

Guide to Your Benefits

October 2024 through September 2025

City of Palm Beach Gardens



Important Contacts

Making sure your benefit questions are answered is important to us. We realize, however, that it is not always possible for you to call during business hours or for the Benefits Office to be available when you call. Alternatively, you may call the carrier directly at the customer service numbers listed below:

Benefit	Phone	Website
City of Palm Beach Gardens		
Human Resources Manager	561.799.4215	Brooke Judkins Human Resources Manager bjudkins@pbgfl.com
Medical Insurance—Group #91062		
FloridaBlue HMO	Customer Service 800.664.5295	www.floridablue.com
FloridaBlue PPO and High Deductible	Customer Service 800.664.5295	
Prescription Mail Order Program		
Amazon	Customer Service 855.745.5725	https://pharmacy.amazon.com
Accredo (self-administered specialty)	Customer Service 844.516.3319 888.302.1028 (f)	
CVS Caremark Specialty (injectables)	866.278.5108	
Behavioral Health		
Lucet Behavioral Health Program	866.287.9569	www.Lucethealth.com
Teledoc		
Teladoc Appointments	800.835.2362	www.teladoc.com
Durable Medical Equipment		
Carecentrix	877.561.9910 877.627.6688 (f)	
Employee Health and Wellness Center		
Premise Health	561.775.8242	www.mypremisehealth.com
Dental Insurance—Group #839405		
Humana	800.233.4013	www.humanadental.com
Vision—Group #31782		
Superior Vision	800.507.3800	www.superiorvision.com
Discount Vision		
Florida Blue	888.897.9350	www.floridablue.com
Life Insurance		
Ochs, Inc. / Securian	800.392.7295	www.ochsinc.com
Long-Term Disability		
Ochs, Inc. / Madison National Life	800.392.7295	www.ochsinc.com
Supplemental Insurance		
Aflac Insurance Group	Kim Sahoy: 786.340.1640 Group: 800.433.3036 Individual Policies: 800.992.3522	Group: www.aflacgroupinsurance.com Individual: www.aflac.com
Flexible Spending Account		
HealthEquity WageWorks	877.924.3967	www.healthequity.com
Employee Assistance Program		
Aetna	888.238.6232	resourcesforliving.com
457 Deferred Compensation		
MissionSquare Retirement	Steve Feigelis 202.759.7058 Email: sfeigelis@missionsq.org	www.missionsq.org
Florida Retirement System (FRS)		
	866.446.9377	www.myfrs.com

The City of Palm Beach Gardens provides a comprehensive benefit package to all eligible employees and retirees with a wide range of benefit options from healthcare to income protection. This guide provides a general summary of these options. For a detailed description of each plan, please refer to the specific plan documents which are located on the City’s Intranet under Human Resources—Employee Benefits.

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This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by the City. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/ Benefits Department.

Introduction

The City of Palm Beach Gardens is pleased to provide this overview of benefits offered to all regular full-time and regular part-time benefit eligible employees, and retirees. We strive to offer an array of benefits that allow employees to make choices regarding their health and wellness, as well as balance their life at home.

This is a collective summary of medical, dental, disability, life, and a number of other optional insurances and benefit related “perks” available to the City of Palm Beach Gardens employees.

This overview is not intended to be all inclusive. Employees should consult individual policy documents for specific information, as they will supersede any information provided in this overview.

The City’s health insurance plan consists of the following core benefits

- » Medical Insurance
- » Dental Insurance
- » Basic Life Insurance
- » Accidental Death & Dismemberment Insurance
- » Short-Term Disability
- » Long-Term Disability Insurance
(General and SEIU, PBA Communications)
- » Employee Assistance Program
- » Florida Retirement System (FRS)
(General and SEIU, PBA Communications)

The following benefits are offered on a voluntary basis

- » Vision Care Insurance
- » Voluntary Life Insurance
- » Voluntary Long-Term Disability Insurance
(Law Enforcement and Firefighters)
- » Flexible Spending Accounts
- » Aflac Supplemental Insurance
- » Roth IRA
- » 457 Deferred Compensation Plan

When Coverage Begins

The City’s group insurance plans start each year on October 1 and end the following year on September 30.

All benefit eligible employees are eligible to participate in the City’s group health insurance plans effective the 1st day of the month following 30 days of employment. For purposes of determining eligibility for medical insurance coverage, a benefit eligible employee is defined as any individual who works an average of 30 or more hours per week. Questions regarding eligibility should be directed to the Human Resources Department.

Dependent Eligibility

You must submit documentation verifying eligibility for each dependent you wish to enroll. Photocopies of documents are acceptable provided any seal or official certification can be clearly seen. An eligible dependent is defined as a legal spouse, registered domestic partner and/or dependent child(ren) of same. Dependent children may be covered through last day of the calendar year in which the child reaches age 26. The term “child” includes any of the following:

- » A natural child
- » A newborn
- » A step child
- » A legally adopted / foster child
- » A child for whom legal guardianship has been awarded to the participant or the participant’s spouse
- » The newborn child of a covered dependent child. Coverage will automatically terminate 18 months after the birth of the newborn child.



Medical coverage may continue between the age of 26 and 30, providing the child is:

- » Unmarried and does not have a dependent; and
- » A Florida resident or a full-time or part-time student; and
- » Not enrolled in any other health coverage policy or group health plan; and
- » Not entitled to benefits under Title XVIII of the Social Security Act.
- » Per the Internal Revenue Code, when a non-tax dependent (dependent child age 26+ to 30) is enrolled in one of the City's medical plans, the City's premium contribution toward the coverage is considered "imputed income." Imputed income is subject to Federal Income Tax, Social Security and Medicare taxes. The City must report on your W-2 the fair market value of the benefits as wages or "imputed income," resulting in increased taxable gross income. The amount of this income depends on the plan in which you are enrolled. See imputed income rates on page 6.

Eligibility shall terminate on the last day of the calendar year in which the dependent child reaches age 30.

Disabled Dependents

Coverage for an unmarried dependent child may continue beyond the end of the year the child reaches age 26:

- » This child is otherwise eligible for coverage under the group plan; and
- » This child is physically or mentally disabled and incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
- » Symptoms or causes of the child's handicap existed prior to the child's 26th birthday

Proof of disability will be required upon request. Please contact the Human Resources Department for more information.

Note: This extension of coverage applies only to medical insurance.

Summary of Benefits and Coverage (SBC)

SBC's for the Medical Plans are provided electronically to new hires and to current employees during Open Enrollment. SBC's offer a summary of plan coverage and provide important information to understanding your benefit choices.



Domestic Partner Benefits

Health insurance coverage is offered to benefit-eligible employee's registered domestic partners, and their dependent children. To be eligible for these benefits employees must register their domestic partner as outlined in Section 9.7 Domestic Partner Benefits of the City's Personnel Policy and Procedures.

Tax Considerations for Domestic Partners

Employees applying for domestic partner benefits should be aware that such benefits have tax consequences. Because domestic partners and/or their children may not be considered eligible dependents under the Internal Revenue Code, the City's premium contributions toward benefits for a domestic partner and/or their children are considered "imputed income," which means it is subject to Federal Income Tax, Social Security and Medicare taxes. The City must report on your W-2 form the fair market value of an employee's domestic partner benefits as wages or "imputed income" to the IRS, resulting in increased taxable gross income. The amount of this income depends on the plan in which you are enrolled.

Please note that the information regarding tax implications is not intended as tax advice. You are encouraged to seek the guidance of your personal tax advisor regarding income tax implications.

The below table reflects the monthly "imputed income" for family coverage effective October 1, 2024.

Plan	Imputed Income
Medical HMO	\$892.90
Medical PPO	\$823.71
Medical High Deductible	\$948.90
Dental	\$56.79

Accuracy of Enrollee Information

As we all work toward managing the City's overall health plan costs, **it is important that only individuals eligible for benefits are actually enrolled.** This helps make coverage **more affordable** for active employees, the City and retirees who pay the full cost of their benefits. It is also very important that when a dependent **no longer qualifies** for City-paid coverage,

the person is **removed** and has the opportunity to continue benefits through COBRA. Enrollment forms removing a dependent as soon as he/she loses eligibility for coverage must be submitted within 30 days of the event. **Failing to remove the ineligible dependent within 30 days after the date of ineligibility, may upon further investigation, jeopardize your health insurance coverage in accordance with the Florida Blue plan document.**

Open Enrollment

The City's Open Enrollment is a passive enrollment meaning if you do not wish to make any changes to your current benefits they will continue as is. The only benefit you will need to re-elect each year is the Flexible Spending Account.

Open Enrollment Changes Through Employee Self Services

Employees can elect or change plans online during the annual open enrollment period via Employee Self Services (ESS). ESS is available 24 hours a day during open enrollment to make changes and is available during the remainder of the year to view information such as paycheck history, tax withholding, W-2 election, direct deposit information and more.

To Access ESS:

- » From any computer, log on to www.pbgfl.com/employee and open the ESS portal
- » Registered users sign in by entering your username and password
- » Once logged on, Select "Benefits Enrollment" from the drop down
- » Click on "Go to Enrollment Form..."
- » Read legal disclaimer, click "I accept:" then click "continue"
- » **Read instructions given**
- » Current elections are listed on the description tab. Decline means you are not enrolled in the plan. To enroll, click the action link labeled "change"
- » **Save your selections after each change**

Change in Status

Changes to your benefits (medical, dental, vision, and/or certain supplemental policies) can **ONLY** be made during the Open Enrollment period unless you or your qualified dependent(s) experience a qualifying event and request to make a change within 30 days of the qualifying event or 60 days in the event of a Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) special enrollment. You may be required to provide supporting documentation to validate the change in status or "Qualifying Event."

Human Resources **must** be contacted within 30 days of the qualifying event. If you do not report your change within 30 days of the event, you will not be allowed to make your changes and will have to wait until the next Annual Open Enrollment period to make the change as stated in the plan document.

The effective date for additions will be the date of the event; cancellations, however, will be effective the end of the month in which the event occurred.

Examples of qualifying events:

- » Birth / adoption / legal custody of child
- » Marriage / divorce
- » Death of a dependent
- » Change in full-time status
- » Spouse loses or obtains other health insurance
- » Dependent no longer eligible
- » Loss of other coverage

Termination

If you terminate employment with the City, your medical, dental and vision coverage will end on the last day of the month in which you work. All other coverages end on the last day of employment.

COBRA Coverage

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), in most cases, you and/or your dependents that lose eligibility are entitled to COBRA / Continuation Coverage for a limited time. You may elect to continue the same medical, dental, vision and/or in some cases healthcare flexible spending account that you had at the time of the qualifying status change, by paying for coverage, for a time frame determined based on Federal regulations.

If you have dependents on your COBRA coverage when you become entitled to Medicare, your dependents may elect to continue their coverage under COBRA.



Health Insurance Plans

The City offers several comprehensive medical plan options, through **Florida Blue**, all designed to reduce your out-of-pocket costs for most medically necessary services. You have three medical plans from which to choose:

- » BlueCare Health Maintenance Organization (HMO)
- » BlueOptions Preferred Provider Organization (PPO)
- » Lower Premium Tax Advantaged High-Deductible Health Plan (HDHP)

Health insurance deductions are made on a pretax basis, which means deductions are taken from your gross income before it is taxed, allowing more take-home pay because you pay less tax. There are 24 deductions per year.

Employee contributions are required toward the cost of this insurance as follows:

Employee Monthly Cost			
Tier	HMO 4	PPO 3748	PPO 3164/5 Lower Premium Tax Advantaged Plan (HDHP)
Employee Only	\$0	\$0	\$0
Family	\$116	\$220	\$60

A brief summary of your plan options and plan schedules is found on the following pages. For detailed coverage information, refer to the Plan Summaries available on the City's Intranet under HR Employee Benefits.

There are no preexisting condition limitations for any of the medical plans, but there are other exclusions. Please contact the medical plans for further information on coverage exclusions, limitations, determination of medical necessity, preauthorization requirements, etc.

BlueCare HMO Plan 4

The BlueCare HMO Plan requires members to select a Primary Care Physician (PCP) who coordinates medical care. Each family member may choose a different PCP, and members may change their PCP at any time. **The plan allows members the freedom to see any specialist in the network without the need for a referral, with the exception of an Ophthalmologist specialist, which requires a referral.** The BlueCare HMO Plan allows you to see any in-network providers throughout the state of Florida. In addition, you do not have to worry about submitting claim forms or bills. With the HMO plan, you are protected from balance billing, which means the provider cannot charge you the difference above Florida Blue's allowable amount. You simply pay the copay at time of service. Services provided under the BlueCare HMO Plan must be rendered by an in-network provider and facility with the exception of life-threatening emergencies.

A brief summary of the HMO Plan is as follows:

BlueCare HMO Plan 4	
Type	
Calendar Year Deductible	None
Physician Office Visits	\$5 copay
Teladoc	\$5 copay
Specialist Office Visits	\$5 copay
Preventive Care	\$5 copay
Urgent Care	\$5 copay
Outpatient Hospital Facility	No copay
In-Hospital	No copay
Emergency Room	\$50 copay
Prescription Drug Copay	\$5 Generic / \$10 Brand
Out-of-Pocket	\$1,500 Individual / \$3,000 Family



Did you know
Ophthalmologist
Specialists visits
require a referral.
Call Eye Management
at **800.329.1152**,
Option #5. You will be
provided with a name
of an Ophthalmologist
Specialist and a referral
number.

Out-of-Area Services

Services received by non-participating providers or facilities, **not in the BlueCare HMO network**, are not covered. Exceptions may occur when an emergency medical condition arises. Should you or a covered dependent require emergency care while away from home, emergency services, regardless of location, are treated as in-network.

Blue Card Program

The Blue Card Program provides access to participating providers of other independent Blue Cross and/or Blue Shield organizations when traveling outside Florida for short trips (less than 90 days). To use these services, the member must call their Primary Care Physician (PCP) for prior authorization for non-emergency services.

Away from Home Care

The Away from Home Care (AFHC) program is for extended stays (at least 90 consecutive days). This program provides coverage when a member or covered dependent is temporarily residing within another Florida Blue operational area. Consider the AFHC program if:

- » Your child is a student and is away at school in another state
- » You have a covered dependent living in another state
- » You are planning long-term travel to another state



Under the AFHC, you receive a courtesy enrollment in a participating Host HMO and have access to a comprehensive range of benefits, including routine and preventive services. You must complete an AFHC Guest Application with the Home HMO, and then work with the Host HMO to locate a PCP in the Host Plan's service area. For more information or to request an AFHC application, please call Florida Blue Customer Service at **800.664.5295**.

Prior Authorization

Certain medical services will require a prior authorization from Florida Blue HMO before they will be covered.

Your PCP usually obtains a prior authorization for these services.

Examples of services requiring prior authorization:

- » Behavioral health and substance dependency
- » Inpatient and outpatient admissions
- » Office based services, like CT / MRI scans
- » Many brand name or specialty prescriptions

Important Notes

- » Services received by providers and facilities not in the FloridaBlue Network will not be covered.
- » You must elect and designate a Primary Care Physician.
- » Each family member may choose a different PCP, and members may change their PCP at any time.

BlueOptions PPO Plan 3748

The BlueOptions PPO Plan offers the convenience of referral-free access to doctors as utilizing a Primary Care Physician is not required. When you need care, you can see any doctor you want, whenever you want. However, the PPO plan has a panel of NetworkBlue Providers designated as in-network that you're encouraged to use. These "in-network" providers have contracts with the PPO plan, have agreed to accept certain fees for their services, and will file claims on your behalf. Because their fees are lower, the plan saves money and so do you. You share more of the cost for care if you use "out-of-network" providers, and may be required to submit a claim form. Services rendered outside the network are subject to balance billing, which means that out-of-network providers may also bill you for the difference between Florida Blue's payment and the provider or facility retail charge. In order to maximize your savings, choose a provider in the Florida Blue, BlueOptions network.

A brief summary is as follows:

BlueOptions PPO Plan 3748		
Type	In-Network	Out-of-Network
Calendar Year Deductible	None	\$500 Individual \$1,500 Family
Physician Office Visits	\$15 copay	\$20 copay
Teladoc	\$15 copay	Not covered
Specialist Office Visits	\$15 copay	\$20 copay
Preventive Care	\$15 copay / No Benefit Maximum	\$20 copay / No Benefit Maximum
Urgent Care	\$30 copay	\$30 copay plus deductible
Outpatient Hospital Facility	Option 1 \$150 Option 2 \$250	\$300 copay
In-Hospital	Option 1 \$250 Option 2 \$500 (teaching hospital)	\$750
Emergency Room	\$100 copay	\$100 copay
Prescription Drugs	\$5 Generic / \$10 Brand	50% Generic / 50% Brand
Out-of-Pocket	\$1,500 Individual / \$3,000 Family	\$3,000 Individual / \$6,000 Family

Services rendered outside the network are subject to balance billing, which means the member may be responsible for the difference between the Florida Blue's payment and the provider or facility's retail charge.



Did you know?

All medical equipment, home health services, and infusion therapy needs go through CareCentrix? Call CareCentrix at 877.561.9910. Please see the HR Benefits page on City intranet for more information.



Did you know?

Quest Diagnostics is the preferred lab for bloodwork through Florida Blue.

BlueOptions Lower Premium Tax Advantage Plan (HDHP) 3164/5

The Lower Premium Plan is a PPO Plan, meaning members have the choice of receiving services from “in” as well as “out”-of-network providers. The major difference between a traditional PPO Plan and the Lower Premium Plan is that there are no copays or coinsurance. Members are responsible for paying the contracted rate that Florida Blue has negotiated with the provider, which also includes the cost of prescription drugs until the annual calendar year deductible / out-of-pocket maximum is reached. For example, when you visit a doctor you pay the cost of the visit, which could cost from \$40 dollars upwards depending on the length of time or procedures that are carried out during the visit. If an MRI is required, you will be responsible for the cost, which is at the negotiated rate with the facility, which could range from \$700 to \$1,100. Once you reach the annual calendar year deductible/out-of-pocket maximum for in-network of \$2,000 employee only and \$4,000 family (out-of-network \$4,000 employee only and \$8,000 family) you will no longer be required to pay for any covered medical expenses that you may incur for the remainder of the calendar year. This includes doctor’s visits and prescription drugs.

A brief summary is as follows:

Blue Options Lower Premium Tax Advantage Plan (HDHP) 3164/5		
Type	In-Network	Out-of-Network
Calendar Year Deductible Out-of-Pocket Maximum	\$2,000 Employee Only \$4,000 Family	\$4,000 Employee Only \$8,000 Family
Physicians Office Visits	CYD	CYD
Teladoc	CYD	Not covered
Specialist Office Visits	CYD	CYD
Urgent Care	CYD	CYD
Outpatient Hospital Facility	CYD	CYD
In-Hospital	CYD	CYD
Emergency Room	CYD	CYD
Prescription Drugs	CYD	CYD
Preventive Care	Covered at 100% / No Benefit Maximum	

Services rendered outside the network are subject to balance billing, which means the member may be responsible for the difference between the Florida Blue’s payment and the provider or facility’s retail charge.

The physician network for this plan is BlueOptions.



Health Savings Account

Members electing the Lower Premium Plan, open a Health Savings Account (HSA) with Health Equity. This is an interest bearing bank account created to help pay for the cost of medical expenses incurred from the Lower Premium Plan.

Deposits made into this bank account can be made by you through pretax payroll deductions, a lump sum payment (up to the maximum amount allowed by the IRS), or by the City. The City will contribute money into your Health Savings Bank Account to help pay towards the cost of your medical expenses. During the plan year, October 1, 2024 through September 30, 2025, the City will contribute \$59.58 per month for employee only coverage and \$115.33 for family coverage into your HSA Bank Account.

Please note that if you are enrolled in the Lower Premium Plan with an HSA and are enrolling in an FSA, the FSA will be limited to expenses for dental and vision only.

You can also contribute money into the Health Savings Account. The maximum amounts that can be contributed to a Health Savings Account for calendar year 2025 is \$4,300 for employee only coverage or \$8,550 for family coverage, which includes the contribution made by the City. If you or your dependents are 55 or older, you can make catch-up contributions each year until you are enrolled in Medicare benefits. The maximum annual catch-up contribution for calendar year 2024-2025 is \$1,000. For the catch-up contribution, if you are covered by a qualified Lower Premium Plan for less than a full year, you would only be able to contribute the prorated amount depending on the month of the calendar year that you elected the Lower Premium Plan.

If you choose to have the money deducted from your paycheck, it will be deducted pretax. If you wish to deposit a lump sum into your bank account, this can also be done through payroll deduction with pretax dollars. You can also make the deposit with after-tax dollars and take the tax write off when your taxes are filed in 2025. Should you no longer work for the City, the monies that have accrued in the Health Savings Account belong to you. If you spend the funds in the bank account on items that are not medically related, then you will be responsible for paying taxes on the monies that you use and you may also incur a 10% penalty.

Benefits of an HSA account

- » You own the bank account and take more control over your healthcare decisions
- » You receive a debit card to be used for medical expenses
- » Take Advantage of Triple-Tax Savings:
 - Make pre-tax payroll contributions
 - Grow tax-free earnings
 - Tax-free distributions for qualified medical expenses
- » Preventative care is covered at 100% regardless if the deductible / out-of-pocket maximum is met
- » Enjoy lower Health Plan premiums
- » Unused funds rollover to the next year tax free
- » Portability between employers
- » Keep your Premium Savings – put the extra money you would have paid toward traditional premiums into your HSA account
- » Flexible use – you choose whether or when to use the account for health expenses, now or after employment
- » If you choose the Lower Premium Plan and you wish to open an HSA bank account, you will be required to complete an application with Health Equity. You will be charged nominal fees for statements, checks, etc. These fees and other information on the HSA can be found by going to the bank's website:
- » www.myhealthequity.com.

Please note that all distributions from the HSA are subject to rules and regulations under the Internal Revenue Code and the IRS.





Where Should I Go When I Need Care?

Remember, where you go matters!

Choosing the right treatment option can help you avoid needless worry, higher out-of-pocket costs and hours of unnecessary waiting. Use this simple guide to help you make the right decisions when you can't see your PCP.

Virtual Visits

Virtual visits let you speak securely by online video with your network or Teladoc family doctor, mental health provider or specialist. Use virtual visits for conditions like:

- Rash
- Sinus infection
- Urinary tract infection
- Common cold
- Cough
- Flu

Call your doctor and ask if they offer virtual visits, or register with Teladoc at teladoc.com.

Convenient Care Centers

Convenient care centers may be a good option. They usually have a similar copay to a PCP and treat things like:

- Cold and flu-like symptoms
- Sinus infection
- Urinary tract infection
- Rash/skin conditions

Be sure to check to see if convenient care centers are in your plan's network.

Urgent Care Centers

Urgent care centers are **less expensive than ERs** and often have **shorter wait times**. Visit an urgent care center for conditions like:

- Cold, flu and fever
- Strains, sprains and/or breaks
- Infections
- Mild burns

To find an urgent care center near you visit floridablue.com and select **Find a Doctor**.

Emergency Room

Going to an ER for an issue that is not life-threatening often results in long wait times and high medical bills. Examples of symptoms that require emergency room care:

- Severe chest pain (a possible heart attack)
- Signs of a possible stroke
- Severe or sudden shortness of breath
- Sudden or unexplained loss of consciousness

If you have a life-threatening emergency, call 911 right away.

For more information on care options visit us online at floridablue.com.

Teladoc is an independent company contracted by Florida Blue to provide physician visits via phone or online video to members with non-emergent medical issues. Teladoc is only available in the U.S. Teladoc® is a trademark of Teladoc, Inc. Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, visit floridablue.com/ndnotice. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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Lucet Behavioral Health Program through Florida Blue



Lucet™

The Behavioral Health
Optimization Company

Your Florida Blue Behavioral Health Services

As a member of Florida Blue, your health insurance plan includes behavioral health benefits like mental health services, substance use treatment and more. Florida Blue has partnered with Lucet to provide behavioral health services. If you have questions about your benefits or want more information call Lucet at 866-287-9569 or visit LucetHealth.com.

What to expect from Lucet

Lucet can help you through their member service phone line, website or by enrolling in one of their programs to:

- Understand your behavioral health needs and benefits.
- Provide information on topics such as depression, anxiety, substance use disorder, autism spectrum disorder and bipolar disorder.
- Locate in-network behavioral health providers, specialty doctors and treatment facilities.
- Connect with people and groups in your community that can support your mental well-being journey.
- Coordinate care with your providers.

Lucet is here for you. They are ready to take your call at 866-287-9569. Licensed clinicians are available when appropriate. Visit LucetHealth.com for articles, videos, guidebooks and more.

◆ Optimize access across your behavioral health ecosystem

Contact us at 866-287-9569 to learn more.

LucetHealth.com

Teladoc through Florida Blue



General Medical

Convenient, quality healthcare at your fingertips.

General Medical gives members convenient access to low-cost, high-quality virtual care for a broad range of everyday healthcare issues, from cold and flu to a rash or sunburn.

By giving members access to board-certified doctors anytime, anywhere, members can avoid unnecessary trips to the doctor's office and costly visits to the emergency room. With virtual visits, a physician can provide a diagnosis and treatment, including prescriptions when necessary, right over the phone or video. And with the Caregiving feature, members can request three-way visits to help manage loved ones' care.

\$472

Average claims savings per visit

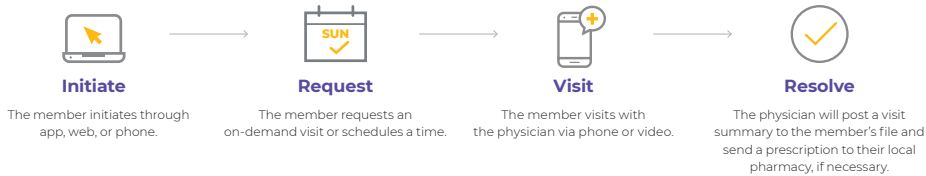
90%

Member satisfaction

92%

Resolution rate on first visits

How it works



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Explore the convenience and efficiency of our 24/7 Teledoc service as an excellent alternative to visiting the emergency room. With Teledoc, you can receive medical advice and consultations from qualified healthcare professionals anytime, anywhere, saving you time and hassle. Experience prompt medical attention and guidance without the wait and potential exposure to germs in a traditional emergency room setting. Prioritize your health with the convenience of Teledoc.

Benefits

Convenience

Members love the 24/7 access to care by web, phone, or our award-winning mobile app.

Clinical quality

Our network of U.S. board-certified physicians have an average of 20 years' experience and deliver the highest-quality care.

Value

Teladoc Health drives 4x greater utilization than the industry average¹ by employing smart engagement strategies and delivering a seamless member experience.



"I have had multiple employees reach out to thank me for letting them know about Teladoc. Teladoc has helped T-Mobile save more money each year we have been with them. Our ER visits and absenteeism are all down."

T-Mobile HR executive

Resolution for a wide range of non-emergency conditions:

Flu

Cough

Sinus problems

Upper respiratory infection

Pink eye

Bronchitis

Nasal congestion

Sore throat

Sinusitis

Seasonal allergies

Cold

Arthritis

Backache

Rash/poison ivy

Bug bites

Food poisoning

Sunburn

And more

¹The National Business Group on Health, 2019, Large Employer Health Care Strategy and Plan Design Survey cites average telehealth utilization amongst large employers at 2.5% while the Teladoc Health average U.S. utilization (excluding Amerigroup and visit-fee-only members) was almost four times the national average at 9.4%.

LEARN MORE

TeladocHealth.com | engage@teladochealth.com

Teladoc
HEALTH

About Teladoc Health

Teladoc Health is the global virtual care leader, helping millions of people resolve their healthcare needs with confidence. Together with our clients and partners, we are continually modernizing the healthcare experience and making high-quality healthcare a reality for more people and organizations around the world.

Additional Florida Blue Services

Florida Blue

Florida Blue is your 24/7 online member self-service website www.floridablue.com designed by Florida Blue to provide you with the ability to access forms and make needed changes to your account information. To use this service, simply log on to Florida Blue's website, click on the Login/Register icon, and complete the registration form.

Once registered, members have access to:

- » Personalized benefit, claim and health-related information
- » Up-to-date listings of participating physicians and facilities
- » Review benefits and check claim status
- » Change your Primary Care Physician (PCP)
- » Request a replacement ID card
- » Make changes to your account information

Blue365 Discounts

Blue365 provides members with access to a wide range of savings from top health and wellness brands around the country, helping you stay healthier for less. Get great discounts and valuable information you can use all year long from companies you recognize and services you want—from financial health, fitness, healthy eating, lifestyle, vision correction and hearing products, to discounts on travel and elder care. Savings are just a few clicks away. Some deals members can purchase right on the Blue365 website, others will take you directly to Blue365 partner websites where you can apply coupons to your purchases. These items are different from those covered under policies with FloridaBlue.

Locate a Provider

Log on to www.floridablue.com and follow these steps:

- » Select "Find a Doctor" tab
- » Select the plan you are enrolled in:
 - HMO Plan = BlueCare (HMO)
 - PPO and HSA Plans = BlueOptions

Examples of these savings include:

- » **Fitness discounts:** Gym memberships, fitness equipment, fitness competitions, and wellness programs
- » **Nutrition discounts:** Meal plan subscriptions, Nutrisystem, Nutrition coaching, personalized nutrition system tracking programs through phone app
- » **Personal discounts:** Teeth whitening, air purifiers, skin care products, medication management app
- » **Hearing and Vision:** Significant discounts on eye examinations, eye wear, LASIK surgery, and hearing aids
- » **Travel discounts:** Theme Parks, hotels, car rentals and vacation activities
- » **Home and Family Deals:** products for new moms and babies, pet insurance, magazine discounts, vitamins, and supplements

Links to the above discounts are all found by visiting www.blue365deals.com. To join you will need your 3-digit ID card prefix found on your Florida Blue card to verify your eligibility.

Health Dialog

Free Member Services

- » The **Nurse Hotline** is available 24/7 for questions ranging from common symptoms and illnesses, allergies to diabetes, children's health and, diagnostic testing and heart conditions. **Call Health Dialog at 877.789.2583.**
- » **Care Consultants** can help you understand your condition, plus help you explore treatment options, providers and costs so you're able to make the choices that are best for you. **Call 888.476.2227.**
- » The **Healthy Addition** program is a prenatal education and early intervention program designed to provide expectant moms information for a healthy pregnancy and delivery. **Call 800.955.7635, option 6.**



Did you know that if you or your child wake up during the night with a fever, you have access to a nurse for advice? Nurses and Health Coaches are available 24 hours a day, every day at **877.789.2583.**

Employee Health and Wellness Center



The Employee Health and Wellness Center, 4425 Burns Road, staffed and operated by Premise Health, is available to all benefit eligible employees, and their covered family members (age 2 and above for acute / urgent care) who participate in the City's health insurance plan. The Center is a voluntary option available at no cost for covered employees to use.

The Center offers primary care type services, including urgent and routine doctor visits, physicals, chronic disease management, radiology services, vaccinations, medications, annual health assessments, sutures, well-woman visits, lab work normally handled by family practitioners, health coaching and education, certain employment and occupational health services at no cost to you. The Center's primary focus is to restore your health and improve your quality of life through skillful and personalized care in a timely, accessible, convenient manner, and to reduce healthcare costs.

Benefits

- » No copays for visits, labs, physicals or prescription drugs dispensed at the Center
- » Less time away from work
- » Convenient access to licensed medical care, without a long stay in the waiting room
- » Increased focus on healthcare, prevention, disease / chronic illness management and wellness
- » Less out-of-pocket medical expenses and claims

Additional Services at No-Cost

- » **New Patient Portal** – With the secure “My Premise Health” patient portal and mobile app, whether you're on the go or at home, you can:
 - Conveniently schedule same-day or next-day appointments
 - View lab results as they process
 - Manage your medications and request prescription refills
 - Meet with a provider virtually via phone or video
 - Securely message your provider
 - Fill out forms and check-in ahead of time.

- » **Electronic Medical Record (EMR)** – With over half of all health systems in the U.S. using the Epic network, your medical records are available and easily shared between your providers, so that you always receive the best care possible.
- » **Wellness Coaching and Incentives Program** – The “Premise Inspire” icon is located in the My Premise Health app under the “Incentives and Wellness” section which will take you to the new platform where you will be able to access Premise Connect. Designed to jump-start you towards better health, the portal provides reading material, informative videos and information on healthy eating, healthy body / mind and much more.
- » **Flu shots** and a variety of other vaccinations such as shingles are available upon request at Premise Health. Flu shots are offered seasonally and do not require appointments.
- » **Radiology Services** such as MRI, X-ray, mammograms, CAT scans, and ultrasounds are available, plus you will receive priority scheduling at TowerRadiology. ALL orders must come from your Premise Health Provider.
- » **At Home Delivery for Prescriptions** – Rather than making a trip out to the pharmacy, you can get any available prescription at the health center shipped directly to you at no extra cost. Switch to prescription delivery for personalized care, convenience, synced prescriptions, and cost savings.

Scheduling Appointments at Premise Health

- » On the Internet, at www.mypremisehealth.com
- » By calling the Health Center directly at **561.775.8242**.



City's Wellness Program

The vision of the Wellness Program is to establish an enjoyable environment that encourages and supports, Live, Learn, Work and Play for a healthy, happy and fit lifestyle. Benefit eligible employees enrolled in the City's health plan are eligible to participate in the City's Wellness Program. Participation in the program is voluntary for employees.

Employee Fitness Center

The Fitness Center is located next to the Premise Health Wellness Center, adjacent to Fire Station 1. The facility is open 24/7 and all employees with a City access badge are able to use the facility.

Target Your Health Wellness Incentive Program

This is a voluntary participation-based incentive program encouraging participants to adopt healthy behaviors and improving health and well-being. Employees complete an Annual Health Assessment (AHA) and follow-up appointment along with a minimum of three (3) additional screenings and earn

monetary rewards for participating.

Wellness Incentive

The Wellness Team supports your physical fitness activity goals to help you "Target Your Health" by offering all benefit eligible employees the opportunity to receive a maximum reimbursement of \$50 per fiscal year for eligible fitness expenses.

Types of eligible expenses include:

- » Gym memberships
- » Race and registration fees
- » Martial art classes
- » Pilates / yoga classes
- » Weight reduction programs
- » Smoking cessation programs

Wellness Workshops

The Wellness Team sponsors workshops on topics such as: work life balance, finances, retirement, adult, child and infant CPR, stroke awareness, and elder care.


Wellness Classes

The Wellness Program offers FREE classes in conjunction with City departments such as Recreation and Golf for all benefit eligible employees. A complete list of wellness classes is posted on the City's benefit page

The Wellness Team also organizes a variety of fun fitness challenges with prizes throughout the year!



The Gardens Wellness Team plans and implements quarterly wellness programs, and activities to improve employee's health and wellbeing.



To learn more, visit the HR Benefits Page located on the City's Intranet. For specific questions or concerns, please contact the Human Resources Department.

Dental Insurance

Humana

Dental PPO Plan

The City offers a PPO dental program through **Humana**. Members have the ability to receive services via an in-network provider or receive services via an out-of-network provider. Members are not required to select a primary dental provider to coordinate their care. It is important to remember that members maximize savings when services are performed by an in-network dental provider. Services performed outside the network are based on a “reasonable and customary” fee schedule and members will be subject to balance billing. Humana Customer Care Specialist: **800.233.4013**.

Tier	Employee Monthly Cost
Employee Only	\$0
Family	\$0



An outline of the benefits is as follows:

Type	In-Network	Out-of-Network
Plan Year Deductible (October – September)	\$50 Individual \$100 Family	\$50 Individual \$100 Family
Preventive* Services Routine oral examinations (3 per year), Bitewing x-rays (1 per year), Routine cleanings (3 per year), Oral Cancer Screening (1 per year, ages 40 and older)	100%	100%
Basic Services (fillings, extractions, crown repair, endodontics and periodontics, denture repair)	80%	75%
Type 3 – Major bridges, dentures and crowns (acrylic, metal and porcelain).	60%	45%
Type 4 – Orthodontia child(ren) only — under the age of 19	50%	50%
Plan Year Max (excludes orthodontia services)	\$1,500 per person	
Lifetime Maximum Orthodontia Child orthodontia covers children to age 19. Plan pays 50 percent (no deductible)	\$1,500 per person	

*Deductible waived for preventive services.



Did you know that seeing a dentist on a regular basis for professional cleanings and checkups can detect early signs of oral and medical problems?

How to find a Dental Provider

- » Choose “Find a dentist” under “Shop for Plans”
- » Click on the “Find the dentist” button
- » Enter Zip Code and Distance
- » Under “Select a lookup method” click on “Select”
- » Under Coverage type, select “PPO”
- » Under Network, select “PPO/Traditional Preferred”
- » Then search by “Name,” “Specialty” or “All”

Vision Benefits

Superior Vision

The City also offers the option of purchasing a separate vision plan with **Superior Vision**. This is a preferred provider plan that allows members the choice of visiting a participating eye doctor or, visiting an out-of-network provider.

Tier	Employee Monthly Cost
Employee Only	\$5.44
Family	\$14.72

An outline of the benefits is as follows:

Benefits	Frequency	In-Network	Out-of-Network
Exam (Ophthalmologist) Exam (Optometrist)	12 months	\$10 copay	Up to \$33 retail Up to \$28 retail
Frames	24 months	\$25 copay, up to \$125 retail allowance	Up to \$58 retail
Lenses (Standard) Per Pair Single Vision Bifocal Trifocal	12 months	\$25 copay	Up to \$28 retail Up to \$40 retail Up to \$53 retail
Progressive Lens Upgrade	12 months	See description	Up to \$53 retail
Contact Lenses	12 months	Up to \$135 retail allowance	Up to \$100 retail
Contact Lens Fitting (Standard) Contact Lens Fitting (Specialty)	12 months	\$25 copay, up to \$50 retail allowance	Not covered

Members can choose from a diverse network of private practice and retail providers, such as Target Optical, Sears Optical, Walmart Optical, JCPenney Optical, LensCrafters, Costco, Sams Club, Visionworks, Eyeglass World, Pearle Vision, 1800contacts and contactsdirect.com. You will receive a personalized ID card in your welcome letter.

For scheduling convenience, many providers have evening and weekend hours. To receive services, simply present your ID card or provide your name and ID number to the provider. Members may choose to receive all services at one location, or receive an exam at one location, and purchase materials at another within the plan frequency period.

Out-of-Network Benefits

Members will need to obtain an out-of-network claim form by calling Customer Service or by printing a copy from the Superior Vision website. Members simply pay in full at the time of service and then submit the claim form and receipts to Superior Vision.



Did you know you can shop online with your benefits? Through 1-800 Contacts, Befitting, Glasses.com, and ContactsDirect, you'll be able to utilize your vision benefits at your convenience from your home or on the go.

How to find a Vision Provider

- » Visit www.superiorvision.com and click "Find an Eye Care Professional"
- » Enter your location information
- » Select the "Insurance Through Your Employer" option
- » For plan network, choose "Superior National" from the drop-down list
- » Choose your desired distance
- » Select the "Search" button

Employee Basic Life Insurance

Ochs, Inc. / Securian

Basic Term Life

Employees have the ability to purchase or cancel additional life insurance from Ochs Inc. / Securian at anytime throughout the year. Each employee is covered for an amount equal to two times his or her basic annual earnings, rounded to the next higher \$1,000, subject to a maximum of \$100,000. The benefit will reduce 35% upon reaching age 65, an additional 15% reduction at age 70 and terminates upon retirement. The City pays the cost of this insurance.

Accidental Death & Dismemberment (AD&D)

At no cost to the employee, the City provides you with AD&D insurance, which is in addition to the Basic Term Life benefit. For a covered accidental loss of life, the Basic AD&D coverage amount is equal to your Basic Term Life coverage amount. When loss of life is a result of a covered accident, both life and the AD&D benefit would be payable to your beneficiary. For other covered losses, a percentage of this benefit will be payable.

Line of Duty Benefit – Law Enforcement and Firefighters

The Lesser of \$100,000 or 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.

Dependent Life

The City also offers dependent life insurance at no cost through Ochs, Inc. / Securian as follows:

Spouse	\$5,000
Dependent child(ren) age birth to 26 years	\$5,000 per child

Additional Life Insurance

Voluntary Employee Life

Employees have the ability to purchase additional life insurance from Ochs Inc. / Securian Financial at any time throughout the year. Life insurance is available in \$10,000 increments up to a maximum of \$750,000. New hires can purchase additional life insurance when first eligible without having to go through medical underwriting, **up to the guaranteed issue amount of \$250,000.**

The medical underwriting process involves obtaining medical information from the employee and spouse requesting coverage (employee, spouse and children) to determine if the guidelines for approval are met.

Voluntary Dependent Life

Employees may purchase additional life insurance protection for their spouse in \$5,000 increments, subject to a maximum of \$250,000, not to exceed 100% of employee's basic and supplemental amount combined. Additional life insurance can be purchased for children as well. Child life benefits available are \$10,000 or \$15,000

New hires can purchase additional life insurance on their spouse when first eligible without having to go through medical underwriting, **up to the guaranteed issue amount of \$30,000.**

For more information, visit the website at www.ochsinc.com.



Don't forget to update your plan beneficiaries as they can change during the course of coverage.

Short-Term Disability

The City provides employees with a comprehensive Short-Term Disability program when they experience a non-work related illness or injury. This benefit is paid for by the City.

This Short-Term Disability program offers the following protection:

Benefit	60% of your current salary
Elimination Period	7 days for General and SEIU / FPSU and PBA Communications employees / 14 days for Police PBA and Fire IAFF
Benefit Period	Up to 26 weeks

Long-Term Disability

General and SEIU / FPSU and PBA Communications Employees

The City provides Long-Term Disability (LTD) insurance for all General and SEIU / FPSU and PBA Communications employees at no cost through **Ochs, Inc. / Madison National Life**. The LTD benefit pays a portion of your gross monthly earnings if you become disabled due to a non-work related illness or injury. This benefit is provided at no cost to employees.

This Long-Term Disability program offers the following protection:

Benefit	60% of monthly earnings to a maximum of \$5,000/month
Elimination Period	180 days (the length of time an employee must be disabled prior to becoming eligible for benefits)
Benefit Period	The later of age 65 or Social Security normal retirement age.
Survivor Income Benefit	May be paid to your beneficiary if you should pass away while receiving qualifying disability payments.

Law Enforcement and Firefighters

Long-Term Disability Insurance is provided through Ochs, Inc. / Madison National Life for all Law Enforcement personnel and Firefighters. This is a voluntary benefit paid for by the employee.

This Long-Term Disability program offers the following protection:

Benefit	60% of monthly earnings to a maximum of \$1,500/month.
Elimination Period	180 days (the length of time an employee must be disabled prior to becoming eligible for benefits.)
Benefit Period	Two years.
Survivor Income Benefit	May be paid to your beneficiary if you should pass away while receiving qualifying disability payments. 3 x Gross Monthly Benefit

As a new hire, if you choose not to elect Voluntary Long-Term Disability and later decide to enroll, you will be required to complete a Medical History form.



Did you know that approximately 90% of disabilities are caused by illnesses rather than accidents?

Supplemental Insurance

Aflac

The City offers employees the ability to purchase supplemental insurance plans offered by Aflac. Aflac pays direct cash benefits to the employee, regardless of other insurance plans you may have elected. To learn more about these plans and/or to schedule a personal appointment, contact the local Aflac agent listed below. Details regarding the available plans are located on the City's HR Intranet page under "Benefits." Available plans include:

- » Group Accident Insurance
- » Group Critical Illness
- » Group Hospital Indemnity

Agent: Kimberly Sahoy | Phone **786.340.1640**
Email: Kimberly_Sahoy@us.aflac.com



Employee Assistance Program (EAP)

Available at no cost to employees, the City's EAP, administered through Aetna Resource For Living, is a confidential, short-term counseling, assessment and referral service offered as a benefit to employees and their dependents eligible for the City's medical coverage. The EAP is designed to help you deal with personal problems as they come up, in addition to providing information and resources to solve life's everyday challenges, big and small.

The City's Employee Assistance Program (EAP), administered through Aetna, provides you and members of your household with the following resources:

Confidential Counseling sessions – Six (6) sessions per unique issue, per year at No Cost

Legal Services – You can get a free 30-minute consultation with a participating attorney

Financial Services – A free 30-minute consultation for each new financial topic related to: budgeting, retirement or other financial planning, mortgages and refinancing, credit and debt issues, college funding, tax, and IRS questions

Online Resources – full range of tools and resources to help with emotional wellbeing, work/life balance and more

MindCheck – Online tools that make it easy to improve your emotional wellbeing

Discount Center – Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more



Convenient, confidential and provided at no cost to you and members of your household.

We're here 24 hours, 7 days a week, so call or log in anytime.

888.238.6232

Website: resourcesforliving.com

Username: PBGFL

Password: EAP



Anytime support

Employee Assistance Program
To access services:
1-888-238-6232 / TTY: 711
resourcesforliving.com
Username: pbgfl
Password: eap

City of Palm Beach Gardens

Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. Children living away from home are covered up to age 26.

Services are confidential and available 24 hours a day, 7 days a week.

Emotional wellbeing support



You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face to face and televideo. Services are free and confidential. We're always here to help with a wide range of issues including:

- Anxiety
- Relationship support
- Depression
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Self-esteem and personal development
- Substance misuse and more

Daily life assistance



Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Care for older adults
- Caregiver support
- School and financial aid research
- Special needs
- Pet care
- Community resources/basic needs
- Home repair and improvement
- Summer programs for kids
- Household services and more

**Resources
for Living®**

Legal services



You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- Civil/Criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions
- Mediation services

If you opt for services beyond the initial consultation you can get a 25 percent discount. You also have free access to legal documents and forms on your member website.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Online resources



Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

Mind Companion Self-care

You have access to evidence-based support tools to help manage depression, anxiety, stress, substance misuse and more.

Financial services



You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions

You can get a 25 percent discount on tax preparation services. You also have access to financial articles, calculators and a financial assessment on your member website.

*Services must be for financial matters related to the employee and eligible household members.

Additional services



Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

The EAP is administered by Resources For Living, LLC.

All EAP calls are confidential, except as required by law. Discount services are provided and managed by Lifecare, an independent third party. Resources For Living does not oversee or control the services provided by or recommended by Lifecare and does not assume any liability for their services. EAP instructors, educators and participating providers are independent contractors and are not agents of Resources For Living. Provider participation may change without notice.

Flexible Spending Account (FSA)

****Requires re-enrollment annually during Open Enrollment****

More Money in Your Paycheck

Enroll in a Flexible Spending Account (FSA) through **HealthEquity WageWorks** and discover the advantages of paying for certain medical and child care expenses with pretax dollars. FSAs let you increase your take-home pay by using pretax dollars to pay for eligible FSA expenses for you, your spouse and qualifying children.

Healthcare Flexible Spending Account**

Nearly everybody spends money each year on out-of-pocket medical expenses such as prescription drug and office visit copays, coinsurance, prescription eyeglasses, contact lenses, laser eye surgery, dental expenses and even over-the-counter (OTC) items like contact lens solution, thermometers and more. Buying these items with pretax dollars is a sound strategy for saving money. Qualified OTC medications will require a prescription in order to be considered eligible. You can contribute up to a maximum of \$3,200 to your Healthcare FSA in 2025.

Save Money with a Dependent Care FSA

Pretax dollars are used to cover eligible child care or elder day care expenses for your dependents while you are at work. You may use your FSA funds to pay for before and after-school care, expenses for day care, preschool or nursery school, nanny services, baby sitter, and summer day camp for your qualifying child under age 13. The annual Dependent Care contribution limit for married couples filing joint tax returns is \$5,000 or \$2,500 if you and your spouse each contribute to your respective accounts.

Reimbursement

Each enrollee determines, at the beginning of the plan year (October 1 through September 30), an amount to be allocated in each account. The amounts are deducted from your pay before taxes are taken out and deposited into your account. As you incur eligible out-of-pocket healthcare and dependent care expenses, you submit a claim form along with a copy of your receipt for reimbursement throughout the plan year. These reimbursements are non-taxable income to you.

To get the most out of your FSA, carefully estimate your expenses for the upcoming plan year. Be sure to contribute only those amounts you know will be incurred because you will forfeit any money left over in your accounts at the end of the plan year. In other words, you must “use it or lose it.”

How to Submit a Receipt for Reimbursement

Enter your claim online. It's the fastest and most secure way to get paid. Log into your HealthEquity WageWorks account at: <https://participant.wageworks.com>, click on Register, then follow the steps to create a new account. You can then upload claims electronically, check claim status, receive electronic account updates, and review your account balance.

Note: When filing your claim, you must attach copies of the receipts. The receipt must show the date and type of service. Cancelled checks, credit card slips or statements showing only a balance due on your account are not allowable. Keep a copy of the claim form and supporting documents for your records.



Roth IRA and 457 Plan

A **Roth IRA** complements the City's retirement plans by allowing for **tax-free** earnings and, if needed, flexible withdrawals. Contributions are convenient as they are made directly from your paycheck. A Roth IRA can help you manage your tax bill as withdrawals, including all investment earnings, may be tax-free. Saving to a Roth IRA and the City's 457 plan may make sense because they complement each other.

By participating in the City's **457 Plan** your current income taxes are reduced as pre-tax contributions are made through payroll deductions. These amounts, along with associated earnings will be taxed as ordinary income when withdrawn from your account. Contribute as your budget allows as you can start, stop, increase or decrease contributions as often as you wish.

The Roth IRA and 457 Deferred Compensation Plans are administered by MissionSquare Retirement. Contribution amounts can be changed, stopped, restarted at any time and there are no minimum limits so you can start small while you determine your ideal savings rate. Resources that are designed to help you save can be found by visiting www.missionsq.org.

Florida Retirement System (FRS)

The FRS is the City's retirement program for all full-time and regular part-time general employees, SEIU / FPSU employees and PBA Communications Employees. As a new FRS participant, you have a choice of two FRS retirement plans: The FRS Pension Plan and the FRS Investment plan. The plans have some key differences, such as: the plan type, vesting schedule, how your benefit is determined and where your contributions are deposited.

Retirement Plans

Choice between two retirement plans:

- » FRS Pension Plan
8 years of service to be vested
- » FRS Investment Plan
1 year of service to be vested

Contributions to Your Account

- » The City contributes the majority of your FRS retirement plan savings.
- » In addition, a mandatory 3% pretax contribution is directed from your paycheck into your retirement account regardless of which plan you choose.

To learn more about your retirement plan options

- » **Visit MyFRS.com** and review the New Hire Roadmap.
- » Call the FRS toll-free: **866.446.9377**
 - Select option 1 to speak with an unbiased financial planner.

Retiree Insurance Benefits

Employees retiring from the City may elect to continue certain group insurance benefits for themselves and their covered dependents. Retirees **must** make their election at time of retirement and will be responsible for paying 100% of the benefits cost. Retirees who do not elect insurance at time of retirement are not eligible to enroll during any future open enrollment period.

Retirees and their covered family members currently participating in the City's medical insurance plan will have the following options: 1) continue to participate in the medical plan to include use of the Employee Health and Wellness Center, or 2) decline the medical plan and use the Employee Health Center only, at a reduced rate determined annually.

Employees should contact the Human Resources Department for assistance with understanding these benefit options.



Experts say that you will need 70% to 90% of your preretirement income to enjoy the lifestyle you had before retirement. DON'T DELAY — START SAVING NOW.

Notes

Notes

Notes



PALM BEACH
Gardens

... a Signature City

This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting