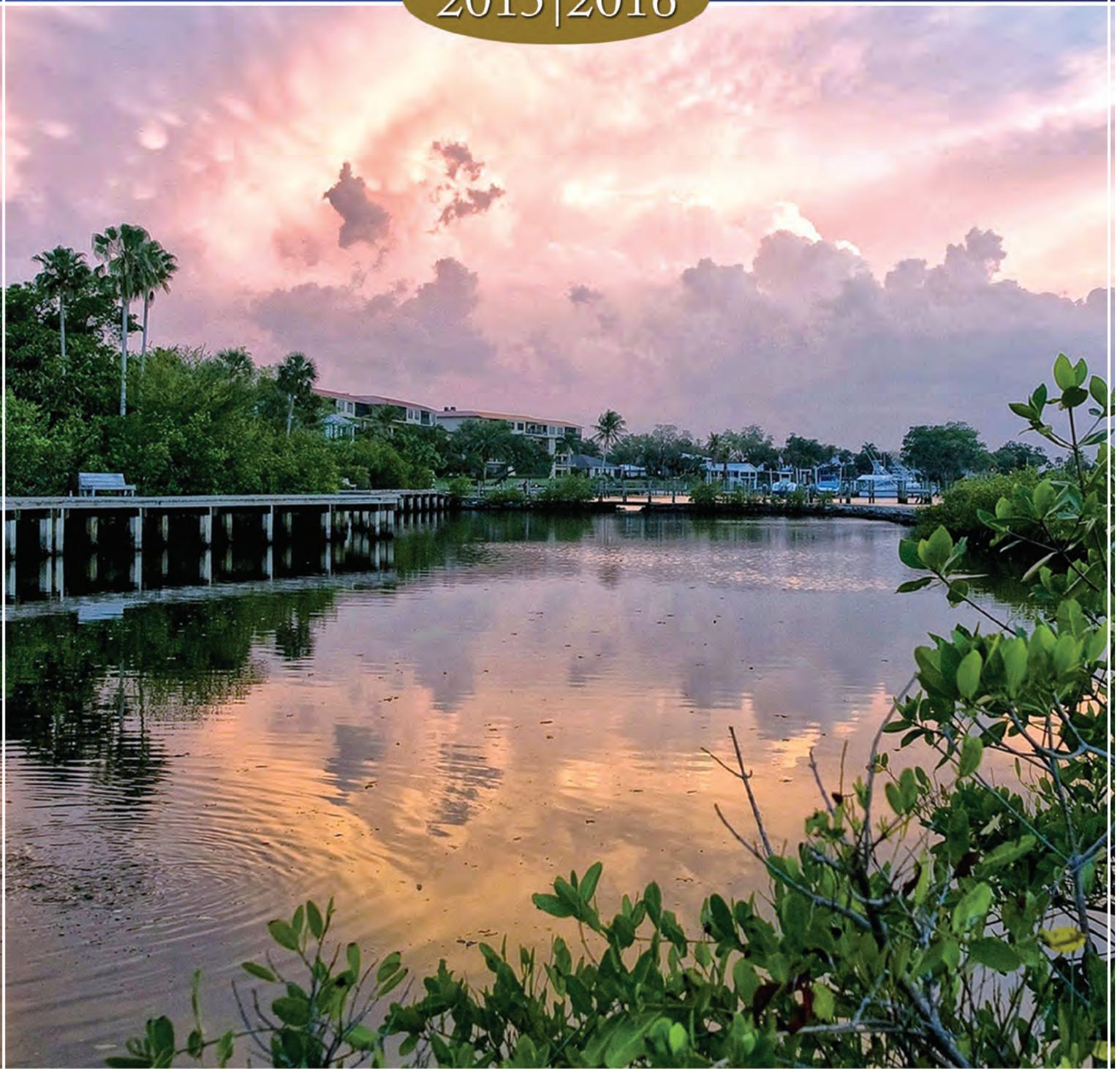


2015 | 2016



EMPLOYEE B E N E F I T HIGHLIGHTS

IMPORTANT CONTACT INFORMATION

City of Stuart	Contact Name	Contact Information
City of Stuart Human Resources Department	Benefit Inquires Human Resources	(772) 288-5322
Service	Provider	Contact Information
Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
Prescription Drug Coverage & Mail-Order Pharmacy 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
FSA Administrator	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	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
Legal & Identity Protection Plans	US Legal Services	Agent: Dixie Kuehn Phone: (321) 403-0156 Customer Service: (321) 799-2986 www.uslprotects.com
Retirement Plans		
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

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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.

Notices

COBRA Continuation of Medical Coverage Benefits

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

Medicare Part D Creditable Coverage

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

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

Online Benefit Enrollment

BenTek

Technical Support - Email: support@mybentek.com

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

The City provides electronic enrollment through BenTek's Employee Benefits Center (EBC). The EBC provides benefit eligible employees the ability to make group insurance benefit elections and changes online during the annual open enrollment, new hire orientation and qualifying events module.

Open enrollment has never been easier. Accessible 24 hours a day during the open enrollment process, information about all of your benefits election options, including premiums and carrier contact information, are also available to help you make informed decisions. You can also log on to the EBC at any time to review your benefits, access carrier links, update life insurance beneficiaries, and report qualifying events.



Accessing BenTek:

- Log on to www.mybentek.com/cityofstuart
- Sign in by creating a username and password or follow the instructions to set up your own username and password. You may contact BenTek support at (888) 5-BenTek (523-6835) for assistance.
- Enter BenTek to review current elections, learn about your benefit options, and make any elections or changes.
- You may also update your life insurance beneficiary designation(s).
- You have the option to print out your enrollment summary statement containing all your benefit elections for you and your family including your life insurance beneficiary designations.

If any technical questions arise while visiting the EBC, please email BenTek Support at support@mybentek.com or call (888) 5-BenTek (523-6835), Monday through Friday, during regular business hours.

To access your group insurance benefits online, log on to www.mybentek.com/cityofstuart

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for each medical plan option is **provided as a supplement** to this booklet which is being distributed to new hires and existing employees during open enrollment. These summaries are an important item in understanding your 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: 772-288-5322
Email: rjohnson@ci.stuart.fl.us
Through the enrollment software – 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 you have any questions about the plan offerings or coverage options, please contact the Human Resources Department at 772-288-5322

Group Insurance Eligibility

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

Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are benefit eligible employees working a minimum of 30 hours per week. Coverage will be effective the 1st of the month following the first 60 days of employment. For example: If you are hired on April 11th, your coverage will be effective on July 1st.

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

Dependent Eligibility

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

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

Medical Coverage: Dependent children may be covered through the end of calendar year in which they turn 26.

Overage Dependents may continue to be covered on the medical plan to the end of the calendar year in which the dependent reaches the age of 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 handicapped.

Please see Taxable Dependents below if covering eligible over age dependents over age 26.

Dental Coverage: Eligible unmarried dependent children may be covered through the end of the calendar year in which they turn 25.

Vision Coverage: Eligible unmarried dependent children may be covered through the end of the calendar year in which they turn 25.

Disabled Dependents

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

1. The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); AND
2. The dependent is otherwise eligible for coverage under the group medical plan; AND
3. The dependent has been continuously insured under the City's plan or another medical plan prior to age 26; AND
4. Proof of 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 required.

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 the child reaches age 30, imputed income for the value of the applicable adult child's coverage for the coverage period must be reported on the employee's W-2. Imputed income is the dollar value of insurance coverage attributable to covering the adult child. 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. Check with Human Resources for further details if you are covering an adult child who will turn 27 any time in the upcoming calendar year or for more information.

Group Insurance Eligibility *(continued)*

Domestic Partner

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. You may contact Human Resources for further details and rates if you 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 and vision plans, and/or certain Aflac 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 your pre-tax benefits can be made **ONLY** during the Open Enrollment period unless you or your qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, you may be allowed to make changes to your benefits elections during the Plan Year, if the event affects your own, your spouse's, or your dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125. Any requested changes must be consistent with and on account of the qualifying event.

Examples of Qualifying Events

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

IMPORTANT

If you experience a qualifying event, ***you must contact Human Resources within 30 days of the qualifying event*** to make the appropriate changes to your coverage. Beyond 30 days, requests will be denied and the employee may be responsible both legally and financially for any claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place in accordance with the City and carrier's policies and procedures. However, newborns are effective on the date of birth. You will be required to furnish valid documentation supporting a change in status or "Qualifying Event."

Medical Insurance Premiums

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefits Highlights Booklet, is your primary source of information regarding your Cigna medical plans. The information contained in this Booklet regarding your medical plans is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Cigna's Customer Service at (800) 244-6224.

The City offers medical insurance through Cigna to benefit eligible employees. The costs for coverage are listed in the premium tables below. For information about your medical plan please refer to the Summary of Benefits and Coverage (SBC) provided.

Medical Insurance – Cigna OAP Basic Plan 24 Pay Period Premium Deductions – Employee Costs

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 – Cigna OAP Buy-Up Plan 24 Pay Period Premium Deductions – Employee Costs

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

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 30 of each fiscal year.

Opt Out Benefit

In an effort to ensure equitable contribution to the health care 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 above to receive the opt out benefit equalling up to a \$100 per month credit.

Please Note: The deadline to increase the stipend for the opt out benefit is September 30 of each fiscal year.

How to Locate A Provider

To search for a participating provider, contact Customer Service or visit www.cigna.com. Click the “Find a Doctor” tab and select “If Your Insurance Plan Is Offered Through Work Or School... Find A Doctor Or Dentist Using This Directory” box. Next, under “Select a Plan,” click “Pick,” choose “**Open Access Plus**, OA Plus, Choice Fund OA Plus” as your plan type and click “Choose.” Complete the additional search criteria, then “Search.”

Other Available Plan Resources

Cigna offers to all enrolled members and dependents additional services and discounts through value added programs. **For more details regarding other available plan resources, please refer to your Summary of Benefits and Coverage (SBC),** contact Customer Service at (800) 244-6224 or go online at www.cigna.com.

mycigna.com

mycigna.com is the 24-hour secure member self-service website that provides access to many self-service choices and health related information. Log on to mycigna.com for personalized services including:

- Verify your personal information
- Review your coverage
- Search “Frequently Asked Questions”
- Find network providers
- Download forms
- View your claims
- Learn about discount programs
- Communicate with Customer Service
- Quicken health expense tracker
- Review Your HRA balance

24 Hour Help Information Hotline (800) 244-6224

The Cigna 24-Hour Health Information Line provides you 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 when your child has a fever in the middle of the night? Have you injured yourself and are not sure if you should seek treatment? 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 strictly confidential.

Healthy Rewards

Cigna’s Healthy Rewards is provided to you 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

Medical Insurance: Cigna OAP Basic Plan At-A-Glance

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Cigna medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Cigna's Customer Service at (800) 244-6224.

Network	Open Access Plus	
Plan Year Deductible (PYD)	In Network	Out of Network
Single	\$1,000	\$1,500
Family	\$3,000	\$3,000
Coinsurance	In Network	Out of Network
Member Responsibility	20%	50%
Plan Year Out-of-Pocket Limit for Medical Services	In Network	Out of Network
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	In Network	Out of Network**
Primary Care Physician (PCP) Office Visit	\$25 Copay	50% After PYD
Specialist Office Visit (No Referral Required)	\$50 Copay	50% After PYD
Freestanding Facility; Non-Hospital Services	In Network	Out of Network**
Clinical Lab (Blood Work): Quest or LabCorp*	No Charge	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
Hospital Services	In Network	Out of Network**
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
Urgent Care (Per Visit; Waived if Admitted)	\$60 Copay	\$60 Copay
Mental Health / Alcohol & Substance Abuse	In Network	Out of Network**
Inpatient Hospitalization (Per Admission)	20% After PYD	50% After PYD
Outpatient Services (Per Visit)	No Charge	50% After PYD
Prescription Drugs (Rx)	In Network	Out of Network**
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	

*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.

**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).

Medical Insurance: Cigna OAP Buy Up Plan At-A-Glance

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Cigna medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Cigna's Customer Service at (800) 244-6224.

Network	Open Access Plus	
Plan Year Deductible (PYD)	In Network	Out of Network
Single	\$500	\$1,500
Family	\$1,500	\$3,000
Coinsurance	In Network	Out of Network
Member Responsibility	20%	40%
Plan Year Out-of-Pocket Limit for Medical Services	In Network	Out of Network
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	In Network	Out of Network**
Primary Care Physician (PCP) Office Visit	\$20 Copay	40% After PYD
Specialist Office Visit (No Referral Required)	\$40 Copay	40% After PYD
Freestanding Facility; Non-Hospital Services	In Network	Out of Network**
Clinical Lab (Blood Work): Quest or LabCorp*	No Charge	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
Hospital Services	In Network	Out of Network**
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
Urgent Care (Per Visit; Waived if Admitted)	\$50 Copay	\$50 Copay
Mental Health / Alcohol & Substance Abuse	In Network	Out of Network**
Inpatient Hospitalization (Per Admission)	20% After PYD	40% After PYD
Outpatient Services (Per Visit)	No Charge	40% After PYD
Prescription Drugs (Rx)	In Network	Out of Network**
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	

*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.

**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).

Dental Insurance: Cigna Dental Care DHMO Plan

Cigna

Customer Service: (800) 244-6224 PPO

www.cigna.com

The City of Stuart provides dental insurance through Cigna. A brief description of the Cigna Dental DHMO plan is provided below, and the employee costs per pay period are shown on the premium table to the right. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Cigna's Customer Services.

Dental Insurance – Cigna Dental Care DHMO Plan 24 Pay Period Premium Deductions

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Family	\$9.07

In Network Benefits

The DHMO plan is a managed care dental plan that allows you to receive services from in-network providers and facilities only. It requires you to select a Primary Dental Provider who participates in the **Cigna Dental Care (HMO) Network** to coordinate your care. You will only be subject to co-pays from in-network dental providers. The DHMO plan's co-pays are based on Cigna's discounted fee schedule.

Out of Network Benefits

The DHMO plan does not offer coverage for services from providers or facilities not in the Dental Care network (out of network). If services are received by an out of network provider or at an out of network facility, you will be responsible for all charges incurred.

How to Locate a Provider

To search for a participating provider, contact Customer Service or visit www.cigna.com. Click the "Find a Doctor" tab, then choose "If Your Insurance Plan Is Through Work Or School... Find A Doctor Or Dentist Using This Directory" box. Check the "Dentist" tab and under "Select a Plan", click "Pick." Under "Dental Plans" choose the "Cigna Dental Care HMO" option, click "Choose," complete the additional search criteria and then click "Search."

Plan Year Deductible

The DHMO plan does not require you to meet a plan year deductible before benefits begin.

Plan Year Benefit Maximum

There is no benefit maximum with the DHMO plan. However, the plan's orthodontia coverage has a lifetime benefit maximum of \$2,040 for children to age 19 and \$2,376 for adults.

Please Note the Following:

- *Each covered family member may receive up to 2 FREE cleanings per calendar year. Members can also receive 2 additional cleanings at the charge of a \$45 copay.*
- *Waiting periods and age limitations may apply for certain services.*

Dental Insurance: 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		
Calendar Year Maximum		
Class I Services: Diagnostic & Preventative	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	Code	In Network
Fillings (Amalgam)	2140	\$0
Fillings (Composite) - 3 Surface, 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	Code	In Network
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 Maximum	Code	In Network
Benefit — Child to Age 19	8670	\$2,040
Benefit — Adult	8670	\$2,376

* Additional lab fees may apply for some services.

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

Please Note the following:

- 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.

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

Dental Insurance: Cigna Total Dental PPO Plan

Cigna

Customer Service: (800) 244-6224 PPO

www.cigna.com

The City of Stuart provides dental insurance through Cigna. A brief description of the Cigna Dental PPO Plan is provided below, and the employee costs per pay period are shown on the premium table to the right. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Cigna's Customer Services.

Dental Insurance – Cigna Total Dental PPO Plan 24 Pay Period Premium Deductions

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Family	\$14.48

In Network Benefits

The dental PPO plan is "open access" and allows you to receive services from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The dental PPO plan provides benefits for services received from in network and out-of-network providers. The network of participating dental providers the plan utilizes is the **Cigna Total DPPO Network**. You will save more by utilizing a dental provider in this network. The Cigna Total DPPO Network includes any participating Cigna Advantage or DPPO dental provider, however receiving services from a Cigna Advantage dental provider will result in greater out of pocket savings. These participating dental providers have contractually agreed to accept Cigna's Contracted Fee or "allowed amount". The Contracted Fee, or allowed amount, is the maximum amount a Cigna dental provider can charge a member for a service. You are responsible for a Calendar Year Deductible (CYD) and then coinsurance, based on the plan's charge limitations.

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

Out of Network Benefits

Providers who do not contract with insurance carriers because they do not accept their discounted fees are referred to as "nonparticipating" or "out of network". Out of network benefits are used when members receive services by a Non-Cigna Dental provider. Understanding how your insurance company pays for out of network services is important because you will usually pay more. Cigna reimburses out of network services based on what it determines the "Maximum Reimbursable Charge (MRC)". The MRC may vary by the type of participating dentist. The MRC can be defined as the most common charge for a particular dental procedure performed in a specific geographic area. The difference between the MRC amount and the dentist's higher billed charged amount is called "balance billing." **Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.** Using a Non-Cigna Dental provider will usually mean the highest out-of-pocket costs and there is no limit to the amount the dentist may charge.

How to Locate a Provider

To search for a participating provider, contact Customer Service or visit www.cigna.com. Choose the "Find A Doctor" tab, under "Select a Directory" choose the "If Your Insurance Plan Is Offered Through Your Work Or School... Find A Doctor Or Dentist Using this Directory" box. Next, click the "Dentist" tab and then pick under "Select a Plan." Choose "Cigna Dental PPO or EPO". Complete the additional search criteria and click "Search." Please know that from here you can filter your search findings further by selecting the "Advantage" or "DPPO" option.

Plan Year Deductible

The dental PPO plan benefits begin once each covered member satisfies a \$100 Plan Year Deductible. The deductible is applied collectively for either in or out of network services or any combination of both. Once you satisfy your Plan Year Deductible, your coinsurance responsibility will be based on the plan's discounted fee schedule and will be determined by the type of services you receive as summarized in the table on the following page. The deductible is waived for preventive and orthodontia services.

Plan Year Benefit Maximum

The maximum benefit the dental PPO plan will pay for each covered member is \$1,000 per plan year for in network and out of network services combined. Diagnostic & Preventive services also accumulate toward this Plan Year Benefit Maximum.

Dental Insurance: Cigna Total Dental PPO Plan At-A-Glance

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

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

Please Note the Following:

- 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.

Vision Insurance: Cigna Vision Plan

Cigna

Customer Service: (800) 478-7557

www.cigna.com

The City offers vision insurance through Cigna. A brief description of the Cigna Vision Plan is provided below, and the premium payroll deductions are shown on the table to the right. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact EyeMed's Customer Service.

**Vision Insurance – Cigna Vision Care Plan
24 Pay Period Premium Deductions**

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

In Network Benefits

The vision plan offers you and your covered dependents with coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered members can select any network provider that participates in the **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 your appointment.

At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of your appointment.

Out of Network Benefits

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

How to Locate a Provider

To search for a participating provider, contact Customer Service or visit www.cigna.com. Click the "Find a Doctor" tab, scroll down to the "Additional Directories" section and under "Vision" click the "Cigna Vision Directory" link. Complete the search criteria and click "Search."

Plan Year Deductible

There is no Plan Year Deductible.

Plan Year Out-of-Pocket Maximum

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

Please Note: Member options, such as Lasik, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

Vision Insurance: Cigna Vision Plan At-A-Glance

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	In Network	Out of Network
Examination	12 Months	
Lenses	12 Months	
Frames	12 Months	
Contact Lenses	12 Months	
Lenses	In Network	Out of Network
Single	No Charge after \$25 Materials Copay	Up to \$32 Reimbursement
Bifocal	No Charge after \$25 Materials Copay	Up to \$55 Reimbursement
Trifocal	No Charge after \$25 Materials Copay	Up to \$65 Reimbursement
Frames	In Network	Out of Network
Allowance	\$130 Retail Allowance then 20% Discount for Charges Over \$130	Up to \$71 Reimbursement
Contact Lenses*	In Network	Out of Network
Non-Elective (Medically Necessary)	Paid In Full	Up to \$210 Reimbursement
Elective (Fitting, Evaluation and Materials)	\$135 Allowance	Up to \$105 Reimbursement

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

Flexible Spending Accounts

Aflac
 WageWorks (claims)
 Customer Service: (800) 950-0105
 www.aflac.com

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

The City of Stuart offers Flexible Spending Accounts (FSA) through Aflac and administered by WageWorks. Your FSA plan year runs from October 1, 2015 through September 30, 2016

If you have predictable medical expenses for yourself or your family, such as deductibles and copays, or any work-related day care expenses, FSAs may be right for you. FSAs allow you to set aside money for reimbursement of medical and day care expenses you regularly pay. The amount you set aside is not taxed and is automatically deducted from your paycheck and deposited into the FSA. During the year, you have access to this account for reimbursement of some expenses that are not covered by insurance. An FSA not only results in a substantial tax savings, it also increases your spending power. There are two types of FSAs:

Health Care Reimbursement Account	Dependent Care Reimbursement Account
<p>This account allows you to set aside up to an annual maximum of \$2,550. This money will not be taxable income to you and can be used to offset the cost of a wide variety of eligible health expenses that generate out-of-pocket costs for you or your qualified dependents. Employees can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).</p> <p>Examples of common expenses that qualify for reimbursement are listed below.</p> <p>*NOTE: The entire Health Care FSA election is available to you on the first day coverage is effective.</p>	<p>This account allows you 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 adult and child day care centers, preschool, and before/after school care for eligible children and adults.</p> <p>Please note that if your family's annual income is over \$20,000, this reimbursement option will most likely save you more money than the dependent care tax credit you take on your tax return. To qualify, your dependent must be:</p> <ul style="list-style-type: none"> • 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 your household. <p>*NOTE: Unlike the Health Care FSA, you will only be reimbursed up to the amount that has been deducted from your paycheck for Dependent Care expenses.</p>

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

- Ambulance service
- Chiropractic care
- Dental fees/orthodontic fees
- Diagnostic tests/health screenings
- Doctor fees
- Drug addiction/alcoholism treatment
- Experimental medical treatment
- Eyeglasses/contact lenses (corrective)
- Hearing aids and exams
- Injections & vaccinations
- Lasik surgery
- Mental healthcare
- Nursing services
- Optometrist fees
- Physician office visits
- 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 expenses.

Flexible Spending Accounts *(continued)*

FSA Guidelines

- Every other year participants will be allowed to rollover up to \$500 of unused **Health Care Reimbursement Account** funds into the following plan year, after the current plan year ends and all claims have been filed. Any unused funds in excess of the \$500 rollover will be forfeited. The \$500 rollover will be in addition to the annual maximum allowed.
- Dependent Care Reimbursement Account Funds **CANNOT** be rolled over. Unused Funds at the end of the plan year will be forfeited.
- You can enroll in either or both FSAs during open enrollment period, a qualifying event or new hire eligibility only.
- You cannot transfer money between FSAs.
- You cannot pay a dependent care expense from your Health Care FSA or vice versa.
- You cannot deduct reimbursed expenses for income tax purposes.
- You cannot be reimbursed for a service which you have not received.
- You cannot receive insurance benefits or any other compensation for expenses which are reimbursed through your FSAs.
- You have an additional 90 days (through December 30th) at the end of the plan year to file a request for reimbursement on eligible expenses incurred during your period of coverage within the plan year (October 1st – September 30th).
- Domestic partners are not eligible, as federal law does not recognize them as a qualified dependent.

Here's How It Works

An employee earning \$30,000 elects to place \$1,000 into their FSA Health Care Savings Account, with payroll deductions being \$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 the Plan	Without the Plan
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	

NOTE: Be conservative when estimating your medical and/or dependent care expenses. IRS regulations state that any unused funds which remain in your FSA after a plan year ends and all claims have been filed cannot be returned to you nor carried forward to the next plan year, with the exception of the \$500 Health Care Reimbursement Account rollover amount. This is known as the "USE IT OR LOSE IT" rule.

Filing a Claim

To file a claim, you must submit your completed claim form and include a copy of the receipt as proof of the expense. Once completed, you may submit your claim by mail, fax or via internet to WageWorks. The IRS requires FSA participants to maintain complete documentation, including keeping copies of receipts for reimbursed expenses, for a minimum of one year.

Basic Life and AD&D Insurance

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

The City provides all benefit eligible employees a Basic Term Life Insurance benefit through Cigna, at no cost to you. Your coverage amount will be determined by your 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 - rates are \$0.17 per unit
\$ 50,000	6	Full-Time Employees classified as Elected Officials

Accidental Death and Dismemberment

Also at no cost to you, 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.***

Voluntary Life Insurance

Cigna

Customer Service: (800) 732-1603

www.cigna.com

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 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 this plan. If you do enroll, your coverage will be removed. 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 right) x 12 months ÷ 24 annual deductions = per pay cycle premium.

**Voluntary Life
Premium Rate Table**

Age (Based on EE)	Rate per \$1,000
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

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, you 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.

Long Term Disability Insurance

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

The City offers Long Term Disability (LTD) insurance to all eligible employees on a voluntary basis, through Cigna. The LTD benefit pays you a percentage of your gross monthly earnings if you 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 your 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.
- Your LTD benefit will be offset by Workers' Compensation or Social Security.
- If you return to work on a part-time basis, you 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 your 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).

Short Term Disability Insurance

Aflac
www.aflac.com

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

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

Plan Highlights

- You 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 you 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.

You may contact Aflac to receive customized information and rates.

Employee Assistance Plan

Aetna Resources for Living

Customer Service: (866) 611-2826

www.mylifevalues.com

Username: cityofstuart

Password: eap

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

What is an Employee Assistance Program?

An Employee Assistance Program (EAP) offers covered employees and their family members/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 6 face-to-face sessions, phone crisis intervention and referrals to outside resources when necessary. EAP offers counseling services on issues such as:

Emotional Well-Being

- Stress / Depression
- Grief and Loss
- Anger Management

Work Issues

- Co-worker Relationships
- Job Burnout
- Work-Related Stress
- Performance Concerns

Legal and Financial Services

- Free 30 minute legal phone or in person consultation
- Free 30 minute financial phone consultation with a financial counselor
- 25% discount when retaining attorney or using network CPA for personal income tax preparation
- Online Will and other sample legal forms
- Online ID Theft & Fraud Resolution Program
- Online access to legal and financial articles

Family Matters

- Marital issues
- Parenting problems
- Domestic violence

Addiction and Recovery

- Alcohol and drugs
- Gambling
- Eating Disorders

Online Work/Life Services

- Health and Wellness
- Finances and saving money
- Child and elder care provider search features
- Adoption
- Access to savings and rewards programs
- Pet resources and information

Are your services confidential?

Yes. Receipt of EAP Services is completely confidential. If, however, participation in the EAP is 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.

City of Stuart Employee Health Center

Employee Health Center (Stuart Location)
Treasure Coast Medical Associates, Inc. (TCMA)
3405 NW Federal Highway
Jensen Beach, FL 34957
Phone: (772) 692-8082
Fax: (772) 232-9383
www.stuarturgentcare.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

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 you and your family may need for all non emergency illnesses, at no cost to you. Schedule an appointment with the medical staff to learn more about what the EHC can do for you.

Hours of Operation for Both Locations

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

Please Note the Following:

- 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.
- Walk-ins are welcome, however, patients who schedule an appointment will be given preference (except in cases of emergency).

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

Aflac
www.aflac.com

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

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

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 above.

Legal and Identity Protection Plans

U.S. Legal Services
Website: www.uslegalservices.net

Agent: Dixie Kuehn
Office: (321) 799-2986
Mobile: (321) 403-0156
Email: DixieKuehn@cfl.rr.com

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 added to your 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.

DreamTrips Vacations

Rovia
DreamTrips Vacations
Email: cmrtravelinc@hotmail.com

Agent: Lonnie Roberts
Phone: (954) 589-8046

The City offers employees the opportunity to enroll in a DreamTrips Membership Program for the cost of \$10 per pay period (\$20 per month). 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 your 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 web site 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.

Retirement Plans: Deferred Compensation

VALIC
Plan #59722
Agent: Jim McCudden
Customer Service: (800) 600-2662
www.aigvalic.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

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 \$17,500 (participants 50 years of age or older may contribute an additional \$5,500). 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.

Retirement Plans: Florida Retirement System (FRS)

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

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).

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.

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

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.

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 table on the right.

Education

The City may offer an educational reimbursement program on a fiscal year basis. Please check with your Department Manager 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 quitting 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 checks are issued on a “bi-weekly” basis or every two weeks. Each pay period will be reflective of the scheduled number of hours an employee is assigned to work during a work cycle for which the employee receives a paycheck. Paychecks are typically issued to each Department by noon on every other Friday.

Direct Deposit

Employees may elect to have their paychecks directly deposited into any participating financial institution account of their choosing. 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.
- Up to five separate distributions 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 10 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.

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

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 will be issued to employees in accordance with the City’s procurement procedures.

Cellular Phone Usage

Upon the prior written approval of the employee’s Department Director, employees may provide their own cellular phones and use them for City business and may receive a stipend from the City to offset cell phone costs in recognition of the phone’s use for city business. Two separate stipends have been established: one for regular cell phones at the rate of \$40.00 per month; and one for “Blackberry” configured units at the rate of \$85.00 per month. The stipend will be considered a taxable fringe benefit subject to taxation in accordance with federal law.

Leave Policies

Bereavement Leave

Employees may be allowed bereavement leave with no loss of pay in the event of the death of a family member. Please refer to your collective bargaining agreement or City policy for the definition of immediate family member, as well as the bereavement leave schedule.

Paid Time Off (PTO) – Rate of Accrual

Paid Time Off accrues according to an employee's length of service, and employees are eligible to use such leave after completing 6 months of continuous service.

Note: Please refer to the applicable Collective Bargaining Agreement or Personnel Policies as appropriate for your position for details regarding all leave policies.

Probationary Period

The Probationary Period for new hires is dependent upon the employee classification. Please refer to the applicable collective bargaining agreement or personnel policies as appropriate for your position for details.

Employee Handbooks

All employees are expected to read the "Personnel Policies", located on the City's Intranet, Forms and Handbooks page. Personnel Policies addresses employment-related topics to include recruitment and hiring, probationary periods, promotions, and performance evaluations. City policies are contained therein, including safety, harassment, drug-free workplace, hours of work, and disciplinary action among many other provisions. It is every employee's responsibility to become familiar with the policies addressed in this very important document.

Employees covered under a collective bargaining agreement (IAFF or PBA) will also find their respective agreements on the Intranet, Forms and Handbooks page. Employees covered under one of the collective bargaining units are also responsible for becoming familiar with Personnel Policies.



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