



2016 | 2017

# PORT ST. LUCIE

EMPLOYEE BENEFIT HIGHLIGHTS







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## Contact Information

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	<b>Director of Human Resources</b>	Jerome Post	Phone: (772) 871-5207 Email: jpost@cityofpsl.com
	<b>Online Benefits</b>	BenTek Support	(888) 5-BenTek (523-6835) www.mybentek.com/cityofpsl
	<b>Medical Insurance</b>	Florida Blue	Customer Service: (800) 345-3885 www.floridablue.com
	<b>Prescription Mail Order Program</b>	PrimeMail	Customer Service: (888) 849-7865 www.floridablue.com
	<b>Health Reimbursement Account</b>	Chard-Snyder	Customer Service: (800) 982-7715 www.chard-snyder.com
	<b>Dental Insurance</b>	Florida Combined Life	Customer Service: (888) 223-4892 www.floridablue.com
	<b>Vision Insurance</b>	Vision Service Plan	Customer Service: (800) 877-7195 www.vsp.com
	<b>Life and AD&amp;D Insurance</b>	Voya	Customer Service: (800) 537-5024 www.voya.com
	<b>Voluntary Life Insurance</b>	Voya	Customer Service: (800) 537-5024 www.voya.com
	<b>Short &amp; Long Term Disability Insurance</b>	Voya	Customer Service: (800) 328-4090 www.voya.com
	<b>Employee Assistance Plan</b>	Magellan Health Services	Customer Service: [REDACTED] www.magellanassist.com
	<b>Supplemental Insurance</b>	Aflac	Customer Service: (800) 992-3522 www.aflac.com
		Metropolitan Life Insurance	Customer Service: (800) 638-5433 www.metlife.com
	<b>Legal Insurance</b>	LegalShield	Customer Service: (800) 729-7998 www.legalshield.com
	<b>Employee Health/Urgent Care Center - Port St. Lucie</b>	Employee Family Health Center	Customer Service: (772) 807-4430 www.cpslhealth.com Access Code: [REDACTED]
	<b>Employee Health/Urgent Care Center - Stuart</b>	Treasure Coast Medical Associates	Customer Service: (772) 692-8082 www.stuarturgentcare.com
	<b>Employee Health/Urgent Care Center - Okeechobee</b>	Treasure Coast Medical Associates	Customer Service: (863) 226-2191 www.tcmahealthcare.com



## Introduction

The City of Port St. Lucie offers a comprehensive benefit package for all eligible employees. A variety of these employee benefit programs have been highlighted in this booklet as a general reference. Please refer to the City's Handbook, Union Contract and/or the group's insurance Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. Questions and further clarifications regarding this booklet's contents may be directed to the Human Resources Department.

## Online Benefit Enrollment

The City will provide an electronic enrollment through BenTek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change their insurance benefits online during the annual open enrollment period, new hire orientation, and for qualifying events.

Accessible 24 hours a day at any time during the plan year, you have the option to print out your enrollment confirmation statement outlining your benefit elections for you and your dependents including your life insurance beneficiary designations. You can also log on to the EBC to review your benefits, access carrier links, update life insurance beneficiaries and report qualifying events.



### Accessing BenTek

- ✓ Log on to [www.mybentek.com/cityofpsl](http://www.mybentek.com/cityofpsl)
- ✓ Sign in by using your previously created username and password or follow the instructions to set up your own username and password. *If you have forgotten your username and/or password, click on the link "Forgot Username/Password" and follow the instructions.*
- ✓ Once logged on, navigate to the menu in order to review current elections, learn about your benefit options, and make any elections or changes.
- ✓ You may also update your life insurance beneficiary designation(s).
- ✓ You have the option to print out your enrollment confirmation statement containing all your benefit elections for you and your family.

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.



## Group Insurance Eligibility



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

### General Employee Eligibility

Employees are eligible to participate in the City's group insurance plans if they are full-time employees. Coverage will be effective the first day of the month following 60 calendar days of employment. For example: If you are hired on April 11th, your coverage will be effective on July 1st.

### Police Officer Eligibility

Employees are eligible to participate in the City's group insurance plans if they are full-time employees. Coverage will be effective the first day of the month following your full-time date of hire. For example: If you are hired on April 11th, your coverage will be effective on May 1st.

*Please Note: Newly hired employees working an average of 30 hours per week or more will be considered "full-time" for the purposes of your benefit eligibility status.*

### Termination

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

### Dependent Eligibility

A dependent is defined as the legal spouse (under a legally valid existing marriage as defined by Florida Law) and/or dependent child(ren) of the participant or the spouse. Dependent children may be covered through the end of the calendar year in which the child reaches age 26. The term "child" includes any of the following:

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

### Dependent Age Requirements

**Medical, Dental and Vision Coverage:** Dependent children may be covered through the end of calendar year in which they turn 26.

Overage Dependents may continue to be covered through the end of the calendar year in which the dependent reaches the age of 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 handicapped.

### Deductions Related to "Over-Age" Dependents

The IRS guidelines state that an employee may not receive a tax advantage on any portion of premium paid related to an Over-Age (Non-Qualified) Dependent. Employees insuring Over-Age Dependents will see the insurance premium deductions post-tax and should consult their tax expert. Contact Human Resources for more information and rates.

### Disabled Dependents

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

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

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



## Group Insurance Eligibility *(Continued)*

Please remember the following: In order to enroll dependents on the City's Health Insurance plan, to maintain enrollment for those dependents in the coming year, or if you enroll any new dependents in the City's Health Insurance plan during the open enrollment period, you will be required to provide documentation verifying the eligibility of such dependents to Human Resources.

Dependent Relationship	Document(s) you will need to provide to verify eligibility
Spouse	<ul style="list-style-type: none"> <li>• Official Marriage Certificate <b>AND</b></li> <li>• Certificate of Dependent Eligibility signed by employee</li> </ul>
Child(ren) Under Age 26	<ul style="list-style-type: none"> <li>• State issued birth certificate(s) <b>OR</b> legal guardianship court documents, listing the employee or spouse as parent/legal guardian <b>AND</b></li> <li>• Certificate of Dependent Eligibility signed by employee</li> </ul>
Step-Child(ren) Under Age 26	<ul style="list-style-type: none"> <li>• <b>AND</b> the appropriate dependent child documentation listed above</li> </ul>
Child(ren) under Legal Guardianship or Custody Under Age 26	<ul style="list-style-type: none"> <li>• <b>AND</b> court documents of the legal guardianship <b>OR</b> legal custody <b>OR</b> foster care</li> </ul>
Child(ren) under Foster Care Under Age 18	<ul style="list-style-type: none"> <li>• <b>AND</b> court documents of foster care</li> </ul>
Child(ren) adopted or in the process of adoption Under Age 26	<ul style="list-style-type: none"> <li>• <b>AND</b> court documents of the legal adoption showing relationship to and placement in the employee's house <b>OR</b> adoption certificate issued through the courts</li> </ul>
Grandchild(ren) <b>OR</b> other children not related	<ul style="list-style-type: none"> <li>• <b>AND</b> State issued Birth Certificate of child(ren) stating child was born to an insured dependent child of employee or spouse <b>OR</b></li> <li>• Legal Guardianship/Custody/Foster Care Document from the courts</li> </ul>
Child(ren) Age 26 - 30	<ul style="list-style-type: none"> <li>• State issued birth certificate(s) <b>OR</b> legal guardianship court documents, listing the employee or spouse as parent/legal guardian <b>AND</b></li> <li>• Certificate of Dependent Eligibility signed by employee</li> <li>• <b>AND</b> Overage Dependent Affidavit signed by employee</li> </ul>

All documentation must be either the original document or a notarized/certified copy of original document. Please know that Human Resources will need to view the original documents and will make copies for our files.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim, or an application containing any false, incomplete, or misleading information is guilty of a felony of a third degree.



## Qualifying Events and IRS Code Section 125

### IRS Code Section 125

Premiums for medical, dental, vision and certain supplemental insurance coverages are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefits can be made **ONLY** during the Open Enrollment period unless you or your qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, if the event affects your own, your spouse's, or your dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125. Any requested changes must be consistent with and on account of the qualifying event.

#### Examples of Qualifying Events:

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



### IMPORTANT

If you experience a qualifying event, **you must contact Human Resources within 30 days of the qualifying event** to make the appropriate changes to your coverage. Beyond 30 days, requests will be denied and the employee may be responsible both legally and financially for any claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the first of the month following the latter of the date of the qualifying event, or the date of the written request for change in coverage is received by Human Resources, except for newborns which are effective on the date of birth. Any cancellations will be processed at the end of the month, except coverage terminates the date following a death. You will be required to furnish valid documentation supporting a change in status or "Qualifying Event."



## Medical Insurance

The City offers medical insurance through Florida Blue to benefit eligible employees. The cost per month for coverage is listed in the premium table below. For more detailed information about the medical plan, please refer to the plan's summary of coverage document or contact Florida Blue's Customer Service.

### Medical Insurance Premiums – Florida Blue –Blue Choice Plan

Monthly Premium Cost

Tier of Coverage	City Contribution	Employee Contribution*	Retirees
Employee Only	\$512.30	\$44.18	\$513.27
Employee + Spouse	\$1,818.90	\$346.86	\$2,122.55
Employee + Child(ren)	\$1,029.30	\$196.46	\$1,182.55
Employee + Family	\$1,833.94	\$349.68	\$2,140.41

*\*Employee contribution rates are subject to change due to collective bargaining or, for non-bargaining unit employees, revised budgetary policies.*

*Please Note: Coverage for over-age dependents, there will be an additional monthly premium amount included.*

**Florida Blue** | Customer Service: (800) 345-3885 | [www.floridablue.com](http://www.floridablue.com)

## Other Available Plan Resources

Florida Blue offers to all enrolled members and dependents additional services and discounts through value added programs. **For more details regarding other available plan resources, please refer to your Summary of Benefits and Coverage (SBC).**

### Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the medical plan is **provided as a supplement** to this booklet which is being distributed to new hires and existing employees during open enrollment. The summary is an important item in understanding your benefit options. A free paper copy of the SBC document may be requested or is available as follows:

**From:** Human Resources  
**Address:** 121 SW Port St. Lucie Blvd.  
 Port St. Lucie, FL 34984  
**Phone:** (772) 344-4081  
**Email:** [cmccaskill@cityofpsl.com](mailto:cmccaskill@cityofpsl.com)

Through the online enrollment software - BenTek: [www.mybentek.com/cityofpsl](http://www.mybentek.com/cityofpsl)

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 actual group certificate of coverage can be reviewed and obtained by contacting Human Resources or through BenTek at [www.mybentek.com/cityofpsl](http://www.mybentek.com/cityofpsl).

If you have any questions about the plan offerings or coverage options, please contact Human Resources at (772) 344-4081.



## BlueChoice Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact Customer Service or visit [www.floridablue.com](http://www.floridablue.com). Under the select a plan section, choose "BlueChoice" as your plan type.



### 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 plan's summary of coverage document.

\*\*Charges may vary based on place of service.

\*\*\*Quest Diagnostics is the preferred lab for blood work through Florida Blue. When using a lab other than Quest, please be sure to confirm they are contracted with Florida Blue's Blue Choice Network prior to receiving services.

Network	BlueChoice	
	In-Network	Out-of-Network*
<b>Calendar Year Deductible (CYD)</b>		
Single		\$300
Family		\$900
<b>Coinsurance</b>		
Member Responsibility	10%	30%
<b>Calendar Year Out-of-Pocket Limit</b>		
Single		\$1,500
Family		\$4,500
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$20 Copay	30% After CYD
Specialist Office Visit	\$40 Copay	
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab: Quest (Blood Work)***	10% Coinsurance	30% Coinsurance
X-rays at Independent Facility**	\$40 Copay	30% After CYD
Advanced Imaging (MRI, PET, CT)**	\$40 Copay	30% After CYD
Outpatient Surgery in Surgical Center	\$40 Copay	30% After CYD
Physician Services at Surgical Center	\$35 Copay Per Provider	30% After CYD
Urgent Care	\$20 Copay	\$20 Copay After CYD
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	10% After CYD	\$300 PAD + 30% After CYD
Outpatient Hospital (Per Visit)	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	10% After CYD
Emergency Room (Copay Waived if Admitted)	\$50 Copay + 10% After CYD	\$50 Copay + 10% After CYD
<b>Mental Health / Alcohol &amp; Substance Abuse</b>		
Inpatient Hospitalization (Per Admission)	10% After CYD	10% After CYD
Outpatient Hospitalization (Per Visit)	10% After CYD	30% After CYD
<b>Prescription Drugs (Rx)</b>		
Generic	\$10 Copay	50% Coinsurance
Preferred Brand Name	\$30 Copay	
Non-Preferred Brand Name	\$50 Copay	
Mail Order Drug (90 Day Supply)	\$20 / \$40 / \$60 Copay	



## Health Reimbursement Account *(For Wellness Incentive Program Participants Only)*

Health Reimbursement Accounts for the City are administered by Chard Snyder. HRA's are only for employees who have received wellness incentives by meeting and achieving wellness targets or completing wellness activities while on the City's Blue Choice 0702 Health Plan during the 10/1/15 through 9/30/16 plan year. HRA monies are funded by the City and can be used for any qualified medical, dental, vision and hearing expense that is incurred.

### Do I still need to keep my receipts?

Yes. During the year, you should keep all receipts and documentation for prescriptions and medical related expenses for all transactions so that you have them if needed to verify a claim for Chard-Snyder or for IRS taxes. If asked to produce documentation, a valid Explanation of Benefits (EOB) and receipt of payment for the services rendered will be sufficient.

### How can I find my available HRA balance for the debit MasterCard?

You can check your available balance, activity and account history online at [www.chard-snyder.com](http://www.chard-snyder.com) or you can call (800) 982-7715.

### Expenses Eligible for Reimbursement

Employees may request reimbursement of expenses for yourself or your dependents covered under the City's Blue Choice Plan 0702. Eligible expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical condition. Expenses you incur to improve general medical or cosmetic expenses are not eligible. Reimbursement checks will be issued to the employee throughout the year for incurred expenses up to the maximum annual benefit amount. You also have the option of having your reimbursement deposited directly to your checking account. For more information regarding eligible expenses, visit Chard Snyder online at [www.chard-snyder.com](http://www.chard-snyder.com).

### How to File a Claim

#### First Option: Debit Card

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

#### Second Option: Paper Claim

Employees may submit claim forms to Chard-Snyder with an Explanation of Benefits form from the insurance carrier or receipts for eligible medical services throughout the plan year. Claim forms can be submitted via fax to (888) 245-8452, or via mail to the address listed above.

#### Claims Mailing Address

3510 Irwin Simpson Rd., Mason, OH 45040

#### Chard Snyder

Customer Service: (800) 982-7715 | [www.chard-snyder.com](http://www.chard-snyder.com)

Email: [askpenny@chard-snyder.com](mailto:askpenny@chard-snyder.com)



## Dental Insurance

### BlueDental Choice Plus Plan

The City offers dental insurance through Florida Combined Life to benefit eligible employees. The cost per month for coverage is listed in the premium table and a brief description of the dental plan is provided below. A summary of the benefits are provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the plan's summary of coverage document or contact Florida Combined Life's Customer Service.

#### Dental Insurance Premiums – Florida Combined Life –BlueDental Choice Plus Plan

Monthly Premium Cost

Tier of Coverage	City Contribution	Employee Contribution*	Retirees
Employee Only	\$27.25	\$2.35	\$29.60
Employee + Spouse	\$96.75	\$18.45	\$115.20
Employee + Child(ren)	\$54.75	\$10.45	\$65.20
Employee + Family	\$97.55	\$18.60	\$116.15

\*Employee contribution rates are subject to change due to collective bargaining or, for non-bargaining unit employees, revised budgetary policies.

Please Note: Coverage for over-age dependents, there will be an additional monthly premium amount included.

#### In-Network Benefits

The PPO plan provides benefits for services received from in-network and out-of-network providers. This plan is "open access" and allows you to receive services from any dental provider without selecting a Primary Dental Provider (PDP) and does not require referrals to specialists. The network of participating dental providers the plan utilizes is the **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 contracted 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

Providers who do not contract with insurance carriers because they do not accept their discounted rates are referred to "non-participating" or "out-of-network." Understanding how your insurance company pays for out-of-network services is important because you will usually pay more.

The insurance company processes charges based on what it determines the "Usual, Customary and Reasonable (UCR)" charge is for a specific service. UCR or the "allowed amount" can be defined as the most common charge for a particular dental or medical procedure performed in a specific geographic area. Since there is no contract in place between the insurance company and out-of-network provider, the dentist may charge an amount higher than UCR. The difference between the UCR amount and the dentist's higher charge is called "balance billing." Balance billing is in addition to your deductible and coinsurance responsibility.

#### Calendar Year Deductible

The dental plan benefits begin once each covered member satisfies a \$50 deductible (waived for Class I Services). The deductible is applied collectively for either in or out-of-network services or any combination of both. Once any two covered members in a family each satisfies the \$50 deductible, the deductible will then be considered met after all covered members in the family.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the dental plan will pay for each covered member is \$1,500. Once the Calendar Year Benefit Maximum has been met, the member will be responsible for any future charges until the next Calendar Year. All services, including Preventive Services, accumulate towards your Calendar Year Benefit Maximum.

**Claims Processing Address** | Dental Claims Administrator  
PO Box 1047, Elk Grove Village, IL 60009-1047

**Florida Combined Life**  
Customer Service: (888) 223-4892 | [www.floridablue.com](http://www.floridablue.com)



## BlueDental Choice Plus Plan At-A-Glance

Network	BlueDental Choice Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network
Per Member		\$50
Per Family		\$100
Waived for Class I Services?		Yes
<b>Calendar Year Benefit Maximum</b>		
Per Member		\$1,500
<b>Class I Services: Diagnostic &amp; Preventative Care</b>		
Routine Oral Exam (1 Every 6 Months)	Plan Pays: 100% Deductible Waived	Plan Pays: 100%* Deductible Waived (Subject to Balance Billing)
Routine Cleanings (1 Every 6 Months)		
Bitewing X-rays (1 Every 6 Months)		
Complete X-rays (1 Set Every 3 Years)		
<b>Class II Services: Basic Restorative</b>		
Fillings (Amalgam & Composite)	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD* (Subject to Balance Billing)
Extractions		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Anesthesia (In Connection with Covered Dental Charge)		
<b>Class III Services: Major Restorative Care</b>		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD* (Subject to Balance Billing)
Bridges		
Dentures		
<b>Class IV Services: Orthodontia</b>		
Lifetime Maximum		\$1,000
Benefit	Plan Pays 50%	Plan Pays 50%* (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, call Customer Service or visit [www.floridablue.com](http://www.floridablue.com); choosing "Dental - BlueDental Choice & Choice Plus (PPO)" as your plan type.



### 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 plan's summary of coverage document.



### Important Notes

- Each member may receive up to 2 free cleanings per year under the preventive benefit. Cleanings must be 6 months apart.
- Waiting periods and age limitations may apply for certain benefits.



## Vision Insurance

### VSP Choice Plan

The City offers vision insurance through Vision Service Plan (VSP) to benefit eligible employees. The cost per month for coverage is listed in the premium table and a brief description of the vision plan is provided below. A summary of the benefits are provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's summary of coverage document or contact VSP's customer service.

#### Vision Insurance Premiums – Vision Service Plan

Monthly Premium Cost

Tier of Coverage	City Contribution	Employee Contribution*	Retirees
Employee Only	\$5.54	\$0.47	\$5.92
Employee + Spouse	\$19.35	\$3.69	\$23.04
Employee + Child(ren)	\$10.95	\$2.09	\$13.04
Employee + Family	\$19.51	\$3.72	\$23.23

\*Employee contribution rates are subject to change due to collective bargaining or, for non-bargaining unit employees, revised budgetary policies.

*Please Note: Coverage for over-age dependents, there will be an additional monthly premium amount included.*

#### In-Network Benefits

The vision plan offers you and your covered dependents with coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered members can select any network provider that 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 will be additional if chosen at the time of your appointment.

#### Out-of-Network Benefits

Employees and their covered dependents may also 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 per calendar year.

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



## VSP Vision Choice Plan At-A-Glance

Network	VSP Vision Choice	
Services	In-Network	Out-of-Network
Eye Exam and Materials	No Charge	Up to \$45 Reimbursement
<b>Frequency of Services</b>		
Examination		12 Months
Lenses		12 Months
Frames		12 Months
Contact Lenses		12 Months
<b>Lenses</b>		
Single	No Charge	Up to \$30 Reimbursement
Bifocal		Up to \$50 Reimbursement
Trifocal		Up to \$65 Reimbursement
<b>Frames</b>		
Allowance	Up to \$115 Allowance; Up to \$135 Allowance for Featured Frame Brands	Up to \$70 Reimbursement
<b>Contact Lenses*</b>		
Non-Elective (Medically Necessary)**	Covered in Full	Up to \$210 Reimbursement
Elective (Fitting, Follow-up & Lenses)**	Up to \$115 Allowance	Up to \$105 Reimbursement
<b>LASIK</b>		
Discount Programs	Contact VSP for Program Details	Not Available



### Locate a Provider

To search for a participating provider, call Customer Service or visit [www.vsp.com](http://www.vsp.com) choosing "VSP Choice" as your plan type.



### Plan References

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

\*\*15% discount applies to a provider's usual and customary fee for contact lense evaluation and fitting.



### Important Notes

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



## Basic Life and AD&D Insurance

### Basic Term Life

As part of your employee benefits package the City provides all eligible employees with a Basic Term Life insurance benefit in the amount of \$50,000 through Voya.

### Accidental Death & Dismemberment

The City also 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.

***Always remember to keep your beneficiary forms updated.  
You may update your beneficiary information at anytime  
through BenTek by visiting [www.mybentek.com/cityofpsl](http://www.mybentek.com/cityofpsl).***

#### Voya

Customer Service: (800) 537-5024 | Claims: (800) 328-4090 | [www.voya.com](http://www.voya.com)

## Retiree Healthcare Coverage

Benefit eligible employees that are participating in the City's Health Insurance plan (the Plan) at the time of their retirement shall be afforded the option to continue their coverage as a Retiree. The retiree contribution rate is established at 100% of the determined costs for the class of coverage elected, and is assessed annually for rate adjustments each October 1. The City will not pay the costs, or a portion thereof, of any such continuation of coverage for its Retirees and eligible dependents.

### Employees Hired Before 7/12/10:

A "Retiree" is defined as an employee who voluntarily withdraws from one's position and has satisfied at least one of the following conditions: (1) completed at least five (5) years of full-time service, (2) reached the age of 55; or (3) otherwise qualifies as a retiree under the City's Code of Ordinances or Section 112.0801(2), Florida Statutes.

### Employees Hired On or After 7/12/10:

A "Retiree" is defined as an employee who voluntarily withdraws from one's position and has satisfied at least one of the following conditions: (1) employee's combined attained age in whole years and Credited Service in whole years equals at least 75 (i.e., The Rule of 75) with a minimum of ten (10) years of full-time service and has reached the age of 55; or (2) otherwise qualifies as a retiree under the City's Code of Ordinances or Section 112.0801(2), Florida Statutes.

The Retiree and any eligible dependent(s) may continue participation under the Plan effective the first day of the subsequent month following the employee's separation of service. The benefits continued under retiree coverage include the same health, prescription, vision and dental coverage that the employee received as an active participant in the Plan. Employees that continue medical coverage as a Retiree may also continue to participate in the City's Group Life Insurance policy for the employee only, by making the applicable monthly contribution.

For further information regarding benefits at Retirement, please contact Thema Neal or Claudia McCaskill in Human Resources.



## Voluntary Life Insurance

### Voluntary Employee Life

Eligible employees may elect to purchase additional Voluntary Life Insurance through Voya. This coverage may be purchased in addition to the Basic Term Life and AD&D coverages the City already provides. Voluntary Life Insurance offers coverage for yourself, spouse or child(ren) at different benefit levels.

New Hires can 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 \$150,000.

- Units can be purchased in increments of \$10,000 to a maximum of \$500,000, up to 5x your annual salary.
- Benefit amounts are subject to the following age reduction schedule:
  - › 45% at age 70
  - › additional 35% at age 75
  - › additional 25% at age 80
- Group coverage cancels at retirement or if employment with the City is terminated.

### Voluntary Spouse Life Insurance

New Hires can 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 \$50,000.

- Employees must participate in the Voluntary plan for spouse to participate.
- Units can be purchased in increments of \$5,000, not to exceed a maximum of \$250,000. However coverage cannot exceed 50% of the employee's Voluntary Life coverage amount.
- Spouse life insurance coverage is subject to the following age reduction schedule, reducing as the employee ages:
  - › 45% at age 70
  - › additional 35% at age 75
  - › additional 25% at age 80

### Dependent Child(ren) Life Insurance

- Employees must participate in Voluntary plan for dependent children to participate.
- For eligible unmarried children, from birth up to age 19; or to age 26 if a full-time student.
- You can elect coverage in increments of \$5,000, not to exceed a benefit maximum of \$10,000.
- Rates are \$0.46 per pay for \$5,000 or \$0.92 per pay for \$10,000; per eligible dependent child(ren) enrolled, regardless of how many.

### Voluntary Life Rate Table

Rate Per \$1,000 of Benefit

Age Bracket <i>(Based On Employee Age)</i>	Voluntary Life Rate
0-29	\$0.075
30-34	\$0.085
35-39	\$0.13
40-44	\$0.15
45-49	\$0.23
50-54	\$0.36
55-59	\$0.67
60-64	\$1.02
65-69	\$1.97
70-74	\$3.19
75+	\$5.15

### Voya

Customer Service: (800) 537-5024 | Claims: (800) 328-4090 | [www.voya.com](http://www.voya.com)



## Short Term Disability

As part of your employee benefits package the City provides Short Term Disability (STD) insurance to all eligible employees through Voya. The STD benefit pays you a percentage of your weekly earnings if you become disabled due to an illness or non-work related injury.

### STD Plan Summary

- The STD program offers a benefit of 60% of your weekly earnings, subject to a maximum of \$1,500 per week.
- An employee must be sick or injured for 29 days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will commence on the 30th day of disability.
- The maximum benefit period is 22 weeks.
- Benefits may be reduced by other income.

Voya | Customer Service: (800) 328-4090 | [www.voya.com](http://www.voya.com)

## Long Term Disability

As part of your employee benefits package the City provides Long Term Disability (LTD) insurance to all eligible employees through Voya. The LTD pays you a percentage of your weekly earnings if you become disabled due to an illness or non-work related injury.

### LTD Plan Summary

- The LTD program offers a benefit of 60% of your monthly earnings, subject to a maximum of \$5,000 per month.
- An employee must be disabled for 180 days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will commence on the 181st day of disability.
- You may continue to be eligible for benefits if you return to work on a part-time basis.
- An employee will receive benefits for 36 months if he/she is unable to perform the material duties of his/her own occupation.
- Benefits may be reduced by other income.
- The maximum period of payment will be determined based on your age at the time of the disabling event.

Voya | Customer Service: (800) 328-4090 | [www.voya.com](http://www.voya.com)

## Employee Assistance Program

As part of your employee benefits package the City provides a comprehensive Employee Assistance Program (EAP) available to you and each member of your family through Magellan Health. Magellan Health offers access to licensed mental health professionals through a confidential program that is protected by state and federal laws. The EAP program is available to help you gain a better understanding of problems that affect you, locate the best professional help for your particular problem, and decide upon a plan of action. All EAP counselors are professionally trained and are certified and licensed in their fields. Master-level counselors are available 24 hours a day, 7 days a week. The EAP also includes you or a household family member to call and request up to 8 free face to face sessions, per member, per issue.

### What is an Employee Assistance Program?

An Employee Assistance Program (EAP) offers covered employees and their family members free and convenient access to a range of confidential and professional services to help them address a variety of problems that can negatively affect their well-being such as:

- ✓ Anxiety
- ✓ Legal and financial concerns
- ✓ Depression
- ✓ Life improvement
- ✓ Family and/or marriage problems
- ✓ Stress
- ✓ Grief and bereavement
- ✓ Substance abuse
- ✓ Legal & financial consultation

### What is Magellan Health Services?

The City recognizes that employees' personal responsibilities may, at times, spill over into the workplace. To help ensure employees are able to address these concerns with minimal disruption, the program provides employees and their family members assistance for a variety of concerns – including child care, elder care, daily-living issues, and other issues they may encounter.

### Are Your 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 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. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

**Magellan Health Services**

Customer Service: [REDACTED] | [www.magellanassist.com](http://www.magellanassist.com)



## Supplemental Insurance

Aflac offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction on a pre-tax basis. Aflac pays money directly to you, regardless of what other insurance plans you may have. To learn more about these Aflac plans and/or to schedule a personal appointment, contact your local Aflac agent. Details regarding available Aflac plans and services are also available online at [www.aflac.com](http://www.aflac.com).

Available plans include:

- ✓ Accident Plan
- ✓ Intensive Care Plan
- ✓ Hospital Indemnity Plan
- ✓ Cancer Plan
- ✓ Specified Health Event Protection Plan
- ✓ Dental Plan
- ✓ Vision Plan
- ✓ Group Accident
- ✓ Group Clinical Illness

**Aflac** | Customer Service: (800) 992-3522 | [www.aflac.com](http://www.aflac.com)

**Agent:** Natalie Baecher | Phone: (772) 215-0038

Email: [Natalie\\_Baecher@us.aflac.com](mailto:Natalie_Baecher@us.aflac.com)

## Supplemental Insurance

Metropolitan Life Insurance offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction on a pre-tax basis. Additional cash value building life insurance for employee or dependents. Employee pays all costs through payroll deductions.

### **Metropolitan Life Insurance**

Customer Service: (800) 638-5433 | [www.metlife.com](http://www.metlife.com)

**Agent:** Ann Riley | Phone: (800) 232-6763

## Legal Insurance

The City offers legal insurance through LegalShield on a voluntary basis via payroll deduction. The LegalShield plan gives members access to professional legal counsel not only for traditional legal problems, but for everyday events such as buying a house or a car, creating a will, handling a problem with an insurance company, dealing with identity theft and much more where legal review should be routine, but rarely is.

To learn more about the types of legal plans available, including Identity Theft Shield, contact the City's LegalShield Representative. You can also contact Customer Service at (800) 729-7998 for assistance.

### **LegalShield**

Customer Service: (800) 729-7998 | [www.legalshield.com](http://www.legalshield.com)



## Retirement Plans

### General Employees

#### **ICMA-RC 401(a) Defined Contribution Pension Plan**

**Customer Service:** (800) 669-7400 | [www.icmarc.org](http://www.icmarc.org)

The City contributes an amount equal to 10.5% of an eligible employee's bi-weekly earnings into the ICMA-RC 401(a) Defined Contribution Plan. "Employer only" contributions are allowed in the 401(a) plan. The Plan has a "5-years of eligible service" or age "55" vesting requirement. There are no loan provisions. Employees become eligible on the first of the month following 60 calendar days of full-time employment.

*Please Note: Exempt Employees may choose to have their City contribution distributed into the 457 Deferred Compensation Plan.*

#### **ICMA-RC 457 Deferred Compensation Plan**

**Customer Service:** (800) 669-7400 | [www.icmarc.org](http://www.icmarc.org)

Full and part-time employees may choose to contribute their own dollars into the ICMA-RC 457 Deferred Compensation Plan. IRS regulates the maximum amount of deferral allowed annually in the 457 plan. A participant may not exceed that annual maximum amount of deferral. A loan option is available for this plan. Employees become eligible on the first of the month following 60 calendar days of employment.

#### **ICMA-RC Roth IRA Plan**

**Customer Service:** (800) 669-7400 | [www.icmarc.org](http://www.icmarc.org)

This plan allows both full and part-time employees the ability to make after-tax contributions to the Roth IRA through payroll deduction, for possible tax-free withdrawals of their contributions at any time, and/or tax-free withdrawals of their earnings from the Roth IRA under certain conditions, i.e., for expenses such as first time home purchases, higher education expenses, un-reimbursed medical expenses or for disability, etc. IRS regulates the maximum amount of annual contributions. Employees become eligible on date of hire.

### Police Officers

#### **Municipal Police Officers Retirement Trust Fund**

Provided under Florida State Statute 185. The plan has a "5-years + 1 day of eligible service" vesting requirement. The plan offers an early retirement option of age 50 with 10 years of service or more. Normal retirement is age 52 with 25 years of service, or age 55 with 10 years of service. Police Officers shall contribute 9% of pre-taxed gross earnings. Employees become eligible on date of hire.

#### **ICMA-RC 457 Deferred Compensation Plan**

**Customer Service:** (800) 669-7400 | [www.icmarc.org](http://www.icmarc.org)

Employees may choose to contribute their own dollars into the ICMA-RC 457 Deferred Compensation Plan. IRS regulates the maximum amount of deferral allowed annually in the 457 plan. A participant may not exceed the annual maximum amount of deferral. A loan option is available for this plan. Employees become eligible on the first of the month following 60 calendar days of employment.

#### **ICMA-RC Roth IRA Plan**

**Customer Service:** (800) 669-7400 | [www.icmarc.org](http://www.icmarc.org)

This plan allows both full and part-time employees the ability to make after-tax contributions to the Roth IRA through payroll deduction, for possible tax-free withdrawals of their contributions at any time, and/or tax-free withdrawals of their earnings from the Roth IRA under certain conditions, i.e., for expenses such as first time home purchases, higher education expenses, un-reimbursed medical expenses or for disability, etc. IRS regulates the maximum amount of annual contributions. Employees become eligible on date of hire.

### Elected Officials

#### **Florida Retirement System (FRS)**

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

City Council members may participate in the Florida Retirement System (FRS) under the Elected Officers Class. The participant must make application for either the FRS Pension Plan or the FRS Investment Plan. There are different vesting requirements and distribution requirements for each of the plans. The required contribution is determined by the State legislation annually for each class.

For additional information, please contact Sandy Steele in Finance at (772) 344-4070 or [ssteele@cityofpsl.com](mailto:ssteele@cityofpsl.com).



## Employee Health / Urgent Care Center

Participants in the City's Health Insurance Plan may utilize either of the following locations for primary and urgent care (all of which are operated by Treasure Coast Medical Associates):

### Employee Family Health Center (West of City Hall)

2266 Best Street, Port St. Lucie, FL 34984 | Phone: (772) 807-4430  
 Fax: (772) 873-6352 | www.cpslhealth.com | Access Code: [REDACTED]

#### Hours of Operation

Monday	8:00 am – 7:00 pm
Tuesday	8:00 am – 7:00 pm
Wednesday	8:00 am – 5:00 pm
Thursday	8:00 am – 7:00 pm
Friday	8:00 am – 7:00 pm
Saturday	10:00 am – 2:00 pm
Sunday	Closed

*The Best Street location uses the 8am - 9am hour for blood draws only.*

*The answering service will answer calls while the office is closed.*

*The Clinic will be closed on the following holidays: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day.*

### Treasure Coast Medical Associates (Stuart Urgent Care Location)

3405 NW Federal Highway, Jensen Beach, FL 34957 | Phone: (772) 692-8082  
 Fax: (772) 232-9383 | www.stuarturgentcare.com

#### Hours of Operation

Monday	8:30 am – 7:00 pm
Tuesday	8:30 am – 7:00 pm
Wednesday	8:30 am – 7:00 pm
Thursday	8:30 am – 7:00 pm
Friday	8:30 am – 7:00 pm
Saturday	8:30 am – 3:00 pm
Sunday	Closed

### Treasure Coast Medical Associates (Okeechobee Urgent Care Location)

305-B NE Park Steet, Okeechobee, FL 34972 | Phone: (863) 226-2191  
 Fax: (863) 484-8132 | www.tcmahealthcare.com

#### Hours of Operation

Monday	8:30 am – 7:00 pm
Tuesday	8:30 am – 7:00 pm
Wednesday	8:30 am – 7:00 pm
Thursday	8:30 am – 7:00 pm
Friday	8:30 am – 7:00 pm
Saturday	8:30 am – 3:00 pm
Sunday	Closed

#### Services Provided

Treasure Coast Medical Associates (TCMA) will see patients two months of age and older at all locations; however their services should not be used as a replacement for a primary pediatrician.

In addition to primary care services, TCMA will provide urgent care services at all locations. Walk-ins are welcome, but patients with appointments will be given preference (except in cases of emergency).







**GEHRING**  **GROUP**  
INSURANCE BROKERS & CONSULTANTS

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