



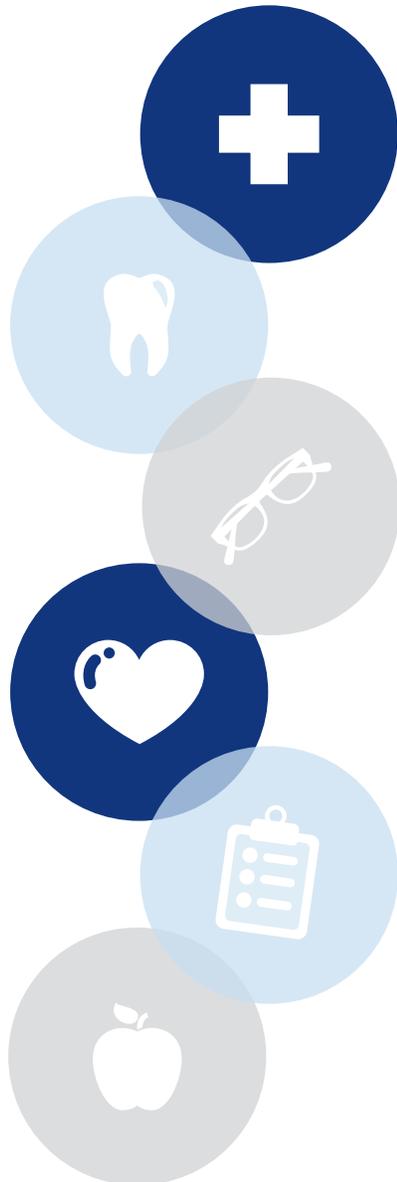
2016|2017

EMPLOYEE
BENEFIT
HIGHLIGHTS



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Contact Information

	City of Stuart Human Resources Department	Benefit Inquires Human Resources	Phone: (772) 288-5315
	Online Enrollment	BenTek	Customer Service: (888) 5-BenTek (523-6835) www.mybentek.com/cityofstuart Email: support@mybentek.com
	Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Prescription Drug Coverage Mail-Order Program	Cigna Home Delivery	Customer Service: (800) 835-3784 www.mycigna.com
	Dental Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Vision Insurance	Cigna	Customer Service: (800) 478-7557 www.cigna.com
	Flexible Spending Account	Aflac Administered by WageWorks	Agent: Jewel Sands Phone: (772) 631-8192 Email: jewel_sands@us.aflac.com www.aflac.com
	Basic Life and AD&D Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Voluntary Life Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Long Term Disability Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Short Term Disability Insurance	Aflac	Agent: Jewel Sands Phone: (772) 631-8192 Email: jewel_sands@us.aflac.com www.aflac.com
	Employee Assistance Program	Aetna Resources for Living	Customer Service: (866) 611-2826 www.mylifevalues.com
	Personal Supplemental Insurance (Various Aflac Products)	Aflac	Agent: Jewel Sands Phone: (772) 631-8192 Email: jewel_sands@us.aflac.com www.aflac.com
	Liberty Mutual Insurance Offerings	Liberty Mutual	Agent: Melissa Isman Phone: (954) 771-2155, Ext. 55476 Email: melissa.isman@libertymutual.com www.libertymutual.com/stuart
	Legal & Identity Protection Plans	US Legal Services	Agent: Dixie Kuehn Phone: (321) 403-0156 Customer Service: (321) 799-2986 www.uslegalservices.net
	Florida Retirement System	Agency # 53100	Educational/Investment: (888) 738-2252 www.myfrs.com Pension Department: (888) 738-2252 dms.myflorida.com/human_resources_support/retirement
	ICMA-RC	Plan # 301448	Agent: Steve Feigelis Customer Service: (866) 731-1055 www.icmarc.org
	Nationwide	Plan # 0035313001	Agent: Al Beam Customer Service: (877) 677-3678, Ext. 48767 www.nrsforu.com
	VALIC	Plan # 59722	Agent: Jim McCudden Customer Service: (772) 600-2662 www.valic.com



Introduction

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

Online Benefit Enrollment

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

Accessible 24 hours a day at any time during the year, employees have the ability to log in and review comprehensive information about their benefits plans and view and print an outline of their benefits elections for themselves and their dependents. Employees also have 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/cityofstuart
- ✓ Sign in by using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If an employee has forgotten their 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 the benefit options, and make any elections or changes.

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.

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



Group Insurance Eligibility



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

Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are full-time employees working a minimum of 30 per week. Coverage will be effective the first of the month following 60 days. For example, if an employee is hired on April 11, then the effective date of coverage will be July 1.

Separation

If an employee separates employment from the City, insurance will continue through the end of month in which 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 or spouse or domestic partner. The term "child" includes any of the following:

- A natural child
- A legally adopted child
- A stepchild
- A foster child
- A newborn child (up to the age of 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 or 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 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 Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 25.

Vision Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 25.

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 the employee 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's plan or another plan prior to age 26.
- Proof of the dependent's disability will need to be submitted to the carrier within 31 days of turning 26.

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

Taxable Dependents

Employees covering adult children under their medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which the child reaches age 26. Beginning January 1st of the calendar year in which the child reaches age 27 through the end of the calendar year in which they reach 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 child. Note: There is no imputed income if an adult 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 child who will turn 27 any time during the upcoming calendar year or for more information.



Group Insurance Eligibility *(Continued)*

Domestic Partner Coverage

Domestic Partners may be eligible to participate in The City's group medical and dental insurance plans and will be required to complete a Declaration of Domestic Partnership. IRS guidelines state that an employee may not receive a tax advantage on any portion of premium paid related to domestic partner coverage. Employees insuring domestic partners and/or child dependents

of a domestic partner will see the insurance premium deductions on a post-tax basis, and any amount subsidized by the employer will be reported as "imputed income" to the employee. Employees may contact Human Resources for further details and rates if they are covering a domestic partner at any time during the upcoming plan year.

Qualifying Events and IRS Code Section 125

IRS Code Section 125

Premiums for medical, dental, vision insurance and/or certain supplemental policies and contributions to FSA accounts (Health Care and Dependent Care FSAs) are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to 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 Service (IRS) Code, Section 125. Any requested changes must be consistent with and on account of the qualifying event.

Examples of Qualifying Events:

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



IMPORTANT

If an employee experiences a qualifying event, **Human Resources must be contacted within 30 days of the qualifying event** to make the appropriate changes to their coverage. Beyond 30 days, requests will be denied and the employee may be responsible both legally and financially for any claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the first of the month following the latter of the date of the qualifying event or the date of the written request for change in coverage is received by Human Resources, except for newborns which are effective on the date of birth. Any cancellations will be processed at the end of the month, except coverage terminates the date following a death. Employees will 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 detailed information about the medical plan, please refer to the plan's summary of coverage document or contact Cigna's Customer Service.

Medical Insurance Premiums – Cigna OAP Basic Plan

24 Payroll Deductions – Per Pay Period Cost

Tier of Coverage	WITH Non-Tobacco use and HRA Premium Savings	WITH Non-Tobacco use or HRA Premium Savings	WITHOUT Premium Incentive
Employee Only	\$25.00	\$50.00	\$75.00
Employee + Spouse	\$102.16	\$127.16	\$152.16
Employee + Child(ren)	\$78.37	\$103.37	\$128.37
Employee + Family	\$166.75	\$191.75	\$216.75

Medical Insurance Premiums – Cigna OAP Buy-Up Plan

24 Payroll Deductions – Per Pay Period Cost

Tier of Coverage	WITH Non-Tobacco use and HRA Premium Savings	WITH Non-Tobacco use or HRA Premium Savings	WITHOUT Premium Incentive
Employee Only	\$45.03	\$70.03	\$95.03
Employee + Spouse	\$146.10	\$171.10	\$196.10
Employee + Child(ren)	\$116.71	\$141.71	\$166.71
Employee + Family	\$226.90	\$251.90	\$276.90

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

Premium Savings Incentive Program

Benefit eligible employees will be offered the opportunity to save monthly premium dollars through premium saving incentives valued up to \$100 per month. In order to save premium dollars, the following must be completed:

- Save \$50 monthly by demonstrating you are a non-tobacco user by completing the cotinine test at the EHC, or by completing a Tobacco Cessation Program.
- Save \$50 monthly by completing all three (3) steps of your annual HRA Process with the EHC.

Please Note: The deadline for saving premium dollars is September 15 of each fiscal year.

Opt Out Benefit

In an effort to ensure equitable contribution to the healthcare of every employee, the City offers an "opt out" option to eligible employees who have waived participation in the City's medical plan, and who can show evidence of medical insurance under another medical plan. If an employee chooses to receive the "opt out" benefit, they will receive \$100 a month. Employees may increase the stipend by completing the actions to the left to receive an additional \$100 per month credit (\$200 per month maximum).

Please Note: The deadline to increase the stipend for the opt out benefit is September 15 of each fiscal year.



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 coverage document, contact Cigna's customer service at (800) 244-6224, or visit www.cigna.com.

24 Hour Help Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Line provides access to helpful, reliable information and assistance from qualified health information nurses on a wide range of health topics 24 hours a day, any day of the year. Not sure what to do for a child who has a fever in the middle of the night? Not sure if treatment from a doctor is necessary for an injury? There are over 1,000 topics in the Health Information Library that include free audio, video and printed information on aging, women's health, nutrition, surgery and specific medical conditions to help you weigh the risks and advantages of treatment options. The call is free and is strictly confidential.

Healthy Rewards

Cigna's Healthy Rewards is provided automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Members can log on to www.mycigna.com and select Healthy Rewards to learn more about these programs or call (800) 870-3470.

- ✓ Vision Care
- ✓ Lasik Vision Correction Services
- ✓ Fitness Club Discounts
- ✓ Nutrition Discounts
- ✓ Hearing Care
- ✓ Tobacco Cessation
- ✓ Alternative Medicine

The myCigna Mobile App

The myCigna mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App StoreSM or Google Play™. With the myCigna mobile app, members can:

- ✓ Find a doctor, dentist or health care facility
- ✓ Access maps for instant driving directions
- ✓ View ID cards for the entire family
- ✓ Review deductibles, account balances and claims
- ✓ Compare prescription drug costs
- ✓ Speed-dial Cigna Home Delivery Pharmacy™
- ✓ Store and organize all important contact info for doctors, hospitals, and pharmacies
- ✓ Add health care professionals to contact list right from a claim or directory search
- ✓ And, much more!

Summary of Benefits and Coverage

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

From: Human Resources Department
Address: 121 SW Flagler Ave.
 Stuart, FL 34994
Phone: (772) 288-5315
Email: jfoselli@ci.stuart.fl.us

Through the City's intranet or BenTek: www.mybentek.com/cityofstuart

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 the Human Resources Department or at the following web address: www.mybentek.com/cityofstuart.

If employees have any questions about the plan offerings or coverage options, please contact the Human Resources Department at (772) 288-5315.



Cigna OAP Basic Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Cigna customer service or visit www.cigna.com. When completing the necessary search criteria, select **Open Access Plus** for the 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, please refer to the Summary Benefits of Coverage (SBC).

****Quest Diagnostics and LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please be sure to confirm they are contracted with Cigna's Open Access Plus Network prior to receiving services.**

Network	Open Access Plus	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Single	\$1,000	\$1,500
Family	\$3,000	\$3,000
Coinsurance		
Member Responsibility	20%	50%
Plan Year Out-of-Pocket Limit		
Single	\$4,000	\$7,000
Family	\$8,000	\$14,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$25 Copay	50% After PYD
Specialist Office Visit (No Referral Required)	\$50 Copay	50% After PYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work) at Quest or LabCorp**	Covered at 100%	50% After PYD
X-rays	20% After PYD	50% After PYD
Advanced Imaging (MRI, PET, CT) - Per Scan	20% After PYD	50% After PYD
Outpatient Surgery in Surgical Center	20% After PYD	50% After PYD
Physician Services at Surgical Center	20% After PYD	50% After PYD
Urgent Care (Per Visit)	\$60 Copay	\$60 Copay
Hospital Services		
Inpatient Hospital (Per Admission)	20% After PYD	50% After PYD
Physician Services at Hospital	20% After PYD	50% After PYD
Emergency Room (Per Visit; Waived if Admitted)	20% After PYD	20% After PYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospitalization (Per Admission)	20% After PYD	50% After PYD
Outpatient Services (Per Visit)	Covered at 100%	50% After PYD
Prescription Drugs (Rx)		
Generic - Preventive	\$5 Copay	Not Covered
Generic - Other Generic	\$15 Copay	
Preferred Brand Name	\$40 Copay	
Non-Preferred Brand Name	\$75 Copay	
Mail Order Drug (90 Day Supply)	\$10 / \$30 / \$80 / \$150 Copay	



Cigna OAP Buy Up Plan At-A-Glance

Network	Open Access Plus	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Single	\$500	\$1,500
Family	\$1,500	\$3,000
Coinsurance		
Member Responsibility	20%	40%
Plan Year Out-of-Pocket Limit		
Single	\$2,500	\$7,000
Family	\$5,000	\$14,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$20 Copay	40% After PYD
Specialist Office Visit (No Referral Required)	\$40 Copay	40% After PYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work) at Quest or LabCorp**	Covered at 100%	40% After PYD
X-rays	20% After PYD	40% After PYD
Advanced Imaging (MRI, PET, CT) - Per Scan	\$150 Copay Per Scan	40% After PYD
Outpatient Surgery in Surgical Center	20% After PYD	40% After PYD
Physician Services at Surgical Center	20% After PYD	40% After PYD
Urgent Care (Per Visit)	\$50 Copay	\$50 Copay
Hospital Services		
Inpatient Hospital (Per Admission)	20% After PYD	40% After PYD
Physician Services at Hospital	20% After PYD	40% After PYD
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay	\$150 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospitalization (Per Admission)	20% After PYD	40% After PYD
Outpatient Services (Per Visit)	Covered at 100%	40% After PYD
Prescription Drugs (Rx)		
Generic	\$10 Copay	Not Covered
Preferred Brand Name	\$30 Copay	
Non-Preferred Brand Name	\$50 Copay	
Mail Order Drug (90 Day Supply)	\$20 / \$60 / \$100 Copay	



Locate a Provider

To search for a participating provider, contact Cigna customer service or visit www.cigna.com. When completing the necessary search criteria, select **Open Access Plus** for the 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, please refer to the Summary Benefits of Coverage (SBC).

****Quest Diagnostics and LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please be sure to confirm they are contracted with Cigna's Open Access Plus Network prior to receiving services.**



Dental Insurance

Cigna Dental Care DHMO Plan

The City of Stuart 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 plans, please refer to Cigna’s summary plan document or contact Cigna’s customer service.

Dental Insurance Premiums Cigna Dental Care DHMO Plan 24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0
Employee + Family	\$9.07

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). Employees and their dependents may select any participating dentist in the **Cigna Dental Care (HMO)** network to receive covered services. 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 next page with a handful of examples. 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 cover any services rendered by out-of-network facilities or providers.

Plan Year Deductible

There is no Plan Year Deductible.

Plan Year Benefit Maximum

There is no benefit maximum.



IMPORTANT NOTES

- Each covered family member may receive two free cleanings per calendar year (1 every 6 months) covered under the preventative benefit. Members can also receive 2 additional cleaning at the charge of a \$45 copay.
- Waiting periods and age limitations may apply for some services.
- Each patient is responsible for a \$5 office visit fee, per office visit. The \$5 fee is in addition to any other applicable patient charges.
- Participants covering young children may be seen by a pediatric dental provider up to the child’s 7th birthday. Once the child reaches age 7, a referral with medical reasons will be required prior to being seen by a pediatric dentist provider.
- Services received by providers or facilities not in the Cigna Dental Care (HMO) Network will be denied.
- Additional lab fees may apply for some services.

This benefits summary has been provided as a convenient reference. For details regarding all the plan’s coverages, exclusions, and stipulations, contact Cigna’s Customer Service.

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



Cigna Dental Care DHMO Plan At-A-Glance

Network	Dental Care (HMO)	
Plan Year Deductible (PYD)	In-Network Only	
Per Member	Does Not Apply	
Per Family		
Plan Year Maximum		
Class I Services: Diagnostic & Preventative Care	Code	In-Network
Routine Oral Evaluation	0150	\$0
Routine Cleanings (2 Annually)	1110/20	\$0
Bitewing X-rays (2 Films)	0272	\$0
Complete X-rays (1 Every 3 Years)	0210	\$0
Fluoride Treatments to Age 19 (2 Annually)	1208	\$0
Sealants (Per tooth)	1351	\$12
Emergency Care to Relieve Pain (During Regular Hours)	9110	\$0
Class II Services: Basic Restorative Care		
Fillings (Amalgam)	2140	\$0
Fillings (Composite — 3 Surfaces, Anterior/Posterior)	2332/2393	\$0/\$82
Simple Extractions (Erupted Tooth/Exposed Root)	7140	\$12
Oral Surgery (Removal of Impacted Tooth)	7240	\$115
Root Canal Therapy (Molar)	3330	\$335
General Anesthesia (First 30 Minutes)	9220	\$190
Repairs to Denture Base	5510	\$88
Class III Services: Major Restorative Care		
Bridges (Porcelain Fused to High Noble Metal)	6240	\$320
Crowns (Porcelain Fused to High Noble Metal)*	6752	\$330
Dentures	5110/20	\$400
Class IV Services: Orthodontia - 24 Month Treatment Max.		
Benefit — Child (Up to Age 19)	8670	\$2,040
Benefit — Adult	8670	\$2,376



Locate a Provider

To search for a participating provider, contact Cigna customer service or visit www.cigna.com. When completing the necessary search criteria, select **Cigna Dental Care (HMO)** for the network.



Plan References

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



Dental Insurance

Cigna Dental PPO Advantage Plan

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

Dental Insurance Premiums Cigna Dental PPO Advantage Plan 24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0
Employee + Family	\$14.48

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 which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers can be found in **Cigna’s Advantage Network** or the **DPPO Network**. However, the Advantage Network offers the greatest cost savings and is, therefore, preferred. 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 Plan Year Deductible (PYD) and then coinsurance based on the plan’s charge limitations.

Please Note: As stated above, while members have the option to utilize a dentist that participates in either CIGNA’s Advantage Network or DPPO Network, the Advantage Network offers the greatest savings overall. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist, and may be responsible for out-of-pocket expenses.

Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Cigna 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.

Plan Year Deductible

The dental PPO plan requires a \$100 per member deductible to be met for in-network or out-of-network services or a combination of both before most benefits will begin. The deductible is waived for preventative and orthodontia services.

Plan Year Benefit Maximum

The maximum benefit (coinsurance) the dental PPO plan will pay for each covered member is \$1000 for in-network or out-of-network services combined. Diagnostic and Preventive services accumulate towards the benefit maximum.

IMPORTANT NOTES

- Each covered family member may receive up to 2 free cleanings per plan year. Each cleaning must be 6 months apart from one another.
- Waiting periods and age limitations may apply for certain services.

This benefits summary has been provided as a convenient reference. For details regarding all the plan’s coverages, exclusions, and stipulations, contact Customer Service.

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



Cigna Dental PPO Advantage Plan At-A-Glance

Network	Cigna DPPO Advantage	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Per Family		\$100
Waived for Class I Services?		Yes
Plan Year Benefit Maximum		
Per Member <i>(Includes Class I, II & III Services)</i>		\$1,000
Class I Services: Diagnostic & Preventative Care		
Routine Oral Exam <i>(1 Every 6 Months)</i>	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived <i>(Subject to Balance Billing)</i>
Routine Cleanings <i>(1 Every 6 Months)</i>		
Complete X-rays <i>(1 Set Every 5 Years)</i>		
Bitewing X-rays <i>(4 Films Per Year)</i>		
Class II Services: Basic Restorative Care		
Fillings <i>(Amalgam)</i>	Plan Pays: 80% After PYD	Plan Pays: 80% After PYD <i>(Subject to Balance Billing)</i>
Deep Cleaning <i>(1 Per Lifetime)</i>		
Simple Extractions		
Endodontics <i>(Root Canal Therapy)</i>		
Periodontal Services		
Oral Surgery		
General Anesthesia		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD <i>(Subject to Balance Billing)</i>
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum		\$1,000
Benefit <i>(Dependent Children Up To Age 19)</i>	50%	50% <i>(Subject to Balance Billing)</i>



Locate a Provider

To search for a participating provider, contact Cigna customer service or visit www.cigna.com. When completing the necessary search criteria, select **Cigna DPPO Advantage** for the 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, please refer to the Out of Network Benefits section on the previous page.



Vision Insurance

Cigna Vision Plan

The City of Stuart 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 information about the vision plan, including exclusions and stipulations, please refer to the carrier's benefit summary or contact Cigna's customer service.

Vision Insurance Premiums – Cigna Vision Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$4.17
Employee + Spouse	\$8.33
Employee + Child(ren)	\$8.42
Employee + Family	\$13.43

In-Network Benefits

The vision plan offers employees and their covered dependents 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

Employees and their covered dependents may also choose to receive services from vision providers who do not participate in the Cigna Vision Plan. 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.

Plan Year Deductible

There is no Plan Year Deductible.

Plan Year Out-of-Pocket Maximum

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

Cigna | Customer Service: (800) 478-7557 | www.cigna.com



Cigna Vision Plan At-A-Glance

Network	Cigna Vision	
Services	In-Network	Out-of-Network
Eye Exam	\$10 Copay	Up to \$45 Reimbursement
Materials	\$25 Copay	Reimbursement 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 \$25 Materials Copay	Up to \$32 Reimbursement
Bifocal		Up to \$55 Reimbursement
Trifocal		Up to \$65 Reimbursement
Frames		
Allowance	\$130 Retail Allowance then 20% Discount for Charges Over \$130	Up to \$71 Reimbursement
Contact Lenses*		
Non-Elective (Medically Necessary)	Covered at 100%	Up to \$210 Reimbursement
Elective (Fitting, Follow-up & Lenses)	\$135 Allowance	Up to \$105 Reimbursement



Locate a Provider

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



Plan References

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



Important Notes

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



Flexible Spending Account

The City of Stuart offers Flexible Spending Accounts (FSA) administered through Wage Works. The FSA plan year is from October 1 through September 30.

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

Health Care FSA

This account allows participants to set aside up to an annual maximum of \$2,550. 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 employees 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 participants to set aside up to an annual maximum of \$5,000 if you are single or married and file a joint tax return (\$2,500 if you are 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 adults.

Please note that if a family's 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 that is physically or mentally incapable of self-care and spends at least 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 the participant's paycheck for the Dependent Care FSA.

A sample list of qualified expenses eligible for reimbursement include, but are 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
- ✓ Medically necessary sunscreen
- ✓ Wheelchairs

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



Flexible Spending Account *(Continued)*

FSA Guidelines

- Employees may carry over \$500 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed. This carry-over provision can only be utilized every other year. Dependent Care funds cannot be carried over.
- Eligible expenses filed through the Health Care FSA must be submitted for reimbursement within 90 days of the close of the plan year (September 30), generally December 28. However, the exact deadline date for submission will be communicated by Human Resources.
- When a plan year ends and all claims have been filed within the 90-day timeframe, and with the exception of the \$500 rollover if selected, all unused funds will be forfeited and not returned.
- Employees can enroll in either or both of the FSAs only during the open enrollment period, a qualifying event, or new hire eligibility.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employees and their dependents cannot be reimbursed for services they have not received.
- Employees and their dependents cannot receive insurance benefits or any other compensation for expenses which are 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, fax, or online through WageWorks. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one 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. WageWorks 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. This card will not expire at the end of the benefit year. 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 \$41.66 based on a 24 pay period schedule. As a result, the insurance premiums and 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 medical and/or dependent care expenses. IRS regulations state that any unused funds which remain in your FSA after a plan year ends and after all claims have been filed cannot be returned or carried forward to the next plan year with the exception of the \$500 carry over that may be allowed for the Health Care FSA every other year. **This rule is known as "use it or lose it."**

Aflac | WageWorks (claims)

Customer Service: (800) 950-0105 | www.aflac.com

Agent: Jewel Sands | Phone: (772) 631-8192

Email: jewel_sands@us.aflac.com



Basic Life and AD&D Insurance

The City provides all benefit eligible employees a Basic Term Life Insurance benefit through Cigna, at no cost to the employee. The coverage amount will be determined by the employee's annual base salary, excluding overtime, as illustrated in the benefit table below.

Benefit Amount	Class	Description
\$50,000	1	Full-Time Employees with annual earning of \$40,000 or more, including Employees classified as City Manager
\$40,000	2	Full-Time Employees with annual earning of \$30,000 but less than \$ 40,000
\$30,000	3	Full-Time Employees with annual earning of \$20,000 but less than \$ 30,000
\$20,000	4	Full-Time Employees with annual earning of \$15,000 but less than \$ 20,000
\$8,000 (Life Only)	5	Retirees
\$50,000	6	Full-Time Employees classified as Elected Officials

Accidental Death & Dismemberment

Also at no cost to employees, the City provides Accidental Death & Dismemberment Insurance (AD&D) through Cigna. AD&D pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. A partial benefit is also payable. The dollar amount of the AD&D benefit matches the benefit amount of the Basic Term Life benefit.

Always remember to keep your beneficiary forms updated. You may update your beneficiary information at anytime through BenTek.

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

Voluntary Life Insurance

Voluntary Employee Life

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 and AD&D coverages. Voluntary life insurance offers coverage for yourself, spouse or child(ren) at different benefit levels.

New Hires can purchase voluntary employee life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$70,000** if you are under age 70.

- Units can be purchased in increments of \$10,000 to a maximum of \$200,000. However, coverage may not exceed 6 times your annual salary rounded to the next higher \$1,000.
- Benefit amounts are subject to the following age reduction schedule:
 - > 65% at age 70
- Premium calculation: Elected coverage ÷ \$1,000 x Employee rate (see table below) x 12 months ÷ 24 annual deductions = per pay cycle premium.

Voluntary Life Rate Table

Rate Per \$1,000 of Benefit

Age Bracket (Based On Employee Age)	Voluntary Life Rate
Under 25	\$0.08
25-29	\$0.09
30-34	\$0.10
35-39	\$0.13
40-44	\$0.20
45-49	\$0.33
50-54	\$0.56
55-59	\$0.91
60-64	\$1.14
65-69	\$1.98
70-74	\$3.21
75 +	\$4.94



Voluntary Life Insurance *(Continued)*

Voluntary Spouse Life Insurance

New Hires can purchase voluntary spouse life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$35,000** if the employee is under age 70.

Please note, if your spouse is age 70 or older, you are ineligible to enroll in the Voluntary Spouse Life insurance plan. Existing coverage for spouses will terminate at the end of the month in which they turn age 70.

- Employees must participate in the voluntary plan for spouse to participate.
- Units can be purchased in increments of \$5,000, not to exceed a maximum of \$100,000. However coverage cannot exceed the amount equal to the employee's voluntary life coverage amount, and is limited to 50% of the Voluntary Employee Life election.
- Spouse life insurance coverage will terminate at the end of the month in which the spouse turns age 70.
- Premium calculation: Elected coverage ÷ \$1,000 x Employee rate (see table to the left) x 12 months ÷ 24 annual deductions = per pay cycle premium.

Dependent Child(ren) Life Insurance

- For eligible unmarried children, from 14 days up to age 19, or up to age 25 if a full-time student, employees can elect a \$10,000 benefit amount.
- Coverage is a flat \$2.25 per month for \$10,000 of coverage for any eligible dependent child(ren) enrolled, per child covered.
- Dependent children less than 6 months old may be covered for a benefit amount of \$500.

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

Long Term Disability

The City offers Long Term Disability (LTD) insurance to all eligible employees on a voluntary basis, through Cigna. The LTD benefit pays employees a percentage of their gross monthly earnings if they become disabled due to an illness or non-work related injury. The premium rate is based on the employee's age and covered salary at the time of the disabling event.

Supplemental LTD Plan Summary

- The LTD benefit pays 60% of the employee's monthly earnings up to a monthly benefit maximum of \$5,000.
- An employee must be disabled for 180 days prior to becoming eligible for the LTD benefit (known as the elimination period).
- Benefit payments will begin on the 181st day of disability.
- The LTD benefit will be offset by Workers' Compensation or Social Security.
- If the employee returns to work on a part-time basis, the employee may continue to be eligible for partial benefits.
- Periodic evaluations may occur at the discretion of Cigna.
- The employee will continue to receive benefits for 24 months if unable to return to their own occupation.
- The maximum benefit payable will be determined by the employee's age at the time the disabling event occurs
- After 24 months, if the employee can return to any occupation for which they are suitably trained, educated, and capable of performing, the employee must return to that occupation (if the salary of that occupation does not meet the salary of the employee's own occupation, the plan will pay the difference).

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



Short Term Disability

The City offers a Short Term Disability (STD) insurance plan through Aflac. The plan allows employees to customize the length of the benefit to coordinate coverage with any other plan the employee may own such as the long term disability plan.

Plan Highlights

- Employees may select from two options of coverage:
 - › **Option 1:** This benefit election offers coverage that allows a guaranteed issue amount up to \$4,000 per month with either a 3 month or 6 month benefit period (subject to income requirements).
 - › **Option 2:** This benefit election offers coverage that allows employees to be covered for up to \$6,000 per month (subject to income requirements). The member may elect a benefit period of 3,6,12,18 or 24 months. Please note that electing this option requires applicants to go through underwriting for approval of benefits.
- Benefits paid regardless of any other insurance.
- Guaranteed-renewable to age 75.

Employees may contact Aflac to receive customized information and rates.

Aflac | www.aflac.com

Agent: Jewel Sands | Phone: (772) 631-8192

Email: jewel_sands@us.aflac.com

Employee Assistance Program

Provided by the City at no cost to employees, is a comprehensive Employee Assistance Program (EAP) through Aetna Resources for Living. Aetna Resources for Living offers to employees and each member of the employees family access to licensed mental health professionals through a confidential program that is protected by state and federal laws. The EAP program is available to help employees gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. All EAP counselors are professionally trained and are certified and licensed in their fields. Master-level counselors are available 24 hours a day, 7 days a week.

What is an Employee Assistance Program?

An Employee Assistance Program (EAP) offers covered employees and their family members/domestic partners' free and convenient access to a range of confidential and professional services to help them address a variety of problems that can negatively affect their well-being. Coverage includes six (6) face-to-face sessions, per person, per problem, per year. Services also include phone crisis intervention and referrals to outside resources when necessary. EAP offers counseling services on issues such as:

- ✓ Emotional Well-Being
- ✓ Family Matters
- ✓ Work Issues
- ✓ Addiction and Recovery
- ✓ Legal and Financial Services
- ✓ Online Work/Life Services

Are Services Confidential?

Yes. Participation in EAP services is completely confidential as the City has paid for this benefit in advance. The City does not receive a bill or other notification that an employee has elected to take advantage of this benefit. If, however, participation in the EAP as a direct result of a Management Referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor will not, however, receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

Aetna Resources for Living | Customer Service: (866) 611-2826
www.mylifevalues.com | Username: cityofstuart | Password: eap



City of Stuart Employee Health Center

The Employee Health Center (EHC) is available to employees enrolled in the City's medical insurance plans. Employees who opt out of the City's medical insurance plans may also use the EHC under limited conditions. Please contact Human Resources for more information. The EHC can provide the care employees and their family may need for all non emergency illnesses, at no cost to employees. Schedule an appointment with the medical staff to learn more about what the EHC can do for you.

Health Center Hours of Operation for Both Locations

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

- TCMA can provide care for patients two months of age and older; however, their services should not be used as replacement for a primary pediatrician.
- TCMA is an appointment-based arrangement. Walk-ins are welcome; however, patients who schedule an appointment will be given preference (except in cases of emergency).

Employee Health Center (Stuart Location)
Treasure Coast Medical Associates, Inc. (TCMA)
 3405 NW Federal Highway, Jensen Beach, FL 34957
 Phone: (772) 497-5908 | Fax: (772) 261-8205
www.tcmahealthcare.com

Employee Health Center (Okeechobee Location)
Treasure Coast Medical Associates, Inc. (TCMA)
 305-B NE Park Street, Okeechobee, FL 34972
 Phone: (863) 226-2191 | Fax: (863) 484-8132
www.tcmahealthcare.com

Working on Wellness (WOW)

Our WOW Program has been a tremendous success since it began in the Spring of 2012. We believe that a healthy, vibrant workforce with healthy, supportive families will enhance our performance and service levels and lower our medical insurance costs. We offer creative and enlightening programs to improve health and quality of life addressing disease control, cancer and diabetes prevention.

The "WOW" Initiative offers a variety of Wellness Programs as listed below:

- ✓ Completion of HRA's through the Health Center
- ✓ Wellness Seminars and Lunch and Learns on topics such as:
 - › Exercise
 - › Nutrition
 - › Walking and Running
 - › Financial Goal Setting
 - › Stress and Change Management
 - › Various health related topics
- ✓ Fitness Challenges
- ✓ Wellness Theater
- ✓ Massages
- ✓ WOW Clubs to foster Group Participation

Look for upcoming events to help you live healthy and be happy!





Personal Supplemental Insurance

The City offers a variety of voluntary supplemental insurance plans through Aflac. These policies may be purchased separately and the premiums payroll deducted tax free. The available Aflac plans are listed below.

- ✓ Hospital Advantage Preferred Plan
- ✓ Cancer Care Classic Plan
- ✓ Critical Care and Recovery
- ✓ Accident Indemnity Advantage
- ✓ Group Critical Illness
- ✓ Group Dental
- ✓ Group Short Term Disability

To learn more about Aflac's available coverages or to schedule a personal appointment, contact the City's Aflac representative, Jewel Sands, using the contact information provided below.

Aflac | www.aflac.com
Agent: Jewel Sands | Phone: (772) 631-8192
Email: jewel_sands@us.aflac.com

Legal & Identity Protection Plans

The City offers employees the opportunity to participate in a voluntary legal insurance program provided by U.S. Legal Services. By enrolling in the plan, participants will have direct access to attorneys who will provide services for a variety of situations that include:

- ✓ Divorce
- ✓ Child Custody & Support
- ✓ Adoption
- ✓ Civil Litigation
- ✓ Bankruptcy
- ✓ Name Changes
- ✓ Criminal Defense
- ✓ Traffic Tickets
- ✓ Wills & Living Trusts
- ✓ Real Estate
- ✓ Contract Review

The cost to the employee to participate in this legal plan is \$18.75 per month. This includes coverage for the employee, spouse and dependent children to age 23, if enrolled in an accredited college or university full-time. Plan benefits include phone and face-to-face consultations with the attorney, and much more.

Identity Defender

Identity Defender can be purchased separately or added to the legal insurance plan for \$9.95 per month, which covers you, your spouse and up to two children. Identity Defender includes Unlimited access to a Fraud Restoration Specialist. The plan also includes assisting members with restoring their identity and good credit, provides members with a free "ID Theft Emergency Response Kit", administers the costly steps to dispute fraudulent debts as a result of ID theft, provides members with \$25,000 Identity Theft Protection Policy*, and follow-up with the member and monitor on Fraud Restoration progress.

**Policy underwritten by AIG. Master policy #916246 is on file at the association*

To learn about the plan, please contact the City's U.S. Legal Services' representative, Dixie Kuehn, using the contact information provided above.

U.S. Legal Services | www.uslegalservices.net
Agent: Dixie Kuehn | Office: (321) 799-2986 | Mobile: (321) 403-0156
Email: DixieKuehn@cfl.rr.com



DreamTrips Vacations

The City offers employees the opportunity to enroll in a DreamTrips Membership Program for the cost of \$9.97 per pay period. Monthly deductions may be applied to the purchasing cost of packages.

DreamTrips Members will enjoy:

- ✓ Access to hundreds of vacation packages to destinations around the world
- ✓ Vacations that appeal to all ages
- ✓ 5-star vacations for 2- to 3-star prices
- ✓ 24/7 online access for total booking convenience
- ✓ A DreamTrips representative (host) on all full vacations to ensure complete satisfaction

Membership provides the employee and his/her immediate family access to the entire selection of vacations. Members can take an unlimited number of trips. No annual fee and no contract. Employees can cancel at any time by contacting Human Resources.

A website to view current and archived vacations is available to members. Just point, click and go (no planning tours, transfers other details, etc.)!

Contact Human Resources for further details.

Rovia DreamTrips Vacations | Email: cmrtravelinc@hotmail.com
Agent: Lonnie Roberts | Phone: (954) 589-8046

Liberty Mutual Insurance Offerings

City employees can enjoy exclusive savings on Auto & Home Insurance from Liberty Mutual Insurance. These insurance plans can be purchased separately and the after-tax premiums are payroll deducted. The available plans are listed below:

- ✓ Auto
- ✓ Home
- ✓ Renters
- ✓ Condo
- ✓ Motorcycle
- ✓ Boat
- ✓ Recreational Vehicle (RVs)
- ✓ Umbrella Policy

To learn more about Liberty Mutual's available coverages or to schedule a personal appointment, contact the City's representative, Melissa Isman, using the contact information provided below.

Liberty Mutual | Agent: Melissa Isman | Phone: (954) 771-2155, Ext. 55476
Email: melissa.isman@libertymutual.com | www.libertymutual.com/stuart

Retirement Plans

Deferred Compensation Retirement Plans

Deferred compensation retirement plans are governed by Section 457 of the Internal Revenue Service (IRS) Code. City employees have the option of selecting a wide variety of market-responsive investment options for retirement planning and asset allocation strategizing. Employees may contribute 100% of salary up to \$18,000 (participants 50 years of age or older may contribute an additional \$6,000). Choice of programs to select from include Valic, ICMA-RC, or Nationwide Retirement Solutions. Roth programs are available with all three providers.

Loan Provision

A loan provision in each of the deferred compensation contracts is available. A participant loan provision enables employees to borrow from their Valic, ICMA or Nationwide retirement plan. The loan guidelines are set by the IRS: eligibility; maximum loan amounts; interest rates; repayment method; default fees; etc. The loan option is an individual decision and requires the employee to be accountable and responsible for taking money out of their retirement account. This loan provision is separate and in addition to the emergency withdrawal provision.

Valic | Plan #59722

Agent: Jim McCudden | Customer Service: (772) 600-2662 | www.valic.com

ICMA Retirement Corporation | Plan #301448

Agent: Steve Feigelis | Customer Service: (866) 731-1055 | www.icmarc.org

Nationwide Retirement Solutions | Plan #0035313001

Agent: Al Beam | Customer Service: (877) 677-3678, Ext. 48767
www.nrsforu.com



Retirement Plans

Florida Retirement System (FRS)

Effective July 1, 2011, all members of the FRS Pension Plan achieve vested status upon completing 8 years of creditable service (including military leaves of absence); FRS Investment Plan members achieve vested status upon completing 1 year of creditable service. Additionally, effective July 1, 2011, all members are required in accordance with Florida State Statute to contribute 3% of their earnings (pre-tax) toward their total retirement contributions, the majority of which is paid by the City. For additional information related to retirement under FRS, deciding which plan to choose, and many other specifics, visit www.myfrs.com or call Ernst & Young (affiliated with FRS) at (866) 446-9377.

Choice Period

Five months after your month of hire, you have the choice to either remain in the Pension Plan or switch to the Investment Plan. If you do not make a selection during the Choice Period, you can exercise the "2nd Election" opportunity, a one-time opportunity to switch retirement plans during the member's active FRS career.

To learn more about the benefits of the FRS and each plan option, contact FRS at www.myfrs.com or through the MyFRS Financial Guidance Line at (866) 44-MyFRS (69377).

Florida Retirement System Education/Investment Plan

Customer Service: (866) 446-9377 | www.myfrs.com

City of Stuart Agency #: 53100

Florida Retirement System Pension Plan

Customer Service: (888) 738-2252

www.dms.myflorida.com/human_resources_support/retirement

City of Stuart Agency #: 53100

City Programs

Safety Program

City Management has the responsibility for the establishment of a comprehensive safety program and for the administration and on-going development of safety education and training. Supervisory job analysis as applied to safety may be defined as planning, analyzing hazards, arranging operations, providing equipment, providing instruction and supervising in a manner and to a degree necessary to adequately ensure an employee's safety throughout a job. Employment by the City will be limited to those who accept responsibility for their own safety and who cooperate fully in eliminating accidents and injuries.

Family Friendly Policy

The City is sensitive to unusual family-related circumstances that affect the attendance of an employee. There are occasional instances when an employee may have to decide between coming to work and devoting time to an unanticipated family need. Under limiting guidelines, a City employee may bring a family member to the employee's work site for a limited period of time. Please contact Human Resources to seek guidance should you wish to explore this policy.

Service Recognition

All eligible full-time employees will be presented gift awards based on the number of years of continuous service to the City. The employee service recognition program award gift value schedule is shown in the table below.

Service Recognition Program Award Gift Value Schedule	
5 Years of Continuous Service	Award Gift Value of \$100
10 Years of Continuous Service	Award Gift Value of \$200
15 Years of Continuous Service	Award Gift Value of \$300
20 Years of Continuous Service	Award Gift Value of \$400
25 Years of Continuous Service	Award Gift Value of \$500
30 Years of Continuous Service	Award Gift Value of \$600

Education

The City may offer an educational reimbursement program on a fiscal year basis. Please check with your Department Manager and/or Human Resources for details.



Compensation

Hours of Work

The City Manager shall establish the hours of work for all departments and employees of the City, considering the functions and operations involved. The City Manager shall establish uniform starting and ending times for supervisors and employees on all shifts. The standard number of working hours for full-time employees during any work week is 40 hours unless otherwise specified.

Pay Period

Payroll is issued on a “bi-weekly” basis (every two weeks). Paychecks are typically issued to each Department by noon every other Friday.

Direct Deposit

Employees may elect to have their paychecks directly deposited into any participating financial institution account of their choosing. Up to four (4) direct deposit arrangements can be managed through payroll. Employees may also determine the amount of each paycheck that is to be direct deposited as follows:

- Total net pay
- Percentage of net pay
- Fixed amount of net pay

Holidays

All eligible full-time employees are eligible for “holiday pay” for the holidays listed at right. If a holiday falls on Saturday, it shall be observed on the Friday preceding. If a holiday falls on a Sunday, it will be observed on the following Monday. Holidays will be regarded as hours worked.

Furthermore, two optional holidays are also provided for regular full-time employees who have completed 6 months of employment with the City. The use of optional holidays must be requested and approved at least 48 hours in advance and are not payable at the time of termination or separation.

In addition to these 9 holidays, an employee may choose not to work on their birthday following the completion of 6 months employment with the City.

**Please visit the Collective Bargaining Agreement or City Policy that pertains to your classification.*

Uniforms

Uniforms may be furnished to employees, where applicable, as determined appropriate by the City.

Cellular Phone Issuance

The City recognizes the benefit of cellular phone use to increase employee productivity, safety, and timely services to the residents of the City. As appropriate to the classification, and as authorized by Department Directors, cellular phones may be issued to employees in accordance with the City’s procurement procedures.

Cellular Phone Stipends

Dependent upon an employee’s position and responsibilities, and upon the prior written approval of the employee’s Department Director, employees may provide their own cell phone to use for City business. If the Department finds this advantageous and necessary, a stipend may be issued to offset cell phone costs in recognition of the phone’s use for City business.

Three cell phone stipends have been established: one for “voice only” at the rate of \$40 per month; one for “smart phones with a data package” at the rate of \$85 per month (exempt employees only); and one for “smart phones with data package and tablet” at the rate of \$115 per month (Directors only; others at the discretion of the City Manager). This program is initiated at the Department level and approved by Human Resources.

City of Stuart Holiday Schedule
New Year’s Day
Martin Luther King, Jr. Day
Memorial Day
Independence Day
Labor Day
Veterans Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day



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