CITY OF MARGATE
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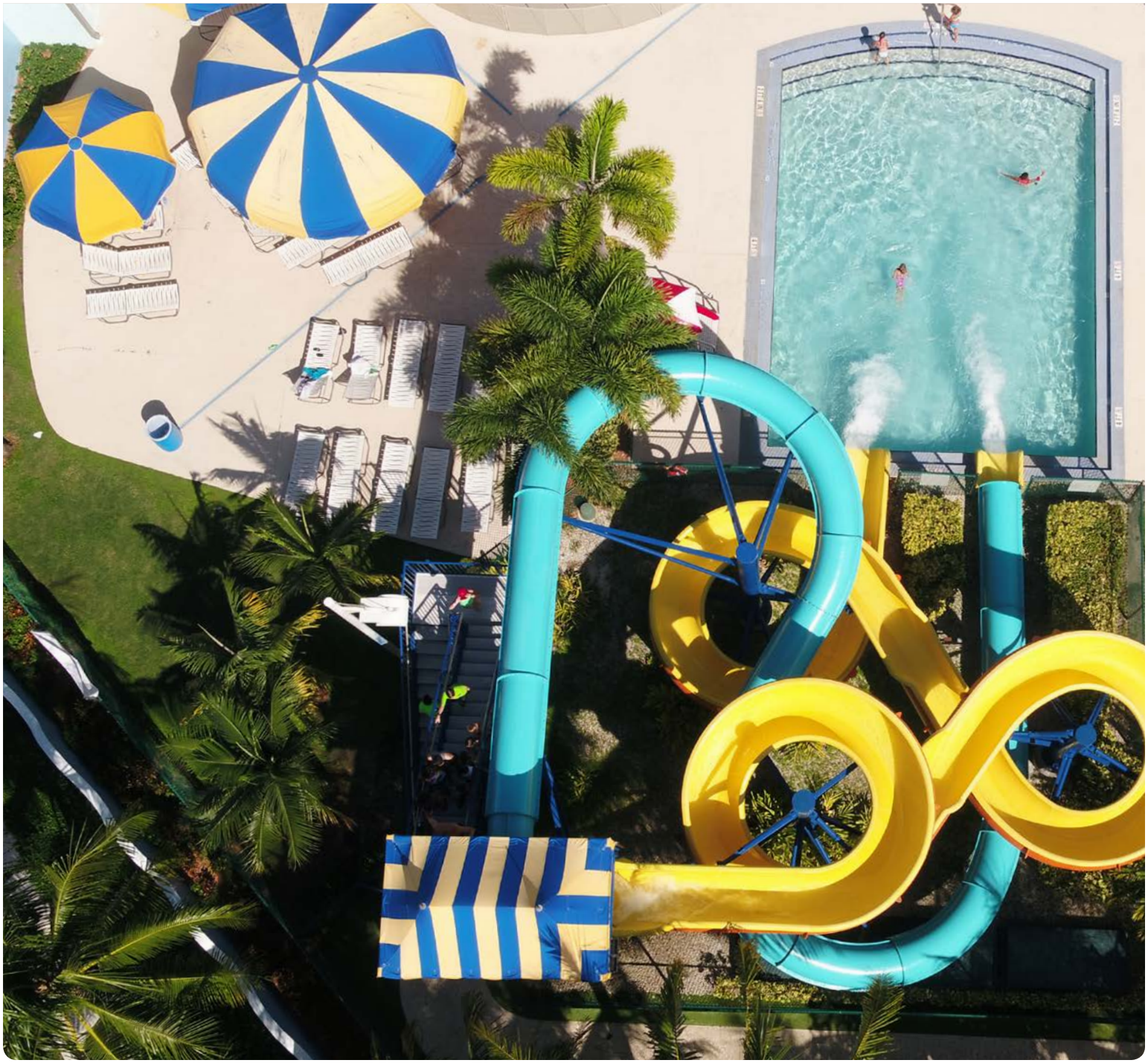
# CITY OF MARGATE

## 2019 | EMPLOYEE BENEFIT HIGHLIGHTS



# Contact Information

| | | | |
|---|---|---|---|
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| | **Payroll & Benefits Specialist** | Elizabeth Dann | Phone: (954) 935-5345<br>Email: edann@margatefl.com |
| | **Online Benefit Enrollment** | BenTek Support | Phone: (888) 5-BenTek (523-6835)<br>www.mybentek.com/cityofmargate |
| | **Medical Insurance** | Cigna | Customer Service: (800) 244-6224<br>www.cigna.com |
| | **Prescription Drug Coverage and Mail-Order Program** | Cigna Home Delivery | Customer Service: (800) 835-3784<br>www.mycigna.com |
| | **Dental Insurance** | Cigna | Customer Service: (800) 244-6224<br>www.cigna.com |
| | **Vision Insurance** | Cigna | Customer Service: (877) 478-7557<br>www.cigna.com |
| FSA | **Flexible Spending Accounts** | BenefitsWorkshop | Phone: (888) 537-3539<br>www.benefitsworkshop.com |
| | **Long Term Disability Insurance** | Cigna | Customer Service: (800) 732-1603<br>www.cigna.com |
| | **Employee Assistance Program** | Cigna | Customer Service: (877) 622-4327<br>www.mycigna.com |
| | **Basic Life and AD&D Insurance** | Cigna | Customer Service: (800) 732-1603<br>www.cigna.com |
| | **Voluntary Life Insurance** | Cigna | Customer Service: (800) 732-1603<br>www.cigna.com |

# Table of Contents



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.

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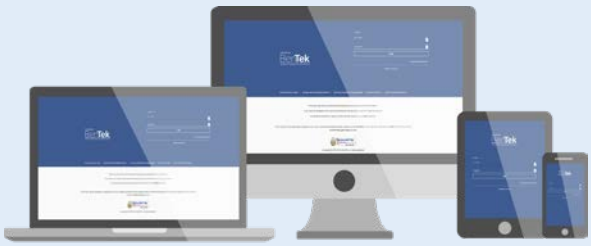
# Introduction

The City of Margate provides group insurance benefits to benefit-eligible employees. The Employee Benefit Highlights Booklet provides a general summary of these benefit options as a convenient reference. Please refer to the City's Personnel Policies, the appropriate collective bargaining agreements, 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.

# 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, and for Qualifying Events.

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



## To Access the Employee Benefits Center:

- ✓ Log on to **www.mybentek.com/cityofmargate**
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate to the menu in order to review current elections, learn about benefit options, and make elections, changes or beneficiary designations.

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

To access the group insurance benefits online, log on to
**www.mybentek.com/cityofmargate**

***Please Note:*** *Link must be addressed exactly as written. Due to security reasons, the website cannot be searched by Google or other search engines.*

# 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, coverage will be effective on June 1.

## Termination

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

## Dependent Eligibility

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

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

### Dependent Age Requirements

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

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

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

## Disabled Dependents

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

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon employment for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured; and
- Coverage with the City began prior to age 26.

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

## Taxable Dependents

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

## Domestic Partner

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

# Qualifying Events and Section 125

## Internal Revenue Code Section 125

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

Under certain circumstances, employees 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 the Internal Revenue Code, Section 125. Any requested changes must be consistent with and due to the qualifying event.

**Examples of Qualifying Events:**

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

### IMPORTANT NOTES

If employee experiences a qualifying event, **Human Resources must be contacted within 30 days of the qualifying event** to make the appropriate changes to employee's coverage. 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(s) who continue to be enrolled but no longer meet eligibility requirements. If approved, changes will take place on the first of the month following the date of written request for change in coverage is received by the Human Resources Department. Newborns are effective on the date of birth. Cancellations will be processed at the end of the month. In the event of death, coverage terminates the date following the death. Employees may be required to furnish valid documentation supporting a change in status or "Qualifying Event."

# Medical Insurance

The City offers medical insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below. For more information about the medical plans, please refer to the Summary of Benefits and Coverage (SBC) document or contact Cigna's 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 | $63.68 | $254.70 | $318.38 |
| Employee + Family | $173.31 | $693.23 | $866.54 |

## 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 | $75.96 | $303.84 | $379.80 |
| Employee + Family | $206.60 | $826.42 | $1,033.02 |

## Medical Insurance – Cigna OAP (POS) Plan

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage | Employee Cost | City Cost | Total Premium |
|---|---|---|---|
| Employee Only | $77.86 | $311.42 | $389.28 |
| Employee + Family | $212.08 | $848.33 | $1,060.41 |

**Cigna** | Customer Service: (800) 244-6224 | www.cigna.com

## Summary of Benefits and Coverage

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

| | |
|---|---|
| **From:** | City of Margate Human Resources |
| **Address:** | 5790 Margate Blvd.<br>Margate, FL 33063 |
| **Phone:** | (954) 935-5270 |
| **At Website URL:** | www.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 actual group certificate of coverage can be reviewed and obtained by contacting Human Resources.

If employees have any questions about the plan offerings or coverage options, please contact Human Resources.

# Other Available Plan Resources

Cigna offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the summary of benefits and coverage document or contact Cigna's customer service at (800) 244-6224 or visit www.cigna.com.

# Vision Discount Program

The City provides a vision discount plan through Cigna when enrolled in one of the group's medical plans. The vision discount plan benefits are highlighted below. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Customer Service.

## In-Network Only Benefits

The vision care discount plan provides employee and covered dependent(s) with a routine eye exam, eyeglasses (lenses and frames) or contact lenses at a discounted rate. To schedule an appointment, covered members can select any optometrist or ophthalmologist that participates in the Cigna Vision Network only. At the time of service, routine vision examination services and basic optical needs will be discounted as shown on the summary below. Cosmetic services and upgrades will be an additional charge. There is no coverage for services provided by a non-participating network provider.

# Vision Discount Program 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** | |
| Reimbursement | 20% Discount |
| **Contact Lenses*** | |
| Non-Elective; Medically Necessary *(Prior Authorization Required)* | 20% Discount |
| Elective *(Includes Fitting, Evaluation & Follow-up)* | |
| **LASIK** | |
| Discount Programs | Contact Cigna's Customer Service for More Information |

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

| Network | LocalPlus |
|---|---|
| **Calendar Year Deductible (CYD)**** | **In-Network** |
| Single | $1,000 |
| Family | $2,000 |
| **Coinsurance** | |
| Member Responsibility | 20% |
| **Calendar Year Out-of-Pocket Limit** | |
| Single | $5,000 |
| Family | $10,000 |
| What Applies to the Out-of-Pocket Limit? | Deductible, Coinsurance, Copays and Rx |
| **Physician Services** | |
| Primary Care Physician *(PCP)* Office Visit | $15 Copay |
| Specialist Office Visit | $25 Copay |
| Telehealth | $15 Copay |
| **Non-Hospital Services; Freestanding Facility** | |
| Clinical Lab *(Blood Work)*: LabCorp or Quest* | Covered at 100% |
| X-rays | Covered at 100% |
| Advanced Imaging *(MRI, PET, CT)* | $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 *(Per Admission)* | 20% After CYD |
| Outpatient *(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 Hospitalization *(Per Admission)* | 20% After CYD |
| Outpatient Services *(Per Visit)* | $15 Copay |
| **Prescription Drugs *(Rx)*** | |
| Preventive Generic | $0 Copay |
| Generic | $5 Copay |
| Preferred Brand Name | $30 Copay |
| Non-Preferred Brand Name | $90 Copay |
| Mail Order Drug *(90-Day Supply)* | 2.5x Copay |
| Retail *(90-Day Supply)* | 2.5x Copay |

## Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select LocalPlus network.

## Plan References

**LabCorp or Quest are the preferred labs for bloodwork through Cigna. When using labs other than LabCorp or Quest, please confirm they are contracted with Cigna's LocalPlus network prior to receiving services.*

*****Copays do not apply towards the calendar year deductible.***

## Important Notes

- *Services received by providers and 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.*

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

## Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select LocalPlus network.

## Plan References

**LabCorp or Quest are the preferred labs for bloodwork through Cigna. When using labs other than LabCorp or Quest, please confirm they are contracted with Cigna's LocalPlus network prior to receiving services.*

## Important Notes

- *Services received by providers and 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** |
| Single | No Deductible |
| Family | No Deductible |
| **Coinsurance** | |
| Member Responsibility | 0% |
| **Calendar Year Out-of-Pocket Limit** | |
| Single | $2,000 |
| Family | $4,000 |
| What Applies to the Out-of-Pocket Limit? | 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 |
| Telehealth | $15 Copay |
| **Non-Hospital Services; Freestanding Facility** | |
| Clinical Lab *(Blood Work)*: LabCorp or Quest* | Covered at 100% |
| X-rays | Covered at 100% |
| Advanced Imaging *(MRI, PET, CT)* | $50 Copay |
| Outpatient Surgery at Surgical Center | $50 Copay |
| Physician Services at Surgical Center | Covered at 100% |
| Urgent Care *(Per Visit)* | $25 Copay |
| **Hospital Services** | |
| Inpatient *(Per Admission)* | $250 Copay |
| Outpatient *(Per Visit)* | $50 Copay |
| Physician Services at Hospital | Covered at 100% |
| Emergency Room *(Per Visit; Waived if Admitted)* | $150 Copay |
| **Mental Health/Alcohol & Substance Abuse** | |
| Inpatient Hospitalization *(Per Admission)* | $250 Copay |
| Outpatient Services *(Per Visit)* | $15 Copay |
| **Prescription Drugs *(Rx)*** | |
| Preventive Generic | $0 Copay |
| Generic | $5 Copay |
| Preferred Brand Name | $30 Copay |
| Non-Preferred Brand Name | $90 Copay |
| Mail Order Drug *(90 Day Supply)* | 2.5x Copay |
| Retail *(90-Day Supply)* | 2.5x Copay |

# Cigna OAP (POS) Plan At-A-Glance

| Network | Choice Fund Open Access Plus | |
|---|---|---|
| **Calendar Year Deductible (CYD)** | **In-Network** | **Out-of-Network*** |
| Single | $300 | $500 |
| Family | $600 | $1,000 |
| **Coinsurance** | | |
| Member Responsibility | 10% | 30% |
| **Calendar Year Out-of-Pocket Limit** | | |
| Single | $1,500 | $2,000 |
| Family | $3,000 | $4,000 |
| What Applies to the Out-of-Pocket Limit? | Deductible, Coinsurance, Copays and Rx | |
| **Physician Services** | | |
| Primary Care Physician *(PCP)* Office Visit | 10% After CYD | 30% After CYD |
| Specialist Office Visit | 10% After CYD | 30% After CYD |
| Telehealth | 10% After CYD | Not Covered |
| **Non-Hospital Services; Freestanding Facility** | | |
| Clinical Lab *(Blood Work)*: LabCorp or Quest** | 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 *(Per Admission)* | 10% After CYD | 30% After CYD |
| Outpatient *(Per Visit)* | 10% After CYD | 30% After CYD |
| Physician Services at Hospital | 10% After CYD | 30% After CYD |
| Emergency Room *(Per Visit; Waived if Admitted)* | 10% After CYD | 10% After CYD |
| **Mental Health/Alcohol & Substance Abuse** | | |
| Inpatient Hospitalization *(Per Admission)* | 10% After CYD | 30% After CYD |
| Outpatient Services *(Per Visit)* | 10% After CYD | 30% After CYD |
| **Prescription Drugs** *(Rx)* | | |
| Preventive Generic | $0 Copay | 30% Coinsurance |
| Generic | $5 Copay | 30% Coinsurance |
| Preferred Brand Name | $30 Copay | 30% Coinsurance |
| Non-Preferred Brand Name | $90 Copay | 30% Coinsurance |
| Mail Order Drug *(90 Day Supply)* | 2.5x Copay | 30% Coinsurance |
| Retail *(90-Day Supply)* | 2.5x Copay | Not Covered |

## Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Choice Fund Open Access Plus network.

## Plan References

***Out-of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the plan's summary of benefits and coverage document.*

***LabCorp or Quest are the preferred labs for bloodwork through Cigna. When using labs other than LabCorp or Quest, please confirm they are contracted with Cigna's Choice Fund Open Access Plus network prior to 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 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 summary plan document or contact Cigna's customer service.

### Dental Insurance – Cigna Dental Care DHMO Plan

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage | Employee Cost |
|---|---|
| Employee Only | $6.44 |
| Employee + 1 Dependent | $12.74 |
| Employee + Family | $22.66 |

### In-Network Benefits

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

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

### Out-of-Network Benefits

The DHMO plan does not provide benefits for services rendered by providers or facilities who do not participate in the Cigna Dental Care HMO Network (considered "out of network") or by an in-network provider not designated as the primary dental provider (unless referred by an employee's primary dental provider). Employees will pay out of pocket if they utilize any out-of-network providers.

### Calendar Year Deductible

There is no calendar year deductible.

### Calendar Year Benefit Maximum

There is no benefit maximum.

### IMPORTANT NOTES

- *Each covered family member may receive two (2) free cleanings per calendar year covered under the preventive benefit. Additional cleanings are available with a $50 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 for some services.*
- *Children under age seven (7) may visit a pediatric dentist. Contact Cigna for a list of pediatric dentists in the network.*

**Cigna** | Customer Service: (800) 244-6224 | www.cigna.com

# Cigna Dental Care DHMO Plan At-A-Glance

| Network | Dental Care HMO | |
|---|---|---|
| **Calendar Year Deductible (CYD)** | **In-Network Only** | |
| Per Member | Does Not Apply | |
| Per Family | | |
| Waived for Class I Services? | | |
| **Calendar Year Benefit Maximum** | **In-Network Only** | |
| Per Member | Does Not Apply | |
| **Class I Services: Diagnostic & Preventive Care** | **Code** | **In-Network** |
| Regular Office Visit | 9430 | $6 Copay |
| Routine Oral Exam | 0120 | $0 Copay |
| Routine Cleanings *(2 Per Calendar Year)* | 1110/1120 | $0 Copay |
| Bitewing X-rays *(2 Films)* | 0272 | $0 Copay |
| Complete X-rays *(1 Set Every 3 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/Exposed Root)* | 7140 | $6 Copay |
| Oral Surgery *(Removal of Impacted Tooth)* | 7240 | $100 Copay |
| Root Canal Therapy *(Molar; Excluding Final Restoration)* | 3330 | $275 Copay |
| General Anesthesia *(First 30 Minutes; Per Visit)* | 9220 | $160 Copay |
| **Class III Services: Major Restorative** | | |
| Crowns *(Porcelain Fused to Metal)* | 6750 | $210 Copay |
| Bridges *(Porcelain Fused to Metal)* | 6240 | $210 Copay |
| Dentures | 5110/5120 | $185 Copay + Lab |
| **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 search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Cigna Dental Care HMO network.

## Important Notes

*The summary has been provided as a convenient reference. For a full listing of covered services, exclusions and stipulations please see the plan's Schedule of Benefits or contact Cigna's Customer Service.*

# Dental Insurance

## Cigna Dental PPO Plan

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

### Dental Insurance – Cigna Dental PPO Plan

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage | Employee Cost |
|---|---|
| Employee Only | $21.23 |
| Employee + Family | $71.53 |

### In-Network Benefits

The PPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open access plan allows 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 DPPO 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 DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage Network or DPPO Network. However, member using 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 DPPO Dentist.*

### Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Cigna Total DPPO provider. Cigna reimburses out-of-network services based on what it determines is 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 will pay the out-of-network benefit plus the difference between the amount that Cigna reimburses (MRC) for such services and the amount charged by the dentist. This is known as balance billing. 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 or a combination of both. Preventive and Diagnostic services accumulate towards the benefit maximum.

**Cigna** | Customer Service: (800) 244-6224 | www.cigna.com

# Cigna Dental PPO Plan At-A-Glance

| Network | Cigna Total DPPO | |
|---|---|---|
| **Calendar Year Deductible (CYD)** | **In-Network and Out-of-Network Combined** | |
| Per Member | $50 | |
| Per Family | $150 | |
| Waived for Class I Services? | Yes | |
| **Calendar Year Benefit Maximum** | **In-Network** | **Out-of-Network*** |
| Per Member *(Excludes Class I Services)* | $1,500 | |
| **Class I Services: Diagnostic & Preventive Care** | | |
| Routine Oral Exam *(2 Per Calendar Year)* | Plan Pays: 100%<br>Deductible Waived | Plan Pays: 100%<br>Deductible Waived<br>*(Subject to Balance Billing)* |
| Routine Cleanings *(4 Per Calendar Year)* | | |
| Bitewing X-rays *(1 Set Every 3 Calendar Years)* | | |
| Complete X-rays *(2 Per Calendar Year)* | | |
| **Class II Services: Basic Restorative Care** | | |
| Fillings | Plan Pays: 80%<br>After Deductible | Plan Pays: 80%<br>After Deductible<br>*(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%<br>After Deductible | Plan Pays: 50%<br>After Deductible<br>*(Subject to Balance Billing)* |
| Crowns | | |
| Bridges | | |
| Dentures | | |
| **Class IV Services: Orthodontia** | | |
| Lifetime Maximum | $1,000 | |
| Benefit *(Dependent Children Up To Age 19)* | Plan Pays: 50% | Plan Pays: 50%<br>*(Subject to Balance Billing)* |

## Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Cigna Total Dental PPO or EPO network.

## Plan References

***Out-of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, 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-Treatment Review" upon the request of the dental provider. This will assist employees with determining their approximate out-of-pocket costs should employees have the dental work performed.*

# Vision Insurance

## Cigna Vision Buy-Up Plan

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

### Vision Insurance – Cigna Vision Plan

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage | Employee Cost |
|---|---|
| Employee Only | $2.98 |
| Employee + Family | $9.61 |

### In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered employees and their dependents can select any network provider who participates in the Cigna Vision 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 also choose to receive services from vision providers who do not participate in the Cigna Vision 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.

**Claims Mailing Address**
Cigna Vision Claims Department
PO Box 997561 | Sacramento, CA 95899-7561

**Cigna** | Customer Service: (877) 478-7557 | www.cigna.com

# Cigna Vision Buy-Up Plan At-A-Glance

| Network | Cigna Vision | |
|---|---|---|
| **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 | Covered at 100% After $10 Materials Copay | Up to $32 Reimbursement |
| Bifocal | | Up to $55 Reimbursement |
| Trifocal | | Up to $65 Reimbursement |
| **Frames** | | |
| Allowance | Up to $150 Retail Allowance | Up to $83 Reimbursement |
| **Contact Lenses*** | | |
| Non-Elective; Medically Necessary *(Prior Authorization Required)* | Covered 100% | Up to $210 Reimbursement |
| Elective *(Includes Fitting, Evaluation & Follow-up)* | Up to $150 Retail Allowance | Up to $120 Reimbursement |
| **LASIK** | | |
| Discount Programs | Contact Cigna's Customer Service for More Information | Discount Programs Not Available Out-of-Network |

## Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select the Cigna Vision network.

## Plan References

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

## 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 his/her vision benefits may file a claim to receive reimbursement according to the out-of-network reimbursement amounts.*

# Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA) administered through BenefitsWorkshop. 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 $2,650. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

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

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

## Dependent Care FSA

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

Please note, if 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 expenses eligible for reimbursement include, but not limited to, the following:

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

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

# Flexible Spending Accounts *(Continued)*

## FSA Guidelines

- The Health Care FSA allows a grace period at the end of the plan year (75 days). The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends. Once the grace period ends, any unused funds still remaining in the account will be forfeited.
- When a plan year ends and all claims have been filed, all unused funds will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

## Filing a Claim

### Claim Form

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

### Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. BenefitsWorkshop may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the City. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

### HERE'S HOW IT WORKS!

An employee earning $30,000 elects to place $1,000 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 $227.

| | With a Health Care FSA | Without a Health Care FSA |
|---|---|---|
| Salary | $30,000 | $30,000 |
| FSA Contribution | - $1,000 | - $0 |
| Taxable Pay | $29,000 | $30,000 |
| Estimated Tax 22.65% = 15% + 7.65% FICA | - $6,568 | - $6,795 |
| After Tax Expenses | - $0 | - $1,000 |
| Spendable Income | $22,432 | $22,205 |
| **Tax Savings** | **$227** | |

***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."***

**BenefitsWorkshop** | Phone: (888) 537-3539 | www.benefitsworkshop.com

# Long Term Disability

Long Term Disability (LTD) Insurance may be provided to employees according to their collective bargaining agreement, through Cigna. The LTD benefit pays employees a percentage of their gross monthly earnings if they become disabled due to a non-work related injury or illness.

## Long Term Disability (LTD) Benefits

- LTD coverage provides a benefit of 60% of an employee's monthly earnings to a maximum benefit of $6,000 per month.
- An employee must be disabled for 180 days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will commence on the 181st day of disability.
- Employee may be eligible for partial benefits if they return to work on a part-time basis.
- The maximum benefit period that LTD benefits are payable, will be determined on the employee's age at the time of the disability occurring.
- Benefits may be reduced by other income.

***Please contact Human Resources for addition eligibility and benefit information.***

**Cigna** | Customer Service: (800) 732-1603 | www.cigna.com

# Employee Assistance Program

The City provides a comprehensive Employee Assistance Program (EAP) through Cigna to all eligible employees at no cost. The EAP provides employee and family member(s) with professional counseling for a variety of problems that affect quality of life. All EAP counselors are professionally trained and are certified / licensed in their fields. Master-level counselors are available 24 hours a day, 7 days a week, at (877) 622-4327. The EAP also allows for six (6) face to face in-person sessions with a counselor for short-term problem resolution. Conditions that require a long-term treatment solution may be referred to a medical plan.

## What is an Employee Assistance Program?

The City cares about their employee's well-being on and off the job and provides an EAP to give employees a comfortable, safe place to turn for help with problems such as:

- ✓ Relationship issues
- ✓ Substance abuse
- ✓ Critical incident stress debriefing
- ✓ Childcare consultation
- ✓ Eldercare consultation
- ✓ Marital problems
- ✓ Financial and legal issues
- ✓ Stress management
- ✓ Parenting problems

## Are services confidential?

The EAP is strictly confidential within the limits of the law. Information shared with EAP professionals is protected under confidentiality laws and cannot be shared with an employer without the employee's consent.

**Cigna** | Customer Service: (877) 622-4327 | www.mycigna.com
Employee ID: margate

# Basic Life and AD&D Insurance

## Basic Term Life Insurance

The City provides Basic Term Life insurance for all benefit eligible employees through Cigna. Eligible employees will receive a benefit amount of $35,000.

## Accidental Death & Dismemberment

Accidental Death & Dismemberment (AD&D) insurance is also included, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount is equal to the Basic Term Life benefit. A partial benefit may also be payable based on the schedule of benefits. For detailed coverages, exclusions, and stipulations contact Cigna's Customer Service.

## 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 19) in the amount of $5,000 (coverage for children under six (6) months old is $500).

***Always remember to keep beneficiary forms updated. Employees may update their beneficiary information at anytime through BenTek.***

**Cigna** | Customer Service: (800) 732-1603 | www.cigna.com

# Voluntary Supplemental Life Insurance

## Voluntary Supplemental Employee Life Insurance

Eligible employees may elect to purchase additional Life insurance on a voluntary basis through Cigna. This coverage may be purchased in addition to the Basic Term Life coverage. Voluntary Supplemental Life insurance offers coverage for employees, their spouse or child(ren) at different benefit levels.

- **2019 Open Enrollment: Eligible employees have the opportunity to 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 $100,000.**

New Hires can purchase voluntary supplemental employee life insurance without having to go through 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 5 times annual salary with a maximum benefit of $300,000.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduced to 65% of the original amount at age 65
  - Reduced to 40% at age70
  - Reduced to 25% at age 75
- Rates are subject to increase annually and are based on the employee's age band.
- Coverage will end upon retirement or termination with the City.

## Voluntary Supplemental Spouse Life Insurance

- **2019 Open Enrollment: Eligible employees have the opportunity to 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 $30,000.**

New Hires can purchase voluntary supplemental spouse life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $30,000.**

- Employees must participate in the voluntary plan for spouse to participate.
- Units can be purchased in increments of $5,000 to a maximum of $150,000, however coverage cannot exceed 50% of the employee's voluntary life coverage amount.
- Benefit amounts are subject to the following age reduction schedule based on the employees age:
  - Reduced to 65% of the original amount at age 65
  - Reduced to 40% at age70
  - Reduced to 25% at age 75
- Spouse coverage will terminate upon the date the employee attains age 70.

## Dependent Supplemental Child(ren) Life Insurance

- Employees must participate in voluntary plan for dependent children to participate.
- For eligible unmarried children, 6 months up to age 19 (or to age 26 if a full-time student), employees can elect coverage in increments of $1,000 to a maximum of $10,000.
- Child(ren) birth to age 6 months may be covered for a reduced benefit of $250.

***Always remember to keep beneficiary forms updated. Employees may update their beneficiary information at anytime through BenTek.***

**Cigna** | Customer Service: (800) 732-1603 | www.cigna.com

# 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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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.

**DRAFT 2**

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Last Modified: November 2, 2018 4:06 PM