



2015 | 2016

PORT ST. LUCIE

EMPLOYEE BENEFIT HIGHLIGHTS



IMPORTANT CONTACT INFORMATION

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Benefits Coordinator	Thema Neal	Phone: (772) 344-4345 Email: tneal@cityofpsl.com
Human Resources Manager, Benefits	Claudia McCaskill	Phone: (772) 344-4081 Email: cmccaskill@cityofpsl.com
Director of Human Resources	Jerome Post	Phone: (772) 871-5207 Email: jpost@cityofpsl.com
Service	Provider	Contact Information
Online Benefits	BenTek Support	(888) 5-BenTek (523-6835) www.mybentek.com/cityofpsl
Medical Insurance	Florida Blue	Customer Service: (800) 345-3885 www.floridablue.com
Prescription Mail Order Program	PrimeMail	Customer Service: (888) 849-7865 www.floridablue.com
Health Reimbursement Account	Chard-Snyder	Customer Service: (800) 982-7715 www.chard-snyder.com
Dental Insurance	Florida Combined Life	Customer Service: (888) 223-4892 www.floridablue.com
Vision Insurance	Vision Service Plan	Customer Service: (800) 877-7195 www.vsp.com
Life and AD&D Insurance	Voya	Customer Service: (800) 537-5024 www.voya.com
Voluntary Life Insurance	Voya	Customer Service: (800) 537-5024 www.voya.com
Short Term Disability Insurance	Voya	Customer Service: (800) 328-4090 www.voya.com
Long Term Disability Insurance	Voya	Customer Service: (800) 328-4090 www.voya.com
Employee Assistance Plan	Magellan Health Services	Customer Service: [REDACTED] www.magellanassist.com
Supplemental Insurance	Aflac	Customer Service: (800) 992-3522 www.aflac.com
	Metropolitan Life Insurance	Customer Service: (800) 638-5433 www.metlife.com
Legal Insurance	LegalShield	Customer Service: (800) 729-7998 www.legalshield.com
Employee Health/Urgent Care Center - Port St. Lucie	Employee Family Health Center	Customer Service: (772) 807-4430 www.cpslhealth.com Access Code: [REDACTED]
Employee Health/Urgent Care Center - Stuart	Treasure Coast Medical Associates	Customer Service: (772) 692-8082 www.stuarturgentcare.com
Employee Health/Urgent Care Center - Okeechobee	Treasure Coast Medical Associates	Customer Service: (863) 226-2191 www.tcmahealthcare.com

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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 and group 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.

Notices

COBRA Continuation of Medical Coverage Benefits

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), employees and/or dependents may be able to continue their enrollment in certain health plans such as medical and dental, if such coverage is terminated or changed due to a qualifying event.

Medicare Part D Creditable Coverage

The City's prescription drug coverage is considered Creditable Coverage under Medicare Part D. If you or your dependents are or will be eligible for Medicare, you may obtain more information by requesting a Medicare Part D Disclosure of Creditable Coverage Notice.

More information is available on the above notices by contacting Human Resources.

Online Benefit Enrollment

BenTek

Technical Support - E-mail: support@mybentek.com

Technical Support - Telephone: (888) 5-BenTek (523-6835)

The City uses an online benefits enrollment option through BenTek's Employee Benefits Center (EBC), which is an easy to use online benefits enrollment system that will streamline the City's Benefit Enrollment process by delivering a 100% paperless enrollment. The EBC provides benefit eligible employees the ability to make group insurance benefit elections and changes online during the new hire orientation, qualifying events and annual open enrollment module.

BenTek is an internet based benefits enrollment system that allows you to do the following 24 hours a day, 7 days a week during your Enrollment Period:

- View all benefit elections and payroll deductions
- Make new elections or changes online
- View plan summaries and link to carrier websites
- Designate life insurance beneficiaries

Accessing BenTek

- Log on to www.mybentek.com/cityofpsl
- Create a Username and Password. Follow the instructions and please understand that your password must have 3 of the following:
 - Lowercase Letter
 - Capital Letter
 - Number
 - Special Character
- Click on "Blue Menu Bubble", then applicable module (New Hire Orientation, Qualifying Event, or Open Enrollment).
- Review Benefit Highlights and click "Start/Add New."
- Review each screen and click "Next" to continue to the next screen. Be sure to make your benefit elections.
- Be sure to click "Submit" to confirm elections.
- Your enrollment/change is complete!

» BenTek is accessible anywhere you can obtain Internet connectivity.
» For security purposes, BenTek times out at 15 minutes if there is no activity. Click "refresh" for 15 more minutes.
» If you have trouble accessing BenTek, please contact the BenTek Support Line at: support@mybentek.com, or (888) 5-BenTek (523-6835) Monday through Friday, during business hours.

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan Option is **provided as a supplement** to this booklet which is being distributed to new hires and existing employees during open enrollment. This summary is an important item in understanding your benefit options. A copy of the SBC document is also 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
Through the online enrollment software - BenTek: 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.

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

Group Insurance Eligibility

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

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.

Termination

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

Over-Age Dependent Eligibility Age Requirements

Over-Age dependent children are individuals who have reached the end of the calendar year in which they became 26, but have not reached the end of the calendar year they become 30 and meet the statutory requirements for enrollment.

An over-age dependent must meet eligibility requirements, including:

- Unmarried with no dependents; AND
- A Florida resident, or full-time or part-time student; AND
- Not covered under any other health plan or policy; 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:

1. The dependent is physically or mentally disabled and incapable of self-sustaining employment; AND
2. The dependent is otherwise eligible for coverage under the group medical plan; AND
3. The dependent has been continuously insured; AND
4. Coverage began prior to the age of 19.

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

All documentation must be either the original document or a notarized/certified copy of original document. Please know that the HR Staff 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, certain supplemental insurance coverages and contributions to FSA accounts (Health Care and Dependent Care FSAs) 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

- You get married or divorced
- Birth of a child
- You gain legal custody or adopt a child
- Your spouse and/or other dependent(s) die(s)
- You, your spouse, or dependent(s) terminate or start employment
- An increase or decrease in your 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 Premiums

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefits Highlights Booklet, is your primary source of information regarding your Florida Blue medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your (SBC) and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Florida Blue's Customer Service at (800) 345-3885.

Medical Insurance - BlueChoice Plan - Monthly Premiums

Tier of Coverage	City Contribution	Employee Contribution*	Retirees
Employee Only	\$537.00	\$47.00	\$541.37
Employee + Spouse	\$1,441.00	\$254.00	\$1,652.37
Employee + Family	\$1,705.00	\$301.00	\$1,963.37
Employee + Child(ren)	\$976.00	\$172.00	\$1,105.37

*Please note that for coverage for Over Age Dependents, there will be an additional monthly premium amount included.
Employee contribution rates are subject to change due to collective bargaining or, for non-bargaining unit employees, revised budgetary policies.

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

Eligible New Hires

Please understand that all new hires eligible for benefits on or after October 1, 2015 will automatically be enrolled into Employee Only Coverage. Employees can opt out of this coverage, or choose a different tier of coverage, by logging onto BenTek and selecting a tier of coverage on the Benefit Elections Screen.

How to Locate a Provider

To search for a participating provider, contact Customer Service or visit www.floridablue.com. Select the "Find a Doctor" tab and then under the Select a Plan section choose "**BlueChoice**" as your plan type and click "Continue." Complete the additional search criteria and click "Search Now."

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).**

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
- Elder care advisory services
- Hotel rooms and travel information

Health Dialog/My Health from WebMD

Members can log on to www.floridablue.com and select Health & Wellness to obtain health and wellness related information and support through:

- Health Coaches — Speak privately with experienced, licensed health care professionals, including registered nurses, dieticians and respiratory therapists, 24 hours a day, 7 days a week at (888) 476-2227.
- Web-based information tools, operated and maintained by Health Dialog/My Health from WebMD with over 27,000 pages of up-to-date, easy to understand, in-depth information on more than 1,900 clinical topics including medical tests and medications.
- Free audio, video and printed information on specific health conditions to help you weigh the risks and advantages of treatment options.

Medical Insurance: BlueChoice Plan At-A-Glance

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefits Highlights Booklet, is your primary source of information regarding your Florida Blue medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your (SBC) and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Florida Blue's Customer Service at (800) 345-3885.

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

***Out-Of-Network Balance Billing:** For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage (SBC).

**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.

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

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Florida Blue medical plans. The information contained in this Booklet regarding your medical plans is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Florida Blue's Customer Service at (800) 345-3885. For any additional questions regarding your Health Reimbursement Account please contact Chard Snyder's Customer Service at (888) 245-8452.

Chard Snyder
Customer Service: (800) 982-7715
www.chard-snyder.com
Email: askpenny@chard-snyder.com

Claims Mailing Address:
3510 Irwin Simpson Rd.
Mason, OH 45040

The City of Port St. Lucie provides employees covered under the City's Blue Choice 0702 Health Plan, the opportunity to participate in a voluntary Wellness Incentive Program. All employees enrolled in the health plan are eligible to receive incentives earned by achieving wellness targets or by completing wellness activities. Each wellness target achieved or wellness activity completed is worth at least \$25 towards a payroll deduction buy-down, up to a maximum of \$500 or placed in a Health Reimbursement Account (HRA) to be used the following plan year.

The City is committed to helping you achieve your best health. If you are unable to meet a standard to qualify for a reward of the wellness program because it is unreasonably difficult due to a medical condition, or it is medically inadvisable for you to attempt, please contact Human Resources at (772) 344-4345 and we will work with you (and your physician, if necessary) to develop a wellness program specific to your needs that will qualify for the reward. All Living Well in PSL Measurements, Activities, and Targets must be completed between October 1st, 2015 and September 30th, 2016 to qualify for the incentive payment. You must be an active employee and on the City's health plan at the time of payout to receive the incentive.

HRA Funding

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 10/1/14 through 9/30/15 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. Employees may receive anywhere from \$25 to \$500 per plan year by achieving these wellness targets or completing wellness activities throughout the prior year.

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 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.

How to File a Claim

• First Option: Debit Card

Each 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.

Dental Insurance: BlueDental Choice Plus Plan

Florida Combined Life
Customer Service: (888) 223-4892
www.floridablue.com

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

As part of your employee benefits package the City provides dental insurance through Florida Combined Life. A brief description of the Choice Plus Plan is provided below, and a summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Florida Combined Life's Customer Service.

Dental Monthly Premiums

The City "bundles" the premiums for your insurance coverage. The bundled premiums include your medical, dental, vision, Group Life, AD&D, STD, LTD, EAP and clinic coverage. Your dental coverage will reflect the same tier of coverage as your medical. In order to "opt out" of the dental coverage, you will be required to waive this election on BenTek. Please understand that if you elect to opt out of the City's employer sponsored dental plan, your payroll deduction will remain the same.

In-Network Benefits

The Choice Plus 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**. The Choice Plus Plan provides benefits for services received from in- and out-of-network providers. You are responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's Usual, Customary and Reasonable (UCR) 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.

How to Locate a Provider

To search for a participating provider, call Customer Service or visit www.floridablue.com. Select the "Find a Doctor" tab and then under the Select a Plan section, choose "**Dental - BlueDental Choice & Choice Plus (PPO)**" as your plan type, then click "Continue." Complete the additional search criteria and click "Search Now."

Calendar Year Deductible

There is a \$50 individual and \$100 family Calendar Year Deductible that must be met either in- or out-of-network before benefits will begin.

Calendar Year Benefit Maximum

Once each member incurs charges of \$1,500 the plan's benefits maximum will be met and the member will be responsible for future charges until next Calendar Year. Preventive services accumulate towards the benefit maximum.

Please Note the Following:

- *Each member may receive up to 2 free cleanings per year under the preventive benefit.*
- *Waiting periods and age limitations may apply for certain benefits.*

Dental Insurance: BlueDental Choice Plus Plan At-A-Glance

Network	BlueDental Choice Plus	
Calendar Year Deductible	In Network	Out of Network
Per Member	\$50	
Per Family	\$100	
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum	In Network	Out of Network
Per Member	\$1,500	
Class I Services: Diagnostic & Preventative	In Network	Out of Network*
Routine Oral Exam	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived <i>(Subject to Balance Billing)</i>
Routine Cleanings (2 Per Year)		
Bitewing X-rays (1 Per Year)		
Complete X-rays (1 Set Every 3 years)		
Class II Services: Basic Restorative	In Network	Out of Network*
Fillings (Amalgam & Composite)	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD <i>(Subject to Balance Billing)</i>
Deep Cleaning (1 Every 3 Years)		
Extractions		
Endodontics		
Periodontal Services		
General Anesthesia		
Class III Services: Major Restorative	In Network	Out of Network*
Crowns	Plan Pays 50% After CYD	Plan Pays 50% After CYD <i>(Subject to Balance Billing)</i>
Bridges		
Dentures		
Class IV Services: Orthodontia	In Network	Out of Network*
Lifetime Maximum	\$1,000	
Benefit	Plan Pays 50%	Plan Pays 50% <i>(Subject to Balance Billing)</i>

***Out-Of-Network Balance Billing:** For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage (SBC).

Vision Insurance: VSP Vision Choice Plan

Vision Service Plan (VSP)

Customer Service: (800) 877-7195

www.vsp.com

As part of your employee benefits package the City provides vision insurance through Vision Service Plan (VSP). A brief description of the Vision Choice Plan is provided below. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact VSP's Customer Service.

Vision Monthly Premiums

The City "bundles" the premiums for your insurance coverage. The bundled premiums include your medical, dental, vision, Group Life, AD&D, STD, LTD, EAP and clinic coverage. Your vision coverage will reflect the same tier of coverage as your medical. In order to "opt out" of the vision coverage, you will be required to waive this election on BenTek. Please understand that if you elect to opt out of the City's employer sponsored vision plan, your payroll deduction will remain the same.

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.

No ID Cards or claims forms are required, simply tell your participating VSP doctor that you are member when you are making your appointment.

Out-of-Network Benefits

You may also choose to receive services from vision providers that do not participate in the vision network. If you go out of network you would be required to make payment at the time of your appointment. VSP will then reimburse you based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

How to Locate a Provider

To search for a participating provider, call Customer Service or visit www.vsp.com. Click the "Find a Doctor" tab and enter your zip code and any additional search information, then "Search."

Plan Year Deductible

There is no Plan Year Deductible.

Plan Year Out-of-Pocket Maximum

There is no Out-of-Pocket Maximum. However, there are benefit reimbursement maximums for certain services per plan year.

Please Note: 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 Vision Choice Plan At-A-Glance

Services	In Network	Out of Network
Eye Exam and Materials	No Charge	Up to \$45 Reimbursement
Frequency of Services	In Network	Out of Network
Examination	12 Months	
Lenses	12 Months	
Frames	12 Months	
Contact Lenses	12 Months	
Lenses	In Network	Out of Network
Single	No Charge	Up to \$30 Reimbursement
Bifocal		Up to \$50 Reimbursement
Trifocal		Up to \$65 Reimbursement
Frames	In Network	Out of Network
Reimbursement	Up to \$115 Allowance	Up to \$70 Reimbursement
Contact Lenses*	In Network	Out of Network
Non Elective (Medically Necessary)	Covered in Full	Up to \$210 Reimbursement
Elective (Fitting, Follow-up & Lenses)	Up to \$115 Allowance	Up to \$105 Reimbursement

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

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 health 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.

Basic Life and AD&D Insurance

Voya

Customer Service: (800) 537-5024

Claims: (800) 328-4090

www.voya.com

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 forms at anytime through BenTek.***

Voluntary Life Insurance

Voya

Customer Service: (800) 537-5024

Claims: (800) 328-4090

www.voya.com

Voluntary Employee Life

Eligible employees may elect to purchase additional life insurance on a voluntary basis through Voya. This coverage may be purchased in addition to the Basic Term Life and AD&D coverages. 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
- 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.
- Benefit amounts are subject to the following age reduction schedule:
 - 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 \$0.92 per \$10,000 per eligible dependent child(ren) enrolled, regardless of how many.

**Voluntary Life Rate Table
(Rate per \$1,000 of Benefit)**

Age Bracket (Based on Employee Age)	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

Short Term Disability Insurance

Voya

Customer Service: (800) 328-4090

www.voya.com

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.

Long Term Disability Insurance

Voya

Customer Service: (800) 328-4090

www.voya.com

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.
- 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.

Employee Assistance Plan

Magellan Health Services

Customer Service: [REDACTED]

www.magellanassist.com

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.

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.

Supplemental Insurance

Aflac
Customer Service: (800) 992-3522
www.aflac.com

Agent: Natalie Baecher
Telephone: (772) 215-0038

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 an 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.

Available plans include:

- Accident Plan
- Intensive Care Plan
- Hospital Indemnity Plan
- Cancer Plan
- Personal Sickness Indemnity Plan
- Specified Health Event Protection Plan
- Dental Plan
- Vision Plan

Metropolitan Life Insurance
Customer Service: (800) 638-5433
www.metlife.com

Agent: Ann Riley
Telephone: (800) 232-6763

Additional cash value building life insurance for employee or dependents. Employee pays all costs through payroll deductions.

Legal Insurance

LegalShield
Customer Service: (800) 729-7998
www.legalshield.com

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.

Retirement Plans

General Employees

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

Customer Service: (800) 669-7400 • 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.

**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

Employees may choose to contribute their own dollars into the ICMA-RC 457 Deferred Compensation Plan. P/T employees are also eligible 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

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 City contributes an amount equal to 10.5% of an employee's bi-weekly earnings into the Municipal Police Officers Retirement Trust Fund. 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

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

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

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.

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 (both 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: XXXXXXXXXX

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am ~ 7pm	8am ~ 7pm	8am ~ 5pm	8am ~ 7pm	8am ~ 7pm	10am ~ 2pm	Closed

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

The answering service will answer calls during this hour and 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	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:30am ~ 7pm	8:30am ~ 3pm	Closed				

Treasure Coast Medical Associates
(Okeechobee Urgent Care Location)
305-B NE Park Street
Okeechobee, FL 34972

Phone: (863) 226-2191
Fax: (863) 484-8132
www.tcmahealthcare.com

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:30am ~ 7pm	8:30am ~ 3pm	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).

Employee Claims Resource

Do you have a question about how a claim was paid?

Are you receiving bills from your provider and not understanding why?

Do you want a better understanding of how your benefits work?

The City of Port St. Lucie has worked with the Gehring Group Team to come up with a solution! We are excited to announce that Gehring Group has a team of claims specialists to assist you with these concerns.

You can contact a claims specialist in one of the following ways:

1. Email: cityofpsl@gehringgroup.com

Be sure to include your name, a brief description of your concern, and your contact information. A Gehring Group Claims Specialist will contact you via a secure email or phone call to gather additional information that may be necessary to further assist you.

OR

2. Call: (800) 244-3696

Be sure to identify yourself as an employee of the City of Port St. Lucie and ask to speak to a Claims Specialist. You will be immediately directed to a Gehring Group Claims Specialist who will be more than happy to help you.

Office hours are Monday through Friday from 8:30am – 5:00pm. If you should call after office hours please leave a message indicating that you are a City of Port St. Lucie Employee that would like to speak to a Claims Specialist. Be sure to leave your phone number in the message and a Claims Specialist will be sure to contact you within the next business day.

Our goal is to ensure that these issues are resolved as quickly as possible, as we sympathize and understand the hardship that this may cause some employees.



GEHRING GROUP

11505 Fairchild Gardens Ave., Suite 202
Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696; Fax: (561) 626-6970
www.gehringgroup.com