MARGATE

2026 | EMPLOYEE BENEFIT HIGHLIGHTS

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	Medical Insurance	Cigna Healthcare	Phone: (800) 244-6224 www.mycigna.com
	Prescription Drug Coverage	Cigna Healthcare	Phone: (800) 244-6224 www.mycigna.com
	Mail Order Program	Express Scripts	Phone: (800) 835-3784 www.mycigna.com
	Telehealth	MDLIVE through Cigna Healthcare	Phone (888) 726-3171 www.mycigna.com
	Dental Insurance	Cigna Healthcare	Phone: (800) 244-6224 www.mycigna.com
	Vision Insurance	Cigna Vision serviced by EyeMed	Phone: (888) 353-2653 www.mycigna.com
	Flexible Spending Accounts	UpSwing	Phone: (866) 676-3665 upswing.wealthcareportal.com
	Employee Assistance Program	Cigna	Phone: (877) 622-4327 www.mycigna.com
	Life Assistance Program	ComPsych GuidanceResources	Phone: (800) 344-9752 www.guidanceresources.com
	Basic Life and AD&D Insurance	New York Life Group Benefit Solutions	Phone: (800) 362-4462 www.mynylgbs.com
	Voluntary Life and AD&D Insurance	New York Life Group Benefit Solutions	Phone: (800) 362-4462 www.mynylgbs.com
	Long Term Disability Insurance	New York Life Group Benefit Solutions	Phone: (800) 362-4462 www.mynylgbs.com
	Supplemental Benefits	Cigna Healthcare	Phone: (800) 754-3207 www.mycigna.com
		LegalShield	Agent: Tammy Gibbs | Phone: (321) 537-7720 Email: tammysgibbs@yahoo.com
		Metropolitan Life Insurance	www.madisonplanning.com Agent: Janet Froyen | Phone: (561) 704-4378 Agent: Tara Froyen | Phone: (561) 602-2827
		Nationwide	Agent: Al Pinzon | Phone: (954) 232-7615 Email: pinzona@nationwide.com

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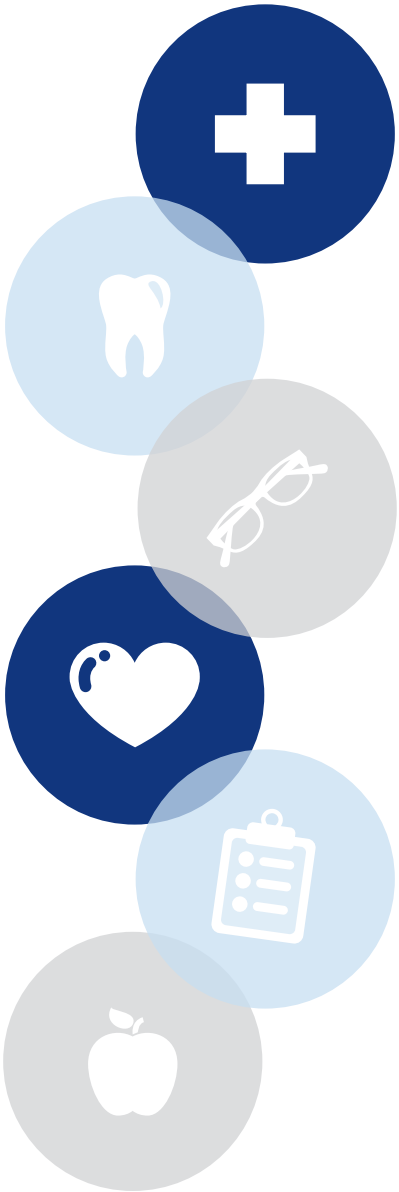

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This booklet is merely a summary of employee benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The City of Margate reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.

Introduction

The City of Margate provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the City's Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources.

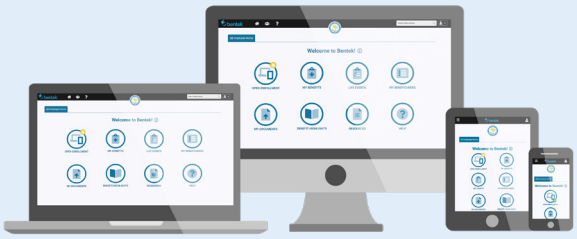
IMPORTANT NOTES

The Consolidated Appropriations Act, 2021 included the requirement of the No Surprises Act which took effect on January 1, 2022 for health care providers, facilities, and health plans. The No Surprises Act was designed to protect patients from surprise medical bills for situations such as emergency care or out-of-network provider charges at in-network facilities. It is important to note that if a patient wishes to obtain services from out-of-network providers or facilities and acknowledges receipt of the information, the patient is knowingly waiving the protections of the law. Ground Ambulance services may not be covered as in-network.

Online Benefit Enrollment

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

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



To Access the Employee Benefits Center:

- ✓ Visit **app.mybentek.com/cityofmargate**
- ✓ Sign in with existing username and password or select "Create an Account."
- ✓ If needed, select "Forgot Username/Password" to recover login credentials.
- ✓ Use the Launchpad to review enrollment, explore options, and make changes or update beneficiary designations.

For technical issues directly related to using the EBC, contact:
support@mybentek.com
(888) 5-Bentek (523-6835)

Hours of Operation: Monday through Friday 8:30 am - 5:00 pm (EST)

Scan QR Code to Access Bentek

Group Insurance Eligibility

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

Employee Eligibility

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

Separation of Employment

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

Dependent Eligibility

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

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

Dependent Age Requirements

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

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

Dental & Vision Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

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

Disabled Dependents

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

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

Proof of disability will be required upon request. Contact Human Resources for more information.

Taxable Dependents

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

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

Domestic Partner Coverage

Domestic partners may be eligible to participate in the group insurance if officially registered as domestic partners. IRS guidelines state the employee may not receive a tax advantage on any portion of premiums paid related to domestic partner coverage. Employees covering domestic partners and/or child dependent(s) of a domestic partner are required to pay imputed income tax on subsidy amounts and should consult a tax advisor. Contact Human Resources for more information.

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

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

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

Examples of Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse and/or other dependent(s)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's work hours causing eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with parent/guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Gain or loss of eligibility for State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)

IMPORTANT NOTES

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

Medicare

Cigna generally coordinates benefits with Medicare according to the Coordination of Benefits (COB) rules established by the Centers for Medicare & Medicaid Services (CMS). Medicare Part B coverage will be assumed for Medicare eligible retirees, and as such, the City's Retiree health insurance plan will no longer pay for these services without first coordinating with Medicare, i.e., Cigna coverage will be secondary to Medicare for applicable individuals. Retirees and their covered dependents that are eligible for Medicare, but have not enrolled in a Medicare Part B Plan and continue to receive health insurance benefits from the City, could be held responsible for Part B service charges.

In addition, all retirees enrolled in Medicare Part B (regardless of age) are ineligible for subsidized premiums."

Medical Insurance

The City offers medical insurance through Cigna Healthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact customer service.

Medical Insurance – Cigna LocalPlus IN (HMO Low) Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	City Cost	Total Premium
Employee Only	$89.28	$357.13	$446.41
Employee + Family	$243.01	$972.05	$1,215.06

Medical Insurance – Cigna LocalPlus IN (HMO High) Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	City Cost	Total Premium
Employee Only	$106.51	$426.05	$532.56
Employee + Family	$289.71	$1,158.84	$1,448.55

Medical Insurance – Cigna Open Access (OAP) Plus Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	City Cost	Total Premium
Employee Only	$109.17	$436.70	$545.87
Employee + Family	$297.40	$1,189.62	$1,487.02

Cigna Healthcare | Phone: (800) 244-6224 | www.mycigna.com

Mobile App

Mobile app provides on-the-go access to the medical benefit account to view benefits, download ID card, locate providers, or view claims.

MotivateMe® Perks

Cigna provides access to the MotivateMe Perks Incentive program to all active employees enrolled in one (1) of the City's medical insurance plans. Employees need to earn 100 points to be eligible for a $50 gift card. Employees can earn 50 points by completing the online Personalized Health Assessment at www.myCigna.com and 50 points by completing a biometrics screening.

MotivateMe Perks is administered through Cigna and gift cards are provided by the City's Human Resources Department. To register online or track MotivateMe earnings please visit www.myCigna.com or download the myCigna app.

Please Note: *Spouse and Dependent Child(ren) are not eligible for this incentive.*

Summary of Benefits and Coverage

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

From:	City of Margate Human Resources
Address:	5790 Margate Blvd. Margate, FL 33063
Phone:	(954) 935-5270
Website:	app.mybentek.com/cityofmargate

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

Telehealth

Cigna provides access to telehealth services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week, on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth, such as:

- ✓ Acne
- ✓ Allergies
- ✓ Cold and Flu
- ✓ Fever
- ✓ Headache/Migraine
- ✓ Rash
- ✓ Sore Throat
- ✓ Stomachache
- ✓ UTIs and More

Telehealth doctors do not replace employee's primary care physician but may be a convenient alternative for non-emergent urgent care and ER visits.

MDLIVE
Phone: (888) 726-3171 | www.mycigna.com

Medical Plan Resources

Enrolled employees and dependents have access to additional services and discounts through value added programs. Resources such as in-network providers, benefits, deductibles, ID cards, claims, and more are easily accessed through the carrier portal and mobile app. For more details regarding medical plan resources, contact customer service.

Vision Discount Plan

The City provides a vision discount plan through Cigna when enrolled in one (1) of the group's medical plans. A brief summary of benefits is highlighted below. For more detailed information about the vision discount plan, please refer to the carrier's summary plan document or contact Cigna's customer service.

In-Network Only Benefits

The vision discount plan provides employee and covered dependent(s) coverage for routine eye care, including eye exams, and discounted rates for eyeglasses (lenses and frames). To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the Cigna Vision serviced by EyeMed network only. At the time of service, routine vision examinations and basic optical needs will be discounted as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment. There is no coverage for services received out-of-network.

Vision Discount Plan At-A-Glance

Network	Cigna Vision
Services	**In-Network**
Eye Exam	$15 Copay
Frequency of Services	
Examination	24 Months
Lenses	
Single	20% Discount
Bifocal	
Trifocal	
Frames	
Allowance	20% Discount

Cigna LocalPlus IN (HMO Low) Plan At-A-Glance

Network	LocalPlus
Calendar Year Deductible (CYD)*	**In-Network**
Individual	$1,000
Family	$2,000
Coinsurance	
Member Responsibility	20%
Calendar Year Out-of-Pocket Maximum	
Individual	$5,000
Family	$10,000
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician *(PCP)* Office Visit *(No PCP Election Required)*	$15 Copay
Specialist Office Visit *(No Referral Required)*	$25 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Bloodwork)***	No Charge
X-rays	No Charge
Advanced Imaging *(MRI, PET, CT)(Per Scan, Per Day)*	$50 Copay + 20% After CYD
Outpatient Surgery at Surgical Center	20% After CYD
Physician Services at Surgical Center	20% After CYD
Urgent Care *(Per Visit)*	$50 Copay
Hospital Services	
Inpatient Hospital *(Per Admission)*	20% After CYD
Outpatient Hospital *(Per Visit)*	20% After CYD
Physician Services at Hospital	20% After CYD
Emergency Room *(Per Visit; Waived if Admitted)*	$150 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services *(Per Admission)*	20% After CYD
Outpatient Services *(Per Visit)*	20% After CYD
Outpatient Office Visit	$15 Copay
Prescription Drugs *(Rx)*	
Generic Preventive	No Charge
Generic	$5 Copay
Preferred Brand Name	$30 Copay
Non-Preferred Brand Name	$90 Copay
90 Day Supply *(Mail Order/Retail Pharmacy)*	2.5x Copay

Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the LocalPlus network.

Plan References

Copays do not apply towards the calendar year deductible.

***LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using another lab, please confirm the lab is contracted with the plan's network before receiving services.*

Important Notes

- *Services received by providers or facilities **not** in the LocalPlus network, will not be covered.*
- *Prior authorizations may be required before certain services can be received. If prior authorization is required and not obtained prior to receiving the services, the claim could be denied and all charges will be the employee's responsibility.*

Cigna LocalPlus IN (HMO High) Plan At-A-Glance

Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the LocalPlus network.

Plan References

**LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using another lab, please confirm the lab is contracted with the plan's network before receiving services.*

Important Notes

- *Services received by providers or facilities **not** in the Cigna LocalPlus network, will not be covered.*
- *Prior authorizations may be required before certain services can be received. If prior authorization is required and not obtained prior to receiving the services, the claim could be denied and all charges will be the employee's responsibility.*

Network	LocalPlus
Calendar Year Deductible (CYD)	**In-Network**
Individual	Does Not Apply
Family	Does Not Apply
Coinsurance	
Member Responsibility	0%
Calendar Year Out-of-Pocket Maximum	
Individual	$2,000
Family	$4,000
What Applies to the Out-of-Pocket Maximum?	Copays and Rx
Physician Services	
Primary Care Physician *(PCP)* Office Visit *(No PCP Election Required)*	$15 Copay
Specialist Office Visit *(No Referral Required)*	$25 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Bloodwork)**	No Charge
X-rays	No Charge
Advanced Imaging *(MRI, PET, CT)(Per Scan, Per Day)*	$50 Copay
Outpatient Surgery at Surgical Center	$50 Copay
Physician Services at Surgical Center	No Charge
Urgent Care *(Per Visit)*	$25 Copay
Hospital Services	
Inpatient Hospital *(Per Admission)*	$250 Copay
Outpatient Hospital *(Per Visit)*	$50 Copay
Physician Services at Hospital	No Charge
Emergency Room *(Per Visit; Waived if Admitted)*	$150 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services *(Per Admission)*	$250 Copay
Outpatient Services *(Per Visit)*	No Charge
Outpatient Office Visit	$15 Copay
Prescription Drugs *(Rx)*	
Generic Preventive	No Charge
Generic	$5 Copay
Preferred Brand Name	$30 Copay
Non-Preferred Brand Name	$90 Copay
90 Day Supply *(Mail Order/Retail Pharmacy)*	2.5x Copay

Cigna Open Access Plus (OAP) Plan At-A-Glance

Network	Open Access Plus	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Individual	$300	$500
Family	$600	$1,000
Coinsurance		
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Maximum		
Individual	$1,500	$2,000
Family	$3,000	$4,000
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit *(No PCP Election Required)*	10% After CYD	30% After CYD
Specialist Office Visit	10% After CYD	30% After CYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	10% After CYD	30% After CYD
X-rays	10% After CYD	30% After CYD
Advanced Imaging *(MRI, PET, CT)*	10% After CYD	30% After CYD
Outpatient Surgery at Surgical Center	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care *(Per Visit)*	10% After CYD	10% After CYD
Hospital Services		
Inpatient Hospital *(Per Admission)*	10% After CYD	30% After CYD
Outpatient Hospital *(Per Visit)*	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room *(Per Visit)*	10% After CYD	10% After INN-CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Per Admission)*	10% After CYD	30% After CYD
Outpatient Services *(Per Visit)*	10% After CYD	30% After CYD
Outpatient Office Visit	10% After CYD	30% After CYD
Prescription Drugs *(Rx)*		
Generic Preventive	No Charge	30% Coinsurance
Generic	$5 Copay	30% Coinsurance
Preferred Brand Name	$30 Copay	30% Coinsurance
Non-Preferred Brand Name	$90 Copay	30% Coinsurance
90 Day Supply *(Mail Order/Retail Pharmacy)*	2.5x Copay	30% Coinsurance

Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the Open Access Plus network.

Plan References

****Out-of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.*

***LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using another lab, please confirm the lab is contracted with the plan's network before receiving services.*

Important Notes

Prior authorizations may be required before certain services can be received. If prior authorization is required and not obtained prior to receiving the services, the claim could be denied and all charges will be the employee's responsibility.

Dental Insurance

Cigna Dental Care DHMO Plan

The City offers dental insurance through Cigna Healthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact customer service.

Dental Insurance – Cigna Dental Care DHMO Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$6.08
Employee + One Dependent	$12.04
Employee + Family	$21.42

In-Network Benefits

This plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Cigna Dental Care Access network to receive covered services. There is no coverage for services received out-of-network.

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

Out-of-Network Benefits

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

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Benefit Maximum

There is no benefit maximum.

Mobile App

Mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

IMPORTANT NOTES

- *Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit. Members can also receive two (2) additional cleanings at the charge of a copay.*
- *Referrals and prior authorizations are required to see specialists (Oral Surgeon, Periodontist, Orthodontist, etc.) within the network.*
- *Waiting periods and age limitations may apply.*
- *Children under age thirteen (13) may visit a pediatric dentist. Contact Cigna for a list of pediatric dentists in the network.*

Cigna Healthcare
Phone: (800) 244-6224 | www.mycigna.com

Cigna Dental Care DHMO Plan At-A-Glance

Network	Cigna Dental Care Access	
Calendar Year Deductible (CYD)	**In-Network Only**	
Per Member	Does Not Apply	
Per Family		
Waived for Class I Services?		
Calendar Year Benefit Maximum		
Per Member	Does Not Apply	
Class I Services: Diagnostic & Preventive Care	**Code**	**In-Network**
Office Visit*	N/A	$5 Copay
Observation Office Visit	9430	$6 Copay
Routine Oral Exam	0120/0150	$0 Copay
Routine Cleanings *(2 Per Calendar Year)(Adult/Child)*	1110/1120	$0 Copay
Bitewing X-rays	0272	$0 Copay
Complete X-rays *(1 Set Every 3 Calendar Years)*	0210	$0 Copay
Fluoride Treatments *(2 Per Calendar Year)*	1208	$0 Copay
Sealants *(Per Tooth)*	1351	$11 Copay
Emergency Care to Relieve Pain *(Minor Procedure)*	9110	$6 Copay
Class II Services: Basic Restorative Care		
Fillings *(Amalgam)*	2140/2150/2160	$0 Copay
Fillings *(Composite, Anterior)*	2330/2331/2332	$0 Copay
Fillings *(Composite, Posterior)*	2391	$65 Copay
Simple Extractions *(Erupted Tooth or Exposed Root)*	7140	$6 Copay
Surgical Removal of Tooth *(Impacted)*	7240	$100 Copay
Root Canal Therapy *(Molar; Excluding Final Restoration)*	3330	$275 Copay
General Anesthesia *(Each 15 Minute Increment)*	9223	$80 Copay
Class III Services: Major Restorative Care		
Bridges *(Porcelain Fused to Metal)*	6240	$210 Copay
Crowns *(Porcelain Fused to Metal)***	2750	$230 Copay
Dentures	5110/5120	$185 Copay
Class IV Services: Orthodontia		
Benefit — Dependent Child(ren) *(Up to Age 19)*	8670	$1,464 Copay
Benefit — Adult	8670	$2,160 Copay
Retention	8680	$285 Copay

Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the Cigna Dental Care Access network.

Plan References

**Each patient is responsible for a $5 office visit fee, per office visit. The $5 fee is in addition to an other applicable patient charges.*

***Porcelain/ceramic substrate crowns on molar teeth are not covered.*

Important Notes

The summary has been provided as a convenient reference. For a full listing of covered services, exclusions and stipulations please refer to the carrier's summary plan document or contact customer service.

Dental Insurance

Cigna Dental PPO Plan

The City offers dental insurance through Cigna Healthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact customer service.

Dental Insurance – Cigna Dental PPO Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$18.79
Employee + Family	$63.35

In-Network Benefits

This plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Cigna Total network. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Please Note: *Total Network dental members have the option to utilize a dentist that participates in either Cigna's Advantage network or Total network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a Total Dentist.*

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Cigna Total provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Dental PPO plan requires a $50 individual or a $150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO plan will pay for each covered member is $1,500 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

Mobile App

Mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

Cigna Healthcare
Phone: (800) 244-6224 | www.mycigna.com

Cigna Dental PPO Plan At-A-Glance

Network	Total	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Per Member	$50	
Per Family	$150	
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum		
Per Member	$1,500	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam *(2 Per Calendar Year)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(4 Per Calendar Year)*		
Bitewing X-rays *(2 Per Calendar Year)*		
Complete X-rays *(1 Per 36 Months)*		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD *(Subject to Balance Billing)*
Simple Extractions		
Endodontics *(Root Canal Therapy)*		
Periodontal Services		
General Anesthesia		
Class III Services: Major Restorative Care		
Oral Surgery	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Crowns		
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum	$1,000	
Benefit *(Child and Adult)*	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived *(Subject to Balance Billing)*

Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the Total network.

Plan References

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

Important Notes

- *Each covered family member may receive up to four (4) routine cleanings per calendar year covered under the preventive benefit.*
- *Late entrant provisions, waiting periods, frequency and/or age limitations may apply for certain services.*
- *For any dental work expected to cost $200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining their approximate out-of-pocket costs should employee have the dental work performed.*
- *Waiting periods and age limitations may apply.*
- *Benefit frequency limitations may apply to certain services.*

Vision Insurance

Cigna Vision Buy-Up Plan (Serviced by EyeMed)

The City offers vision insurance through Cigna Healthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact customer service.

Vision Insurance – Cigna Vision Buy-Up Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$2.54
Employee + Family	$8.62

In-Network Benefits

The vision Buy-Up plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the Cigna Vision serviced by EyeMed 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 the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the Cigna Vision serviced by EyeMed network. When going out of network, the provider will require payment at the time of appointment. Cigna will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

Mobile App

Mobile app provides on-the-go access to the vision benefit account to view benefits, download ID card, locate providers or view claims.

Claims Submission
Mail: Cigna Vision Claims Department,
PO Box 385018, Birmingham, AL 35238-5018

Cigna Healthcare
Phone: (888) 353-2653 | www.mycigna.com

Cigna Vision Buy-Up Plan At-A-Glance

Network	Cigna Vision Serviced by EyeMed	
Services	**In-Network**	**Out-of-Network**
Eye Exam	$10 Copay	Up to $45 Reimbursement
Materials	$10 Copay	Reimbursement is Based on Type of Service
Frequency of Services		
Examination	12 Months	
Lenses	12 Months	
Frames	12 Months	
Contact Lenses	12 Months	
Lenses		
Single	No Charge After $10 Materials Copay	Up to $32 Reimbursement
Bifocal		Up to $55 Reimbursement
Trifocal		Up to $65 Reimbursement
Frames		
Allowance	Up to $150 Allowance 20% Off Balance Over $150	Up to $83 Reimbursement
Contact Lenses*		
Non-Elective *(Medically Necessary)*	No Charge	Up to $210 Reimbursement
Elective *(Fit, Follow-up & Lenses)*	Up to $150 Allowance	Up to $120 Reimbursement

Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the Cigna Vision serviced by EyeMed network.

Plan References

**Contact lenses are in lieu of spectacle lenses.*

Important Notes

- *Benefits are valid once per calendar year and cannot be used in conjunction with other discounts, promotions or prior orders. A member who elects to use other discounts and/or promotions in lieu of vision benefits may file a claim to receive reimbursement according to the out-of-network reimbursement amounts.*
- *Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.*

Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA) administered through UpSwing. The FSA plan year is from January 1 to December 31.

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

Health Care FSA

This account allows participant to set aside up to an annual maximum of $3,400. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Listed below are examples of common expenses that qualify for reimbursement.

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

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of $7,500 if single or married and file a joint tax return ($3,750 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

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

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

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

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

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

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

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- The Health Care FSA allows a grace period at the end of the plan year, March 15, 2027. The grace period allows reimbursement of eligible expenses incurred during the plan year and/or grace period.
- The Health Care FSA has a run out period at the end of the plan year and allows until April 30, 2027, to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year and/or grace period.
- Any unused funds still remaining in the account will be forfeited.
- Enrollment is only available during Open Enrollment, New Hire Orientation, or Qualifying Life Events.
- Funds cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Only expenses for services received are eligible for reimbursement.
- Reimbursed expenses cannot be covered by insurance or other compensation.
- Domestic partners' healthcare expenses are ineligible as they are not qualified dependents under Federal law.

Filing a Claim

Claim Form

Submit a completed claim form with a receipt by mail, fax, online, or via the mobile app. The IRS requires participant to keep documentation for a minimum of one (1) year.

Debit Card

FSA participants will receive a debit card. The card is accepted at many medical providers and pharmacies allowing direct payment instead of reimbursement requests. UpSwing may request supporting documentation for purchases; failure to provide supporting documentation when requested may result in card suspension. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

Mobile App

Mobile app provides on-the-go access to the FSA benefit account to view account activity, file a claim and upload receipts.

HERE'S HOW IT WORKS!

An employee earning $50,000 elects to place $1,000 annually into a Health Care FSA. The payroll deduction is $38.46 based on a 26 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of $197.

	With a Health Care FSA	Without a Health Care FSA
Salary	$50,000	$50,000
FSA Contribution	- $1,000	- $0
Taxable Pay	$49,000	$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	- $9,628	- $9,825
After Tax Expenses	- $0	- $1,000
Spendable Income	$39,372	$39,175
Tax Savings	**$197**	

Please Note: *Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year.* ***This rule is known as "use-it or lose-it."***

Claims Submission
Member Portal: www.upswing.wealthcareportal.com
Mail: UpSwing Compliance & Technology Solutions,
2630 W Broward Blvd, Suite 203-675, Ft Lauderdale, FL 33312
Email: upswing_receipts@alegeus.com

UpSwing
Phone: (866) 676-3665 | upswing.wealthcareportal.com

Employee Assistance Program

The City cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Cigna. EAP offers employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

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

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

Are Services Confidential?

Yes. Receipt of EAP services are 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/manager will not receive specific information regarding the referred employee's case. The supervisor/manager will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

To Access Services

Employee and family member(s) must register and create a user ID on www.mycigna.com to access EAP services.

Cigna | Phone: (877) 622-4327 | www.mycigna.com
Employer ID: margate

Life Assistance Program

The City offers, at no cost to eligible employees, a Employee Assistance & Wellness Support Program through ComPsych GuidanceResources for employee and household family members. The Program is strictly confidential and provides employee and household family members, professional counseling 24 hours a day, seven (7) days a week for handling life's demands. The Program allows employee or a household family member to request a referral for three (3) visits with a specialist. Online or phone support, advice or referrals for community services on topics such as:

- ✓ Stress
- ✓ Burnout
- ✓ Time Management
- ✓ Child Care
- ✓ Pet Care
- ✓ Elder Care
- ✓ Debt Management
- ✓ Estate Planning
- ✓ Work-Life Balance
- ✓ Family Budgeting

Important Note: This program is strictly confidential. No information is shared with employer.

ComPsych GuidanceResources | Phone: (800) 344-9752
www.guidanceresources.com | Web ID: NYLGBS

Basic Life and AD&D Insurance

Basic Term Life Insurance

The City provides Basic Term Life insurance at no cost through New York Life Group Benefit Solutions for eligible employees with a benefit amount of $35,000.

Accidental Death & Dismemberment Insurance (AD&D)

Accidental Death & Dismemberment (AD&D) insurance, will pay in addition and equal to the Basic Term Life benefit when death occurs as a result of an accident. Partial benefits may also be payable.

Basic Dependent Life Insurance

Basic Dependent Life insurance coverage is optional at the cost of $2.00 per month, and provides spouse and child(ren) coverage (six (6) months to age 26) in the amount of $5,000 (coverage for children under the age of six (6) months old may be covered for a reduced benefit of $500). Spouse coverage terminates when the employee reaches age 70.

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

New York Life Group Benefit Solutions
Phone: (800) 362-4462 | www.mynylgbs.com

Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employee may elect to purchase additional Life and AD&D insurance on a voluntary basis through New York Life Group Benefit Solutions. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employee, spouse and/or dependent child(ren) at different benefit levels.

2026 Open Enrollment: Eligible employees have the opportunity to purchase Voluntary Employee Life and AD&D insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of $100,000.

New Hires may purchase Voluntary Employee Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $100,000.**

- Units can be purchased in increments of $10,000, up to five (5) times annual salary, to the maximum of $300,000.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces to 65% of the benefit amount at age 65
  - Reduces to 40% of the benefit amount at age 70
  - Reduces to 25% of the benefit amount at age 75
- Rates are subject to increase annually and are based on the employee's age band.

Voluntary Life and AD&D Insurance Rate Table

Monthly Premium

Age Bracket *(Based on Employee Age)*	Employee/Spouse *(Rate Per $1,000 of Benefit)*
Under 30	$0.160
30-34	$0.185
35-39	$0.225
40-44	$0.275
45-49	$0.365
50-54	$0.595
55-59	$1.055
60-64	$1.475
65-69	$2.585
70 +	$4.055
Child(ren)	$0.310

Please Note: *Spouse coverage terminates when the employee reaches age 70.*

Voluntary Spouse Life and AD&D Insurance

2026 Open Enrollment: Eligible spouses have the opportunity to purchase Voluntary Employee Life and AD&D insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of $50,000.

New Hires may purchase Voluntary Spouse Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $50,000.**

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of $5,000 to a maximum of $150,000, not to exceed 50% of the employee's Voluntary Employee Life coverage amount.
- Benefit amounts are subject to the following age reduction schedule based on the employees age:
  - Reduces to 65% of the benefit amount at age 65
  - Reduces to 40% of the benefit amount at age 70

Reduces to 25% of the benefit amount at age 75

Voluntary Dependent Child(ren) Life and AD&D Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- Employee may elect coverage in increments of $1,000, up to a maximum of $10,000 for children age six (6) months to age 26.
- Child(ren) under the age of six (6) months may be covered for a reduced benefit of $250.

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

New York Life Group Benefit Solutions
Phone: (800) 362-4462 | www.mynylgbs.com

Long Term Disability

Long Term Disability (LTD) insurance may be provided to employees according to their collective bargaining agreement, through New York Life Group Benefit Solutions. The LTD benefit pays employee a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of $6,000 per month.
- Employee must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 181st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income and may be taxable.
- Disability benefits may be taxable.

Please contact Human Resources for additional eligibility and benefit information.

New York Life Group Benefit Solutions
Phone: (800) 362-4462 | www.mynylgbs.com

Supplemental Benefits

The City offers supplemental benefits through Cigna Healthcare and plans may be selected online through Bentek and paid by payroll deductions. Cigna's Accidental Injury, Critical Illness and Hospital Care plans provide additional financial protection for the unexpected. Benefits are paid directly to the covered person for a covered critical illness, accident, injury or hospitalization, based on plan. The money can be used for expenses such as:

- ✓ Paying for child care or assistance in the home
- ✓ Travel costs for treatments or specialist/doctor visits
- ✓ Copays and deductibles
- ✓ Prescription drug costs
- ✓ Lost wages
- ✓ Rehabilitations and therapy expenses

Accidental Injury Plan

Accidental Injury coverage provides a benefit when a covered person suffers covered injuries or undergoes a broad range of medical treatments or care resulting from a covered accident. Benefit amounts are paid regardless of actual expenses incurred from the covered injury. For more detailed information about the plan, please refer to the Cigna Summary of Benefits document or contact customer service.

Hospital Care Plan

Hospital Care coverage provides a benefit when a covered person incurs a hospital stay resulting from a covered injury or covered illness. For more detailed information about the plan, please refer to the Cigna Summary of Benefits document or contact customer service.

Critical Illness Plan

Critical Illness coverage provides a lump sum of benefit when a covered person is diagnosed with a covered critical illness or event after coverage is in effect. For more detailed information about the plan, please refer to the Cigna Summary of Benefits document or contact customer service.

Cigna Healthcare
Phone: (800) 754-3207 | www.mycigna.com

Supplemental Benefits *(Continued)*

LegalShield

The City employees can elect to purchase a legal services plan through LegalShield on a voluntary basis through payroll deduction. When employees enroll, the plan covers the employee, the spouse or significant partner, and dependent children unmarried, living at home or full-time students up to age 26 (disabled dependents are covered for life), all for the cost of one person. The services available include:

- ✓ Emergency 24/7 service covering car accidents, children services, and any time you are detained or questioned
- ✓ Free will, living will, health care power of attorney, and more
- ✓ Traffic ticket representation
- ✓ Residential loan document assistance
- ✓ Unlimited phone consultation on any matter
- ✓ IRS audit
- ✓ Free contract and documents review
- ✓ Uncontested divorce, name change, or adoption

IDShield

The City employees may elect to purchase IDShield through LegalShield on a voluntary basis through payroll deduction. IDShield offers an individual plan which covers employee only, if single. Family IDShield plan covers the employee, the spouse or significant partner, and dependent children (up to 10 dependent children) up to age 18. This service may be purchased separately, or bundled with the legal plan. This benefit provides a comprehensive plan including:

- ✓ 24/7 Monitoring (Credit, Social Security, Social Media, Investment Accounts, Username/Password, Medical Identity and more).
- ✓ Complete Restoration by Licensed Investigators
- ✓ Free unlimited consultation with a US based licensed private investigator
- ✓ Free Credit Report/Score

LegalShield Rate Table

26 Payroll Deductions - Per Pay Period Cost

Plan Type	Individual	Family
LegalShield	$8.75	$8.75
IDShield	$4.13	$8.75
LegalShield and IDShield	$12.88	$15.65

For more information about the LegalShield or IDShield plan, please contact the City's dedicated Agent, Tammy Gibbs.

LegalShield | Agent: Tammy Gibbs | Phone: (321) 537-7720
Email: tammysgibbs@yahoo.com

MetLife

MetLife Insurance is offered through Madison Planning Group and may be purchased separately on a voluntary basis. It is available for employee, spouse, children, and grandchildren with premiums paid by payroll deduction after tax. This permanent life insurance policy can be purchased as a supplement to the basic group life insurance offered through the City. The policies are portable, even if you change jobs or retire, as long as you pay the necessary premium you may continue the policy. To learn more about the MetLife Insurance Plan or to schedule an appointment, contact Janet or Tara Froyen.

Metropolitan Life Insurance | www.madisonplanning.com
Agent: Janet Froyen | Phone: (561) 704-4378
Email: jfroyen@madisonplanning.com
Agent: Tara Froyen | Phone: (561) 602-2827
Email: tfroyen@madisonplanning.com

457 (b) Deferred Compensation Plan

Employees may choose to contribute a portion of their earnings into the Nationwide Retirement 457(b) Deferred Compensation Plan. The money contributed to this type of account, including earnings, accumulates on a tax-deferred basis. Withdrawals of contributions and earnings are subject to Federal and State (if applicable) income taxes in effect at the time of withdrawal. The 2026 maximum annual deferral contribution limit for this plan is $23,500 with a catch-up contribution limit of $7,500 for participants aged 50 and over. Employees aged 60-63 are able to contribute an additional $3,750, for a total of $11,250 in catch-up contributions.

Beginning in 2026, under the SECURE 2.0 Act, employees aged 50 or older who earned more than $145,000 in FICA wages in the prior year must make catch-up contributions to their retirement plan as after-tax Roth contributions; those earning $145,000 or less can choose either pre-tax or Roth.

For additional information about the 457(b) Deferred Compensation Plan, please contact the City's dedicated Agent, Al Pinzon

Nationwide
Phone: (877) 677-3678 | www.nrsforu.com
Agent: Al Pinzon | Phone: (954) 232-7615
Email: pinzona@nationwide.com

Claims, Billing & Benefit Assistance

If employees have questions on claims, receive bills from providers which they do not understand or would like general information on any of the employee benefits provided, please contact the Gehring Group Service Team.

The Service Team works directly with the City of Margate and its employees to provide claims and benefits service and will assist employees with their concerns. Please remember this is in addition to the City's Human Resources and is not replacing assistance employee may need from Human Resources.

Employee may contact a claims specialist by:

1. Email: margate@gehringgroup.com

Please include your name, contact information and a brief description of the issue. A Claims Specialist will respond via email or phone call to gather additional information.

OR

2. Call: (800) 244-3696

When calling, please identify yourself as an employee of the City of Margate and ask to speak to a Claims Specialist or another member of the City's designated team to assist with questions or concerns.

Office hours are Monday through Friday, 8:30am – 5:00pm (EST). If calling after office hours, please leave a message indicating you are a City of Margate employee who would like to speak to a Claims Specialist. Please leave full name, contact information and a brief message and a Claims Specialist will be in contact with you the following business day.

Our goal is to be your advocate and ensure issues are resolved as quickly as possible.

Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.

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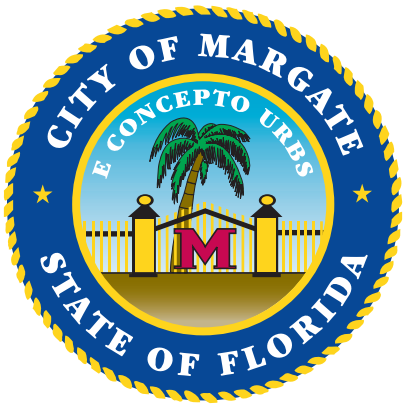

RISK strategies | GEHRING GROUP
A RISK STRATEGIES COMPANY

3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | www.gehringgroup.com

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