Accident (pre-tax)

Pays cash benefits for expenses resulting from on or off the job and pays in addition to any other insurance in force. It includes an Accidental Death & Dismemberment Benefit and Annual Wellness benefit per covered person.

#### Group Hospital (pre-tax)

Pays cash benefits for covered sickness or injury to help ease the financial burden of Hospitalization, Treatments and Surgical Benefits (Inpatient & Outpatient) including Admission, Daily Confinement, Intensive Care, Rehabilitation Facility, Outpatient Doctor's office visits, Chiropractic ER Visits, and much more...

#### Group Critical Illness with Cancer Lump Sum (post-tax)

When diagnosed with a covered Critical Illness, or any Cancer (internal or Invasive; noninvasive and skin cancer) diagnosis Aflac pays a lump sum benefit to help employee better cope financially. A covered Critical Illness is Heart Attack, Sudden Cardiac Arrest, Coronary Bypass Surgery, Major Organ Transplant, Bone Marrow Transplant, Kidney Failure, Stroke, Advanced Alzheimer's, Parkinson's, Benign Brain Tumor and Annual Health Screening Benefit.

#### Group Short-Term Disability (post-tax)

The Short-Term Disability plan will provide an income replacement benefit for a maximum period of six (6) months for off-the-job accident and sickness (including sicknesses due to mental health, alcoholism & drug addiction) with an elimination period of 0/14 days. The STD insurance is a non-occupational for a maximum of 60% of employee's base annual salary with a monthly maximum of \$3,000.

#### Aflac Group

Customer Service: (800) 443-3036 | Fax: (866) 849-2974

Claim Submission: [groupclaimfiling@aflac.com](mailto:groupclaimfiling@aflac.com)

**Agent:** Margaret Pearson | Office: (561) 352-3581

Email: [margaret\\_pearson@us.aflac.com](mailto:margaret_pearson@us.aflac.com)



## Legal & Identity Theft Plans

### LegalShield

LegalShield has over 40 years of experience providing legal protection to more than 1.5 million members. LegalShield's paid-in-advance partner law firms are ready to serve, not bill, with access to over 1,100 dedicated attorneys. When necessary, member will also get access to over 5,000 additional attorneys, all ready to offer advice or assistance. LegalShield attorneys can help with all sorts of issues like traffic tickets, wills, financial issues, IRS Audits and so much more. From the trivial to the traumatic and everything in between, LegalShield attorneys will always be there to offer advice or assistance.

### LegalShield Coverage

#### Covers Member, Spouse and Unmarried Dependent Children

*(Up to age 21 living at home, college students up to age 23)*

- Legal Consultation and Advice
- Court Representation
- Dedicated Provider Law Firm
- Legal Document Preparation and Review
- Will Preparation
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- 24/7 Emergency Legal Access

### LegalShield Basic Commercial Drivers Legal Plan

#### Covers Member and Spouse

- Tragic Accident Representation
- License Reinstatement
- Moving Violations
- DOT and Non-Moving Violations
- Property Damage Collection
- Personal Injury Collection
- CSA Consultation
- Other Transportation Related Legal Work

### ID Shield Services

#### Covers Member, Spouse and Dependent Children

*(Up to eight (8) minors under age 18)*

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity, Credit and Financial Account Monitoring
- Child Monitoring (Family Plan Only)
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Social Media Monitoring and Online Privacy Reputation Management

### LegalShield

24 Payroll Deductions – Per Pay Period Cost

| Tier of Coverage        | Individual | Family                                     |
|-------------------------|------------|--|
| LegalShield             | \$9.43     | \$9.43                                     |
| Basic CDLP              | \$14.98    | \$14.98<br><i>(Driver and Spouse Only)</i> |
| ID Shield               | \$2.90     | \$5.35                                     |
| LegalShield & ID Shield | \$11.83    | \$13.78                                    |

**LegalShield** | Customer Service: (800) 654-7757 | [benefits.legalshield.com/capecoral](https://benefits.legalshield.com/capecoral)

**Agent:** Barry Olfert | Phone: (954) 655-2446 | Email: [barryolfert@legalshieldassociate.com](mailto:barryolfert@legalshieldassociate.com)



## Deferred Compensation Programs

The 457 Deferred Compensation Programs allow employees to set aside tax deferred dollars toward retirement savings through automatic payroll deductions. There is no employer matching for this program.

The money contributed into this type of account, including earnings; accumulate on a tax deferred basis. Employee can consolidate their retirement savings by rolling other eligible retirement assets into this type of account. Minimum and maximum participation amounts apply.

MissionSquare Retirement also offers the City's employees a Roth IRA option which allows employee to set aside post-tax dollars in addition to the traditional IRA option which utilizes pre-tax dollars for retirement savings. The MissionSquare Retirement accounts are offered to all benefit-eligible employees.

The Nationwide plan is only offered to City employees.

### **MissionSquare Retirement**

**Agent:** Natascha Barone | Email: [nbarone@missionsq.org](mailto:nbarone@missionsq.org)  
Customer Service: (202) 759-7016 | [www.icmarc.org](http://www.icmarc.org)

### **Nationwide**

**Agent:** Tony Flowers | Email: [tony.flowers@nationwide.com](mailto:tony.flowers@nationwide.com)  
Customer Service: (941) 587-1166 | [www.nationwide.com](http://www.nationwide.com)

## Retirement Plans

The City's retirement plan is a defined benefit plan. Each person employed by the City as a Full-Time employee is a member as a condition of employment.

| Pension Plan | Employee Per Pay Period Contributions |
|--------------|---------------------------------------|
| General      | 9.9%                                  |
| Fire         | 10%                                   |
| Police       | 10%                                   |

Normal retirement, early retirement, and pension vesting schedules vary for each pension plan. For detailed information regarding the City's retirement plan, please contact the pension administrator.

### **Foster & Foster (General and Fire)**

**Agent:** Ferrell Jenne and Kelly Konarski | Phone: (239) 333-4872  
[www.mypensionbenefit.com](http://www.mypensionbenefit.com)

### **Pension Resource Center (Police)**

**Agent:** Amber McNeill | Phone: (239) 573-4753  
[www.resourcecenters.com](http://www.resourcecenters.com)







A RISK STRATEGIES COMPANY

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Palm Beach Gardens, Florida 33410  
Toll Free: (800) 244-3696 | Fax: (561) 626-6970  
[www.gehringgroup.com](http://www.gehringgroup.com)

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