

**b. Provide training for City staff on benefit plan provisions, compliance, and internal control requirements.**

Gehring Group/Risk Strategies provides numerous opportunities for training related to benefit plan provisions and compliance along with best practices for maintaining internal controls and managing day-to-day benefit administration. Our goal is to empower your team with the knowledge and tools needed to confidently support employees and maintain program integrity.

**c. Coordinate the development and execution of open enrollment, including presentation materials, communications, and meeting facilitation.**

**ASSISTANCE WITH OPEN ENROLLMENT**

Gehring Group/Risk Strategies provides extensive open enrollment support. Following the RFP and evaluation process, our team remains actively involved, serving as an intermediary between each vendor and our clients to facilitate contract negotiations, program implementation, and open enrollment. We initiate open enrollment planning well in advance of renewal, starting with a detailed renewal timeline that outlines all aspects of the process, working backward from the desired open enrollment period. Your Account Manager will be intricately involved throughout the planning and enrollment process, helping to coordinate the various steps of the process including but not limited to:

- **Coordinating and Attending Meetings:** Assisting in the coordination and attendance of employee informational and enrollment meetings at all sites as determined by the client. This includes determining whether these meetings will be mandatory or optional.
- **Determining Meeting Formats:** Deciding on the format for open enrollment meetings, whether it be health fair style, group informational meetings, or one-on-one meetings.
- **Providing Support:** Supplying additional licensed team members to support enrollment meetings across multiple locations and various shifts if needed.
- **Logistics & Coordination:** Organizing meeting locations, times, necessary collateral, and coordinating attendance of vendor representatives if requested.
- **Developing Communication Materials:** Creating communication collateral such as open enrollment announcement posters, PowerPoint presentations, and annual employee benefits guides for employees, retirees, and special districts.

This also includes vendor transition services such as:

- **Managing Insurer Changes:** Facilitating the implementation, cancellation, and renewal of the applicable insurers and vendors upon written acceptance.
- **Ensuring Vendor Compliance:** Making sure that applications and contracts for all new vendors are completed accurately and forwarded to the applicable vendors in a timely manner and reviewing all vendor contracts to ensure they align with what was proposed and presented.

- **Contract Review:** Review all vendor contracts to ensure they are in line with applicable legislative requirements.
- **Facilitating Technology Integration:** Working with applicable technology partners (Bentek) to provide plan and cost updates for the enrollment site.

Accomplishing a smooth renewal process not only requires proper planning; it also requires establishing and communicating clear expectations. By setting these expectations early and maintaining open lines of communication, we ensure that all parties are aligned and informed throughout the process. This approach helps to mitigate any potential issues and facilitates a seamless transition, ultimately leading to successful outcomes.

## OPEN ENROLLMENT & EMPLOYEE COMMUNICATIONS

Gehring Group/Risk Strategies provides many options to our clients regarding employee communication. From face-to-face interaction at employee meetings to paper communication pieces to educational presentations and electronic communication via Bentek, we realize that communication is key to getting the most out of your employee benefits program. These options are outlined further below:

### ✓ Employee Benefits Guide

One of the tools necessary in the communication process is the annual employee benefits guide. At the beginning of each new plan year, we compile all the information regarding your insurance coverages and summarize it in a custom employee friendly benefit booklet. This benefit guide is a valuable resource and has allowed members to clearly understand plan options, related costs to make decisions in their best interest each year. This service is offered at no additional cost. We also provide an electronic version for posting on Bentek, your intranet or other locations. **(Exhibit A)**



### ✓ Professional Employee Communications

In addition to the provision of the employee benefits guide, we can also draft and produce employee communication pieces such as, department posters, mass employee mailings, Wellness Program brochures, etc. This allows the City to better communicate its employee benefit offerings and keep their employees well educated regarding their employee benefit options and responsibilities. Gehring Group/Risk Strategies produces all brochures and other work product in-house at no additional charge which increases our level of efficiency. **(Exhibit B)**

### ✓ Employee Educational/Wellness Campaigns

We also have pre-designed wellness campaigns and challenges that are easy to implement, relevant and timely. Some of the campaigns recently implemented by clients include a focus on being a conscientious consumer and include:

- Using your Flexible Spending Account – *“You’re going to need those glasses, prescriptions, braces, ... anyway.”*

- Let's Get Appy – *“Utilize your carrier App by downloading the carrier app for convenience and cost savings.”*
- Preventive Healthcare Services – *“I understand the importance of using Preventive Healthcare Services.”*
- Know Before You Go – *“What is considered emergency care versus non-emergency; where to go for diagnostic testing; the best place to fill a prescription.”*
- Wellness in a Box – *Pre-designed wellness campaigns complete with education and challenges to increase engagement.*



Our team will continue to assist the City in developing a communication and determining a targeted message.

## 9. Technology and Administration Platform

- Provide access to a benefits administration platform that supports onboarding, enrollment, eligibility tracking, reporting, analytics, retiree administration, compliance, document storage, and technical support.**

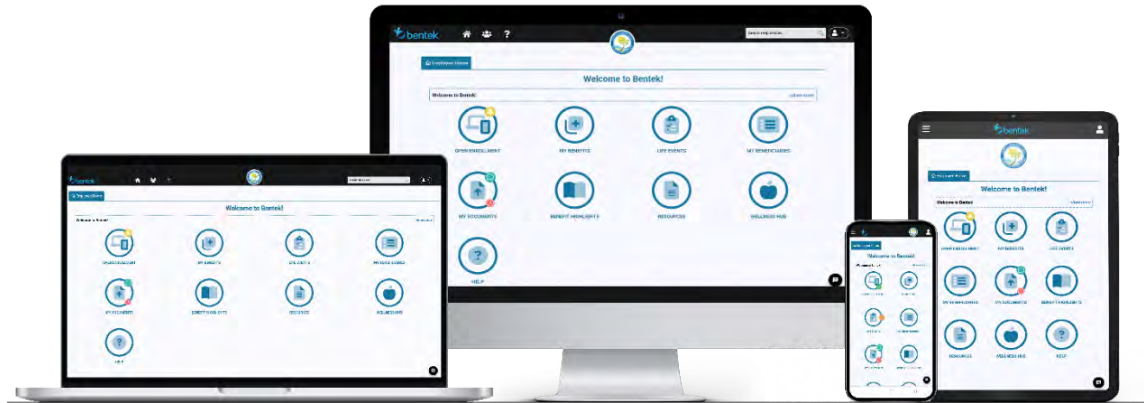
Gehring Group/Risk Strategies proposes the continued utilization of the **Bentek® Online Enrollment and Administration System** as a comprehensive solution to provide YEAR-ROUND benefits administration services and capabilities included within our proposed fee. Bentek® is an easy and convenient, online benefits enrollment and administration system that streamlines benefit enrollment by delivering a 100% paperless enrollment solution to **over 100 public sector entities** nationwide.



Via Bentek, our clients have access to a sophisticated, HIPAA compliant, paperless benefits enrollment and administration solution that increases efficiencies in numerous ways including:

- ✓ Allowing employees to access their benefits information 24 hours a day/365 days a year;
- ✓ Providing one central place for employers to administer all lines of benefits coverage for employees and retirees;
- ✓ Allowing automated eligibility transmissions to your carriers;
- ✓ Providing a more efficient way to record qualifying events and beneficiary designations,
- ✓ Allowing employees to record and update life insurance beneficiary information,
- ✓ Providing an export utilized for ACA 1094/1095 reporting, and more.

The online enrollment experience is designed to guide employees through the enrollment process in progressive steps, each tracked within the Enrollment Progress Bar. During any enrollment process (Open Enrollment, New Hire, Qualifying Event), employees can view both current and future enrollment and deduction information for all benefit options on one page.



BenteK is a completely cloud-based benefits enrollment and administration solution that streamlines your administrative processes and includes the following features:

### Employee Self-Service

- Powerful self-service tool providing employees with 24/7/365 access to view their real time comprehensive benefits summary, review and compare plans, report qualifying life events, upload supporting documents, view dependents, manage beneficiaries for life insurance and retirement plans, and more.
- Increased employee engagement with access to current enrollment, cost, plan documents, provider information and a plan comparison tool to assist with enrollment decisions.
- Customized content including open enrollment news, embedded links, and access to videos and presentations which create a system that is complete with benefit resources for employees.



### Open Enrollment

- Provides a rules-based enrollment and customized user experience built with benefit logic, alerts, and informational notifications based on the client's plan eligibility rules specifically designed for the annual enrollment period.
- Ability to immediately upload supporting documents for dependent verification upon completing the annual open enrollment session.
- Provides a detailed confirmation statement of all elected benefits and deductions that can be saved, printed, and viewed in future sessions.
- Ability to access to plan information such as Summaries of Benefits & Coverage, plan summaries, plan comparisons, and acknowledge compliance notices, disclaimers, etc.
- Supports passive enrollment to eliminate interruption to daily administration activities.
- Supports carrier, plan, and rate changes without requiring employees to re-enroll.

- Has no blackout periods during renewal planning and setup.

### New Hire Enrollment

- New hires have access to the New Hire Enrollment module in Bentek throughout their eligibility waiting period to elect benefits, upload supporting documents, and designate life insurance beneficiaries.
- Provides a rules-based enrollment and customized user experience built with benefit logic, alerts, and informational notifications based on the client's plan eligibility rules specifically for new hires.
- Ability to immediately upload supporting documents for dependent verification upon completing a new hire enrollment session.
- Displays all employer-paid benefits to employees during their new hire enrollment.

### Benefits Administration

- Management of employee demographics, personnel data, coverage eligibility, and dependent records in one single system of record.
- Automatically transmits electronic eligibility to insurance providers.
- Offers administrators visibility into plan statistics and system activity via a customized dashboard and automated system notifications.
- Offers an Announcements and Communication Center to reach out to new hires and send reminders to employees during annual enrollment.
- Benefit Administrators can approve qualifying life event submissions and generate customized approval, pending, and denial letters.
- Personnel and Payroll audit features to maintain the integrity of data between the payroll system, HRIS system, and Bentek.
- Generates self-bills for all lines of coverage.
- Provides access to over 40 standard reports.

### RetireSweet®



With Bentek, employers can now streamline the management of retirees with a single solution to manage their entire population. Bentek's RetireSweet® is packed with features to help Administrators track retiree eligibility, enrollment, premiums, pensions and more. The RetireSweet module includes the following features:

- Total years of service (original hire date)
- Retirement subsidies and subsidy calculators
- Pension plans
- Benefit eligibility
- Medicare Advantage Plans
- Retirement System Data Files
- Customized enrollment experience
- Individual retiree invoices with custom cover letters
- Retiree payment tracking system
- Comprehensive retiree reporting
- Automated system notifications
- Retiree specific dashboards

### **Advantage of the Gehring Group/Risk Strategies & Bentek® relationship.**

Lastly, it is important to note the increased level of efficiency that is inherent in Gehring Group/Risk Strategies' partnership with Bentek, providing a unique synergy that affords us several service-related advantages including but not limited to:

- Immediate and increased access to reporting and census data for Gehring Group/Risk Strategies staff to assist employees with claims issues in a timely fashion;
- Ability to provide Bentek staff with information regarding renewal progress, negotiations, and information updates;
- Full participation from your Gehring Group/Risk Strategies team during the renewal process, working hand in hand with Bentek team to deliver a world class solution and streamlined communication to employees; and
- Priority consideration of enhancement requests or platform customization.

Due to our continuous working relationship with Bentek, we are better able to serve in assisting staff and carriers/vendors with implementations, benefit updates and general enrollment questions.

**Please Note: A separate Professional Services Agreement, Software as a Service Licensing Agreement, and Business Associate Agreement will be required to be executed by the City directly with Bentek.**

Additional details regarding the Bentek solution are included in **Exhibit G** for your review.

## **10. Meetings and Reporting**

### **a. Conduct quarterly meetings with Human Resources, Finance, and Budget staff to review claims experience, plan performance, and projections.**

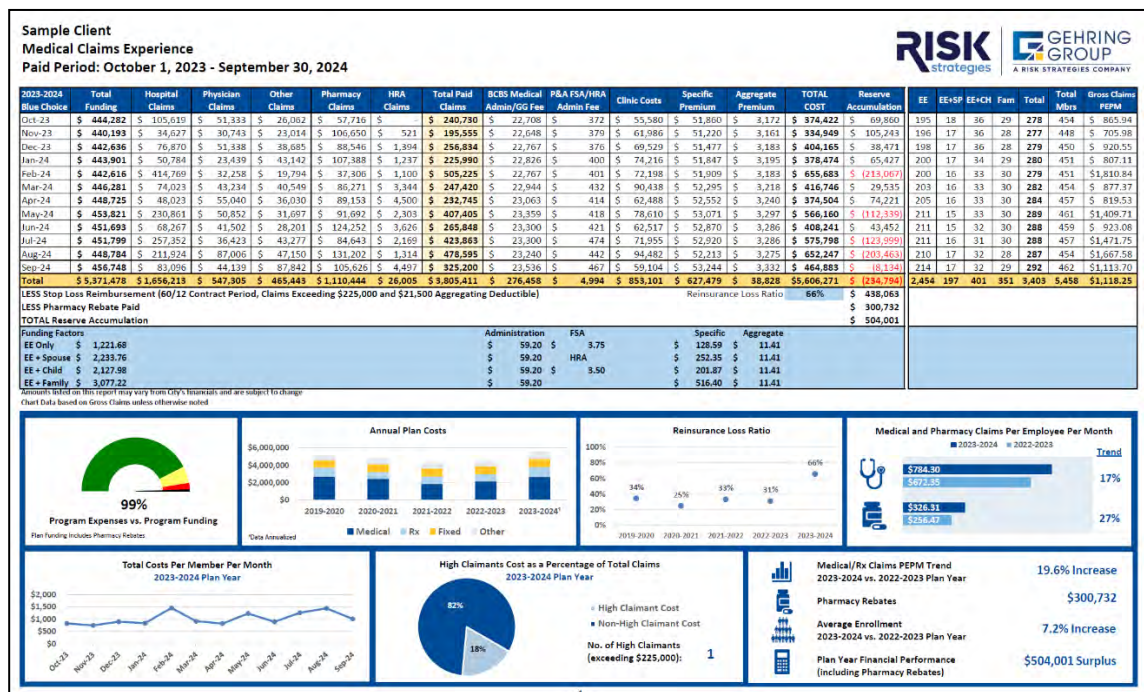
Acknowledged. We will conduct quarterly meetings with Human Resources, Finance, and Budget staff to review claims experience, plan performance, and renewal projections. Gehring Group/Risk Strategies provides relevant reporting tailored to your funding arrangement, typically on a monthly or quarterly basis, to identify claims trends and anomalies early. Our analysis includes key indicators such as average claims cost per employee, large claims data, top 50 utilized prescription drugs, and the percentage of pharmacy costs relative to total plan spend. This ongoing review helps us track utilization patterns, assess the financial impact of chronic conditions, and develop accurate renewal projections. We also closely monitor large claims, those approaching or exceeding stop-loss thresholds or pooling levels and provide detailed reporting.

Our year-round service includes in-depth reviews of historical and current claims data, demographic trends, and financial performance. Our experienced analysts work with our actuary partners to conduct regular evaluations to identify cost drivers and opportunities for plan optimization, empowering your benefits team and decision-makers with actionable insights.



- **Continual Monitoring:** We continuously monitor claims experience and marketplace trends specific to government employers, enabling effective budget and renewal projections.
- **Large Claims Monitoring:** We oversee large claims and manage stop-loss reimbursement filings for self-insured plans.
- **Data Analysis:** We utilize our data analysis to identify cost drivers, determine wellness and education targets, and formulate contribution analysis and rates.
- **Claims Utilization Reports:** We review monthly or quarterly claims utilization reports to keep you informed.
- **Quarterly Meetings:** We hold quarterly meetings with staff to review claims experience reports, large claims data, and provide budget projections.

We also produce a monthly claims dashboard is illustrated below which outlines various cost trends and other key indicators:

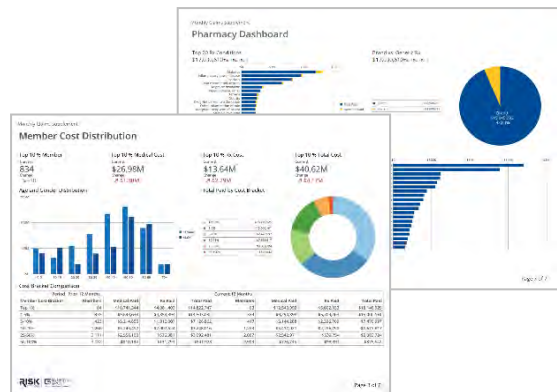


For many of our self-insured clients, Gehring Group/Risk Strategies may also utilize our NavMD data analytics platform to evaluate claims data and network utilization even further. **NavMD Analytics** is a predictive health analytics and health plan management system. It provides many clinical and risk measures of total populations and subpopulations, integrated with demographic data, compliance averages for Episodic Treatment Groups® of conditions, Episodic Risk Groups®, medical and pharmacy compliance, condition prevalence and slide calculators that automatically calculate Value Based reimbursement utilization for pharmacy, (medical possession ratio) and outpatient best practice standards of care.

**Plan Design Modeling** is also supported by rich Data Analytics & Reporting capabilities. The Plan Modeling component is a core feature of the system designed to provide the information necessary to add value to health care planning. Whether you want to employ

value-based plan design through employee intervention and wellness programs, or simply better track your high-cost populations in order to contain cost and retain higher cash flow, the Plan Modeling tool is where we capitalize on diligent data analysis.

These tools provide comparative analyses on proposed plan strategies using historical claims data by simulating the effect of plan modifications. Forecasting and modeling both simple and complex strategy adjustments against actual claims experience in your health plan. They interactively support creativity in plan design, producing innovative approaches modeled for higher cost savings, increased cash flow and improved plan efficiency.



In a notable case study, Gehring Group/Risk Strategies was able to utilize our data analytics capabilities to successfully partner with a municipality client (1,500 employees) to mitigate claims costs through a comprehensive approach that targeted not only premium cost management, but also wellness and behavior modification aimed at improving overall health outcomes.

### Case Study: Municipality (1,500 employees)

#### Savings Through Data Analytics, Wellness, and Behavior Modification

One example of our success in helping a client to mitigate claims costs was for a municipality with 1,500 employees. Since the group's transition to a self-insured program, Gehring Group/Risk Strategies has worked with City staff to not only focus on premium costs, but also on behavior modification with an emphasis on driving better overall health outcomes. This includes a focus on preventive care, prescription drug adherence, and consistent evaluation of preventable chronic conditions through regular provider visits. Creating a healthier employee population ultimately results in lower claims costs in the long term as well as lower increases in medical and prescription drug expenses.

#### THIS APPROACH INCLUDED:

- ✔ A deep dive analysis into detailed claims reporting utilizing our in-house NavMd analytics platform;
- ✔ Identifying and targeting modifiable health behaviors and plan cost drivers to encourage appropriate utilization of healthcare dollars;
- ✔ Identifying emerging risk categories to proactively make recommendations for cost saving solutions;
- ✔ Implementation of wellness strategies and disease management programs to impact high-cost targets; and
- ✔ Analyzing cost mitigation programs implemented and results, making adjustments as necessary based on the data.



Consequently, this municipality's positive outcomes are the cumulative result of many strategic efforts including the implementation of an Employee Health Center, incentivized health risk assessments, and the Motivate Me program. This has been evidenced by the below average cost increases (3.1%) experienced in comparison to national trend due to the implementation of the Health Center and subsequent programs. In addition, through the identification of diabetes as one of the top two high-cost chronic conditions, we were able to recommend changes to the plan design to encourage better self-care and prescription drug adherence by reducing costs for treatment and related drugs for this specific chronic condition.

As a result of our claims analysis and the implementation of the Motivate Me program, along with the integration of medical treatment and wellness services at the Employee Health Center, the employer experienced favorable outcomes that include:

- ✔ Wellness screenings rates 10% above the carrier's Public Sector norm
- ✔ Preventative screenings at 9% above the carrier's Public Sector norm
- ✔ 82% diabetic prescription drug adherence rates (vs. carrier norm of 72%)
- ✔ 800 employees earned incentives in year one of the Motivate Me program

Gehring Group/Risk Strategies is continuing our efforts to further mitigate claims costs through strategy and innovation and foster a culture of wellness among the City's employees.

**b. Attend City Commission, employee, and committee meetings as requested to present benefit-related information and recommendations.**

Acknowledged. Our team is available to attend City Commission, employee and committee meetings as requested to present benefit-related information and recommendations. Our team participates in many of our clients' employee committees that include labor representation and are veteran presenters to various governing bodies including various types of Boards and Committees.

**c. Prepare and deliver market analyses and reports on benefit trends and market conditions.**

Gehring Group/Risk Strategies will prepare and deliver comprehensive market analyses that highlight current benefit trends and evolving market conditions. Our analyses are tailored to the public sector and include insights on plan design innovations, cost drivers, funding strategies, and carrier performance. We leverage both national data and our in-house benchmarking data, to ensure our recommendations are relevant and actionable. Our goal is to provide the City with timely, data-driven intelligence to support strategic decision-making and maintain a competitive, cost-effective benefits program.

## **11. Dispute Resolution and Litigation Support**

### **a. Assist the City in resolving disputes related to vendors, providers, or carriers, including claim adjudication and appeals.**

Your Gehring Group/Risk Strategies' account manager is available to assist our clients and their employees in the resolution of unresolved claim issues, resolution of disputes related to vendors, providers, or carriers, including claim adjudication and appeals. In addition to your assigned account manager, Gehring Group/Risk Strategies also provides in-house Client Service Specialists specifically for this purpose, so that there will always be someone accessible to you and your employees. These staff members are available to help employees work through claims issues by analyzing the issue and working with the carrier claims department or service representative as well as the provider's office to seek resolution. They are also crucial in helping to resolve escalated claims issues by assisting with writing appeal letters in the event a claim has been denied.

The following includes two examples of Gehring Group/Risk Strategies' intervention that resulted in significant savings to employees of two of our Public Sector clients:

1. Assisting an employee in resolving \$19,000 of denied claims. The employee's dependent child had nasal septum repair surgery and was billed over \$19,000. The claims were denied because the carrier claimed a lack of medical necessity. Our team worked closely with both the provider and the insurance carrier to provide the medical necessity information and documentation in order to have the claims reprocessed and paid, resulting in the employee only owing his \$500 deductible and a \$150 facility copay.
2. The dependent of an employee was in a skiing accident and received emergency care out of state. After the surgery, he received a "boot" from an out-of-network durable equipment provider. The carrier denied this claim, stating that it was considered a non-covered service and the member was then billed \$966. Our team worked with the employee to write an appeal letter on the member's behalf and provided all medical documentation for the carrier to reconsider covering the expense. The appeal was approved and this claim for \$966 was processed and paid in-network at 100%.

Our Gehring Group/Risk Strategies' team will follow up with the applicable carrier claims department or service representative and assist in gathering all required information and documentation and continuously follow up throughout the appeal process. They exhaust all avenues in their efforts to bring each employee issue to resolution.

### **b. In the event of litigation related to benefit programs or procurement processes, provide necessary documentation and expert testimony upon request.**

Upon request, we will assist the City in providing necessary documentation and testimony in the event of any litigation relating to the City's benefit programs or procurement processes.

## **12. Personnel Assignment**

- a. Designate a qualified Project Manager at no additional cost to oversee all services provided under this Agreement and to serve as the primary liaison with the City.**

The designated Project Manager proposed to manage the account relationship with the City will continue to be Dustin Kuehn, Senior Benefits Consultant. Dustin is highly qualified and has achieved his certification as Registered Employee Benefit Consultant (REBC) certification. He is supported by an entire team of benefits professional including a backup consultant, Marc Rodriguez, as well as our Account Management, Benefits Analytics, and Executive Teams. Resumes and qualifications for each service team member are outlined in **Tab 3: Proposer Qualifications**.

## **13. Additional Consulting Services**

- a. Provide additional health and benefit plan consulting services as deemed necessary by the City.**

Acknowledged. Gehring Group/Risk Strategies is committed to providing additional health and benefit plan consulting services as deemed necessary by the City. Our team offers flexible, responsive support tailored to meet your evolving needs. We value long-term partnerships and are dedicated to supporting the City in achieving its employee benefits objectives.

- b. Maintain fiduciary liability coverage, including defense costs and errors and omissions coverage, to protect the City and its fiduciaries against potential claims.**

Gehring Group/Risk Strategies will maintain commercial general liability, umbrella, workers' compensation, and errors and omissions insurance coverage and will continue to provide certificates of insurance as requested. However, fiduciary liability coverage is not included in the scope of provided insurance.

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## INNOVATION & TECHNOLOGY

### a. **Technological Tools: Describe the innovative solutions and technology used, such as advanced software and data analytics, to enhance service delivery.**

Gehring Group/Risk Strategies utilizes a suite of technological, administrative and health plan software tools to support the ongoing and active management of our employer group clients, ensuring they receive comprehensive and innovative solutions. Some examples include:

1. Utilizing our **NavMD data analytics platform** to evaluate claims data and network utilization even further for our self-insured clients. NavMD Analytics is a predictive health analytics and health plan management system that provides many clinical and risk measures of total populations and subpopulations, integrated with demographic data, compliance averages for Episodic Treatment Groups® of conditions, Episodic Risk Groups®, medical and pharmacy compliance, and condition prevalence.
2. Utilizing our **Veruna Client Management** software to track the objectives, activities, tasks, and communication with each client. We input tasks, communications, and activity dates, ensuring that our entire team remains well-informed of all deadlines to streamline our service processes and maintain our commitment to delivering a smooth and efficient renewal and service experience for our clients.
3. Implementing an online enrollment and administration solution such as **Bentek** to streamline open enrollment and year-round benefits administration for the HR team, achieve a paperless enrollment process, electronically submit qualifying events, store dependent documentation, store life insurance beneficiaries, and more.
4. Establishing a **Custom Email Address** (e.g., hollywood@gehringgroup.com) for employees to contact a member of their Gehring Group/Risk Strategies service team directly to access help with claims issues, enrollment questions, and more.
5. Utilizing **"QR" codes** on flyers and employee benefit booklets to provide employees with access to their online enrollment portal or additional information.
6. Providing numerous client education and compliance sessions through **Webinars /Workshops** and **Employer Toolkits** prepared in response to the ever-changing legislative environment.
7. Developing and launching various employee **Education and Wellness Campaigns**. Our team has pre-designed wellness campaigns and challenges that are easy to implement, relevant, and timely. Some of the educational campaigns implemented by clients include a focus on being a conscientious consumer and include "Using your Flexible Spending Account", "Preventive Healthcare Services, Know Before you Go" and "Let's Get Appy" (using your carrier's app.) Wellness campaigns include "Apple a Day Challenge," "Hydration Challenge," "Stress Less," "Sugar Free Challenge," "Maintain, Don't Gain," and more.
8. Providing the **Mineral Online Human Resources Research Tool** at no additional cost. Mineral offers a one-stop resource for quick answers to thousands of human resources and employee benefits questions covering such issues as record-keeping, employment law, wages and withholding, workers' compensation, harassment, ERISA, COBRA, and FMLA.

Gehring Group/Risk Strategies holds a strong commitment to remain on the cutting edge of technology and innovation. To support these efforts even further, we also host an annual two-day education summit where we provide engaging sessions on Leadership Training, Wellness, Legislative/Compliance Updates, Mental Health, and Innovation and Trends in Employee Benefits and Risk Management. Here, our clients can interact with each other and have roundtable discussions with their peers on topics of their choice.

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## **CLIENT SUPPORT & COMMUNICATION**

**a. Support Approach: Explain the approach to client support and communication, including responsiveness, availability, and methods for keeping clients informed.**

Risk Strategies' customer service strategy is rooted in our commitment to maintaining year-round engagement with our clients, not just during renewal periods. In addition, our clients have the convenience of reaching us at any time via email, telephone, or cell phone without incurring additional hourly charges. We are also available for in-person or virtual meetings, depending on the City's needs and preferences. This approach ensures continuous support and open communication, fostering a strong and responsive relationship with the City.

Gehring Group/Risk Strategies also has a robust process in place for tracking communication with our clients. We log each client issue into our agency management system, which allows our team to track the progress of each issue from start to finish. This system enables us to set reminders for follow-ups with providers, carriers, and clients, ensuring that we communicate the status of our efforts regularly. Our policy is to follow up at least weekly on claims issues, although turnaround times may vary based on the complexity of the issue.

Clients can reach their account managers, even when they are out of the office, through cell phones or our administrative assistant. All account managers are equipped with technology tools such as laptops, cell phones, and tablets to ensure they can respond promptly. Additionally, our in-house account representatives work alongside account managers to resolve urgent requests quickly, such as issues with obtaining prescriptions or other care-related matters.

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## **COMPLIANCE & REGULATORY KNOWLEDGE**

**a. Regulatory Expertise: Detail knowledge and experience with relevant laws, regulations, and compliance requirements specific to the public sector and medical insurance.**

Gehring Group/Risk Strategies maintains a strong commitment to ensure our clients remain in compliance with relevant laws, regulations, and compliance requirements specific to the public sector and medical insurance. Details regarding our compliance and regulatory knowledge is outlined in #6 above (page 43).

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Pricing is to be a Monthly Fixed Amount along with the Total Annual Amount for each Initial Term Year per the format on Section 4.4 of the solicitation. The lump sum includes all costs to perform the work, travel, per diem expenses, photocopying, telephone lines or other incidental expenses, if applicable. If additional work is required beyond the scope of this contract, the City reserves the right negotiate those services or to obtain from other service providers. This may include additional presentations or follow-up as requested.

Please refer to the following page for the completed **Cost Schedule Form**. In addition to the proposed annual flat fee, Gehring Group/Risk Strategies proposes the following additional compensation paid by the City's vendors for the continued oversight and monitoring of the City's employee health center as follows:

| Line of Coverage/Service | Commission/Compensation |
|--------------------------|-------------------------|
| Life & AD&D              | 8%                      |
| Employee Health Center   | \$2.00 PEPM*            |

*\*This fee will only apply if the current vendor confirms that it will not result in any changes to the existing administration fee for services.*

Under the proposal compensation, there will be no additional charges to the City of Hollywood by Gehring Group/Risk Strategies for the following:

- Bentek® Online Enrollment & Administration System
- Travel costs associated with servicing the City
- ACA advisory and planning services
- Onsite attendance at annual Open Enrollment meetings as needed
- Development of annual employee benefit guide and other employee communications
- Actuarial services (112.08, rate, and reserve setting; and IBNR calculation)
- Access to Mineral online H.R. research tool
- All other services as requested within the RFP Scope of Work

Gehring Group/Risk Strategies remains open to discussion regarding alternative service and compensation options under consideration by the City.

- Proposers must be licensed in the State of Florida and provide a copy of Proposer's current license.
- Proposers must provide sub-contractor agreement for any labor that may be used for this effort. The City reserves the right to approve a sub-contractor plan for this effort.
- Proposers must have on staff an actuary with experience in employee benefits and in particular self-funded plans or ability to subcontract. Provide a resume for the Actuary.
- Proposers must have Public Sector benefits consultation/brokerage experience.

#### 4.4. Fee Submittal Format

Proposers must submit pricing for this Effort. Pricing is to be a Monthly Fixed Amount.

##### 1st Year of the Initial Term:

| Services                            | Amount | Frequency;<br>Monthly | Total Monthly<br>Amount | Total Annual<br>Amount |
|-------------------------------------|--------|-----------------------|-------------------------|------------------------|
| Benefits Administration<br>Services |        | 12                    | <b>\$12,500.00</b>      | <b>\$150,000.00</b>    |
|                                     |        |                       | Total Cost 1st<br>year: | <b>\$150,000.00</b>    |

##### 2nd Year of Initial Term:

| Services                            | Amount | Frequency;<br>Monthly | Total Monthly<br>Amount | Total Annual<br>Amount |
|-------------------------------------|--------|-----------------------|-------------------------|------------------------|
| Benefits Administration<br>Services |        | 12                    | <b>\$12,500.00</b>      | <b>\$150,000.00</b>    |
|                                     |        |                       | Total Cost 2nd<br>year: | <b>\$150,000.00</b>    |

##### 3rd Year of Initial Term:

| Services                            | Amount | Frequency;<br>Monthly | Total Monthly<br>Amount | Total Annual<br>Amount |
|-------------------------------------|--------|-----------------------|-------------------------|------------------------|
| Benefits Administration<br>Services |        | 12                    | <b>\$12,500.00</b>      | <b>\$150,000.00</b>    |

|  |  |  |                      |                     |
|--|--|--|----------------------|---------------------|
|  |  |  | Total Cost 3rd year: | <b>\$150,000.00</b> |
|--|--|--|----------------------|---------------------|

**4th Year of Initial Term:**

| Services                         | Amount | Frequency; Monthly | Total Monthly Amount | Total Annual Amount |
|----------------------------------|--------|--------------------|----------------------|---------------------|
| Benefits Administration Services |        | 12                 | <b>\$12,500.00</b>   | <b>\$150,000.00</b> |
|                                  |        |                    | Total Cost 4th year: | <b>\$150,000.00</b> |

**5th Year of Initial Term:**

| Services                         | Amount | Frequency; Monthly | Total Monthly Amount | Total Annual Amount |
|----------------------------------|--------|--------------------|----------------------|---------------------|
| Benefits Administration Services |        | 12                 | <b>\$12,500.00</b>   | <b>\$150,000.00</b> |
|                                  |        |                    | Total Cost 5th year: | <b>\$150,000.00</b> |

|                                       |                     |
|---------------------------------------|---------------------|
| <b>Total Cost of Initial 5 years:</b> | <b>\$750,000.00</b> |
|---------------------------------------|---------------------|

|                 |                                                   |
|-----------------|---------------------------------------------------|
| Exhibit A ..... | Sample Employee Benefit Guide                     |
| Exhibit B ..... | Sample Employee Communications                    |
| Exhibit C ..... | Sample Reports & Work Product                     |
| Exhibit D ..... | Sample Client Webinar                             |
| Exhibit E ..... | Sample Employee Benefit Newsletters               |
| Exhibit F ..... | Client Letters of Recommendation                  |
| Exhibit G ..... | Bentek® Online Enrollment & Administration System |

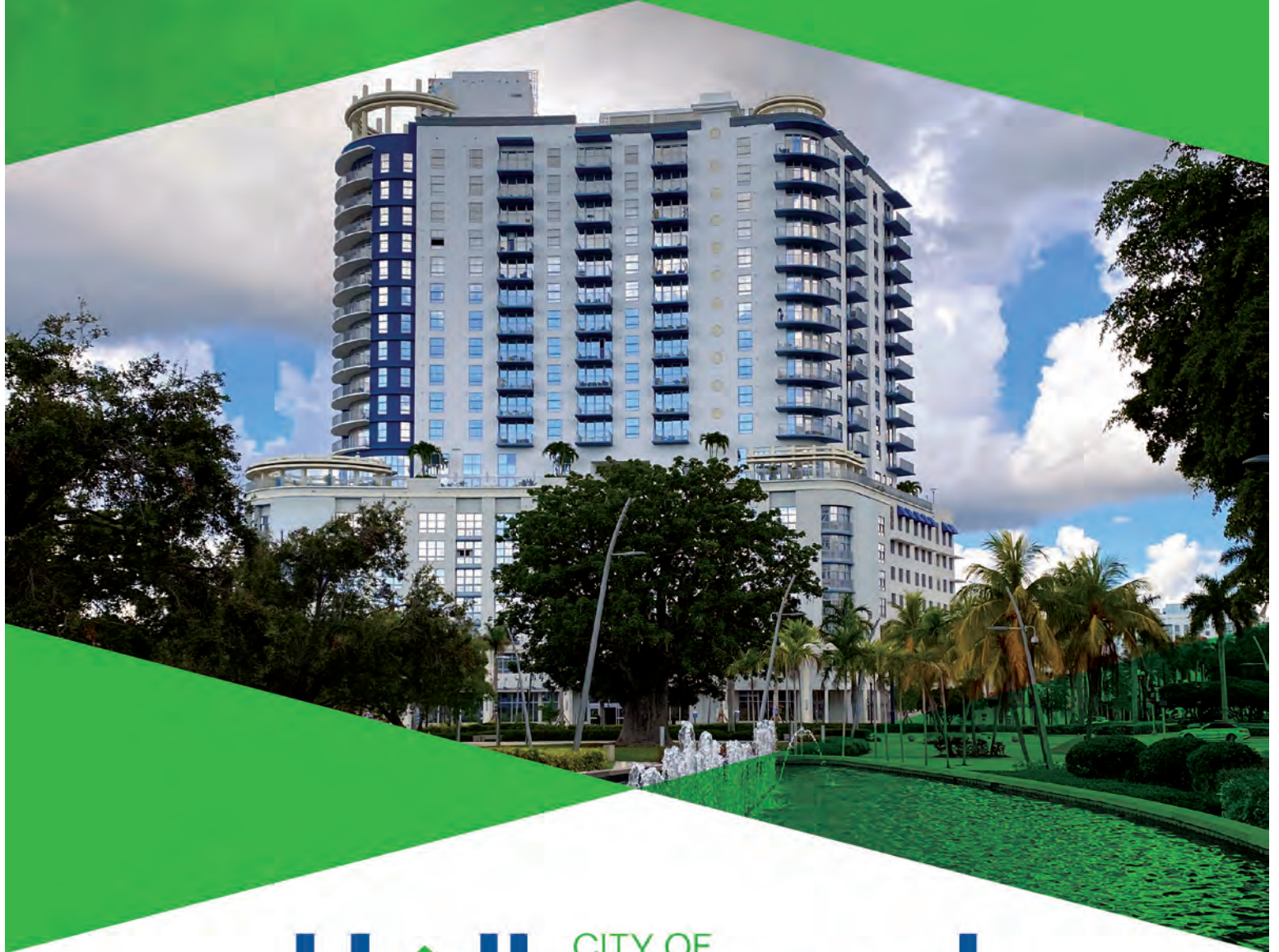
# **Exhibit A**

## **Sample Employee Benefits**

### **Guide**

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# 2025 EMPLOYEE BENEFIT HIGHLIGHTS





# City of Hollywood Employee Health Center

## OPENING, AUGUST 1<sup>st</sup>, 2024 HOURS OF OPERATION

Monday 7 am – 4 pm  
Tuesday 7 am – 4 pm  
Wednesday 7 am – 4 pm  
Thursday 7 am – 6 pm  
Friday 7 am – 4 pm  
Saturday 8 am – 12 pm

**CLOSED FOR LUNCH  
DAILY  
12pm – 1pm**

### SERVICES\*

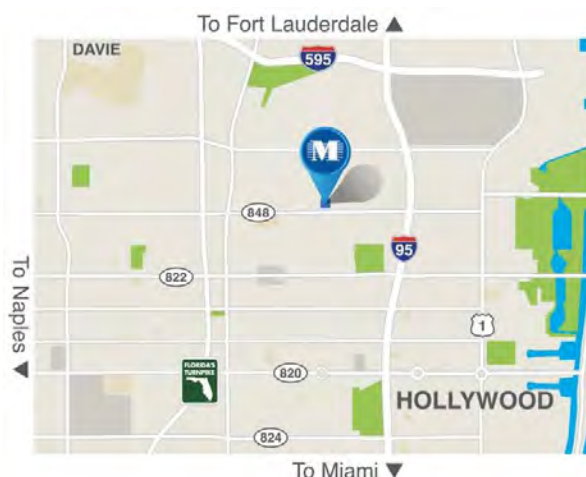
- Routine Primary Care
- Urgent Care
- Chronic Disease Management
- Women's Health
- Men's Health
- Preventive Care
- Vaccines
- Pediatric Care 8 years and older
- Lab draws

*\*Employee must live within the Tri-County area to be eligible for Employee Health Center services.*

### PROVIDERS

**Eric Samuel, MD**

**Daphnie Bharadwa, DNP**



3109 Stirling Road., Suite 106  
Hollywood, FL 33021

**(954) 276-1370**

Walk-ins welcome.

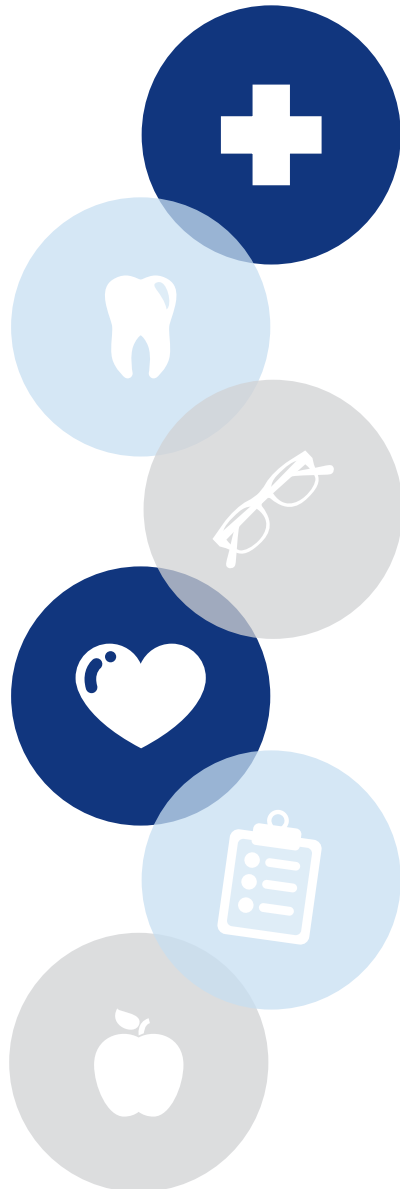
Appointments available  
through My Chart.





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



## Contact Information

|                                                                                     |                                                    |                                                      |                                                                                                          |
|-------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|                                                                                     | City of Hollywood                                  | Tammie Hechler<br>Director of Human Resources        | Phone: (954) 921-3218<br>Email: thechler@hollywoodfl.org                                                 |
|    | Employee Health Center                             | Memorial Healthcare System                           | Customer Service: (954) 276-1370<br>mychart.mhs.net                                                      |
|    | Online Benefit Enrollment                          | Bentek Support                                       | Customer Service: (888) 5-Bentek (523-6835)<br>Email: support@mybentek.com<br>app.mybentek.com/hollywood |
|    | Medical Insurance                                  | Cigna Healthcare                                     | Customer Service: (800) 244-6224<br>www.mycigna.com                                                      |
|    | Prescription Drug Coverage<br>& Mail Order Program | Express Scripts through Cigna Healthcare             | Customer Service: (800) 835-3784<br>www.mycigna.com                                                      |
|    | Virtual Care                                       | MDLIVE through Cigna Healthcare                      | Customer Service: (888) 726-3171<br>www.mycigna.com                                                      |
|                                                                                     |                                                    | Cigna Virtual Care                                   | Customer Service: (800) 244-6224<br>www.mycigna.com                                                      |
|    | Health Reimbursement Account                       | P&A Group                                            | Customer Service: (716) 852-2611<br>www.padmin.com                                                       |
|    | Dental Insurance                                   | Cigna Healthcare                                     | Customer Service: (800) 244-6224<br>www.mycigna.com                                                      |
|  | Vision Insurance                                   | Vision Service Plan                                  | Customer Service: (800) 877-7195<br>www.vsp.com                                                          |
|  | Flexible Spending Accounts                         | P&A Group                                            | Customer Service: (716) 852-2611<br>www.padmin.com                                                       |
|  | Employee Assistance Program                        | Evernorth Behavioral Health                          | Customer Service: (888) 736-7009<br>www.well.evernorth.com                                               |
|  | Basic Life and AD&D Insurance                      | Symetra                                              | Customer Service: (800) 796-3872<br>www.symetra.com                                                      |
|                                                                                     | Voluntary Life and AD&D Insurance                  | Symetra                                              | Customer Service: (800) 796-3872<br>www.symetra.com                                                      |
|  | Long Term Disability Insurance                     | Symetra                                              | Customer Service: (800) 796-3872<br>www.symetra.com                                                      |
|  | Post-Employment Savings Plan                       | MissionSquare                                        | Customer Service: (800) 669-7400<br>accountaccess.missionsq.org                                          |
|                                                                                     |                                                    | Nationwide                                           | Customer Service: (877) 677-3678<br>www.nrsforu.com                                                      |
|  | Legal & Identity Theft Plans                       | Preferred Legal Plan                                 | Customer Service: (888) 577-3476<br>www.preferredlegal.com                                               |
|  | Supplemental Benefits                              | Aflac                                                | Customer Service: (800) 992-3522<br>www.aflac.com                                                        |
|                                                                                     |                                                    | Beyond Med                                           | Customer Service: (844) 267-6192<br>www.beyondmedplans.com                                               |
|  | Retirement Plans                                   | City of Hollywood Employees' Retirement Fund         | Plan Administrator: Christine Bailey, Executive Director<br>Phone: (954) 921-3333                        |
|                                                                                     |                                                    | City of Hollywood Firefighters' Pension System       | Plan Administrator: Michelle Rodriguez<br>Phone: (239) 333-4872                                          |
|                                                                                     |                                                    | City of Hollywood Police Officers' Retirement System | Plan Administrator: David Williams<br>Phone: (954) 967-4395                                              |
|                                                                                     | Deferred Compensation Programs                     | Nationwide 457 Deferred Compensation Administrator   | Agent: Al Pinzon, Sr.   Phone: (954) 232-7615<br>Email: Pinzona@nationwide.com                           |



## Introduction

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

## Online Benefit Enrollment

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

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



### To Access the Employee Benefits Center:

- ✓ Log on to [app.mybentek.com/hollywood](https://app.mybentek.com/hollywood)
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

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



To access Bentek using a mobile device, scan code.



## Group Insurance Eligibility



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

### Employee Eligibility

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

### Separation of Employment

If employee separates employment from the City of Hollywood, 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/domestic partner and/or dependent child(ren) of the participant or spouse/domestic partner. The term "child" includes any of the following:

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

### Dependent Age Requirements

**Medical Coverage:** A dependent child may be covered through the end of the month in which the child turns age 26.

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

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

### Dependent Age Requirements *(Continued)*

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

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

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

### Disabled Dependents

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

- 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's insurance plans; and
- The dependent has been continuously insured.

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

### Taxable Dependents

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

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



## Group Insurance Eligibility *(Continued)*

### Domestic Partner

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

## Qualifying Events and Section 125

### Section 125 of Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed 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 dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event.

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

### Examples of Qualifying Events:

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

### IMPORTANT NOTES



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





## Medical Insurance

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

### Medical Insurance – Cigna OAP In-Network Plan

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage           | Employee Cost |
|----------------------------|---------------|
| <b>Full-Time Employees</b> |               |
| Employee Only              | \$0.00        |
| Employee + One             | \$39.34       |
| Employee + Two or More     | \$86.56       |
| <b>Part-Time Employees</b> |               |
| Employee Only              | \$64.08       |
| Employee + One             | \$82.35       |
| Employee + Two or More     | \$167.34      |

### Medical Insurance – Cigna OAP Plan

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage           | Employee Cost |
|----------------------------|---------------|
| <b>Full-Time Employees</b> |               |
| Employee Only              | \$87.89       |
| Employee + One             | \$175.78      |
| Employee + Two or More     | \$281.24      |
| <b>Part-Time Employees</b> |               |
| Employee Only              | \$110.08      |
| Employee + One             | \$274.76      |
| Employee + Two or More     | \$538.41      |

#### Cigna Healthcare

Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)

## Medical Plan Resources

Cigna offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, contact Cigna's customer service at (800) 244-6224 or visit [www.mycigna.com](http://www.mycigna.com).

### MotivateMe® Perks

Cigna provides access to the MotivateMe Perks Incentive program to all active employees enrolled in one (1) of the City's medical insurance plans. Employees who complete the online Health Risk Assessment (HRA) at [www.mycigna.com](http://www.mycigna.com) and additional annual wellness/preventive visits are eligible to earn up to \$300 in gift cards. For more information about how to earn rewards, please refer to the City of Hollywood MotivateMe Program flyer on Bentek.

MotivateMe Perks is administered through Cigna. To register online or track MotivateMe earnings please visit [www.mycigna.com](http://www.mycigna.com) or download the myCigna app.

### Mobile App

Mobile app provides on-the-go access to the medical benefit account. Download the myCigna mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

#### Cigna Healthcare

Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)

### IMPORTANT NOTES

- Cigna does not provide physical ID cards. To access a digital ID card, please contact Cigna's customer service, or download from the myCigna mobile app or [www.mycigna.com](http://www.mycigna.com).



## Medical Plan Resources *(Continued)*

### Cigna Care Designation

Choosing a top-performing doctor is a big decision. The Cigna Care Designation is a useful decision-making tool employees can use to choose a doctor based on experience, quality, cost and location.

Doctors who are awarded the Cigna Care Designation are first assessed by Cigna as doctors who meet or exceed specific quality and cost-efficiency criteria, since quality does not have to mean higher costs. Employees can use the myCigna online directory to locate a doctor in many specialties, and will see the Cigna Care Designation symbol next to those who are top-performing rated providers.

### Oral Health Integration Program

Oral health and overall health are closely linked. Members diagnosed with certain medical conditions may be eligible for enhanced dental benefits. Enhanced dental benefits are available to members enrolled in both the medical and dental plan. For additional information or to confirm eligibility, please contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com).

### MyLifeWell

The MyLifeWell platform integrates the City's health & wellness benefit offerings into one seamless new platform to streamline an employee's end-to-end wellness journey.

Features & capabilities will include:

- |                       |                         |
|-----------------------|-------------------------|
| ✓ Wellness assessment | ✓ Physical wellness     |
| ✓ Mental wellness     | ✓ Diabetes prevention   |
| ✓ Nutrition           | ✓ Challenges & rewards  |
| ✓ Social wellness     | ✓ Compliance & tracking |

For additional information, please contact Human Resources.

### Cigna 90 Now

With Cigna 90-Now, employee has more choices in how and where to fill a prescription. This plan offers a new 90-day prescription retail pharmacy network. Employee can also elect to fill 90-day prescriptions with Cigna/Express Scripts Pharmacy where Cigna will deliver employee's medications at a location of the employee's choice. Standard shipping is free.

For more information about the Cigna 90-Now program, please contact customer service at (800) 285-4812 or [www.mycigna.com](http://www.mycigna.com).

### Headspace Care

Stress impacts everyone — in and out of the workplace. Headspace Care behavioral health services offer coaching as a first level of support to build resilience of everyday stress producers through techniques and motivational interviewing to understand each members' needs and create a plan. Headspace behavioral health coaches are available on-demand via text-based chats, self-guided learning activities and content, and video-based therapy and psychiatry. Members can work with a coach on:

- |                        |                           |
|------------------------|---------------------------|
| ✓ Achieving goals      | ✓ Improving communication |
| ✓ Stress management    | ✓ Work life balance       |
| ✓ Building self-esteem | ✓ Recovering from loss    |

Support is available 24/7/365, on mobile devices, for a variety of mental health challenges. Coaches can assist employee on understanding EAP benefits available to members and also may recommend adding a therapist or psychiatrist to the care team.

**Headspace Care** | [www.mycigna.com](http://www.mycigna.com)

### Foodsmart Offered through Cigna

Foodsmart participates in the Cigna network as a provider of virtual nutrition counseling. Access to Foodsmart's registered dietitians and services are available to Cigna members 18 years or older, and ages 13–18 with parent or guardian participation. Coverage and benefits are subject to the customer's eligibility, specific plan design and benefit limitations.

Foodsmart's telehealth experience provides easy access to registered dietitians who can create a customized food program that is tailored to the customer's budget and health goals, including nutrition counseling related to weight management, gut health, irritable bowel syndrome, diabetes, hypertension, and heart health.

Eligible customers can engage with Foodsmart via telephone, email, or Foodsmart's digital platform to schedule sessions with a registered dietitian, contact details below.

**Foodsmart** | Customer Service: (888) 837-5325  
Email: [telenutrition@foodsmart.com](mailto:telenutrition@foodsmart.com) | [www.foodsmart.com/schedule](http://www.foodsmart.com/schedule)



## Virtual Care

Cigna Healthcare provides access to virtual care services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions. The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations for non-emergency medical concerns.

### Primary and Urgent Health Care

MDLIVE should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency medical needs. Many urgent care ailments can be treated with virtual care, such as:

- ✓ Sore Throat
- ✓ Headache
- ✓ Stomachache
- ✓ Fever
- ✓ Cold And Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTIs And More

MDLIVE doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. Virtual visits for primary care are only available for members aged 18 and older.

### Behavioral Health Care

Behavioral health is an important part of overall well-being. MDLIVE's Behavioral Health Care service provides members access to virtual care with psychiatrists and therapists. MDLIVE offers counseling services on issues, such as:

- ✓ Anxiety
- ✓ Depression
- ✓ Grief
- ✓ Life Changes
- ✓ Stress
- ✓ Work/Life Balance

### Dermatology Care

MDLIVE Virtual Dermatology visits are fast, customized care for skin, hair, nail conditions and do not require a scheduled appointment. If testing is required, members will be referred to seek in-person care. Many dermatology care ailments can be treated with virtual care, such as:

- ✓ Acne
- ✓ Boils
- ✓ Chronic Hives
- ✓ Eczema
- ✓ Hair Loss
- ✓ Skin Pigmentation Disorders
- ✓ Suspicious Spots & Moles
- ✓ Warts
- ✓ And more

If MDLIVE services require lab testing, please confirm lab is contracted as an in-network provider through [mycigna.com](http://mycigna.com). For additional information regarding MDLIVE services, please contact MDLIVE through Cigna Healthcare.

#### MDLIVE through Cigna Healthcare

Customer Service: (888) 726-3171 | [www.mycigna.com](http://www.mycigna.com)

### Summary of Benefits and Coverage

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

|                 |                                                                            |
|-----------------|----------------------------------------------------------------------------|
| <b>From:</b>    | Human Resources                                                            |
| <b>Address:</b> | 2600 Hollywood Blvd., Ste. 206<br>Hollywood, FL 33022                      |
| <b>Phone:</b>   | (954) 921-3218                                                             |
| <b>Website:</b> | <a href="http://app.mybentek.com/hollywood">app.mybentek.com/hollywood</a> |

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

If there are questions about the plan offerings or coverage options, please contact Human Resources at (954) 921-3218.



## Cigna OAP In-Network Plan At-A-Glance

| Network                                             | Open Access Plus                                 |                 |
|-----------------------------------------------------|--------------------------------------------------|-----------------|
| <b>Calendar Year Deductible (CYD)</b>               | <b>In-Network</b>                                |                 |
| Single                                              | \$500                                            |                 |
| Family                                              | \$1,500                                          |                 |
| <b>Coinsurance</b>                                  |                                                  |                 |
| Member Responsibility                               | 20%                                              |                 |
| <b>Calendar Year Out-of-Pocket Limit</b>            |                                                  |                 |
| Single                                              | \$3,000                                          |                 |
| Family                                              | \$9,000                                          |                 |
| What Applies to the Out-of-Pocket Limit?            | Deductible, Coinsurance and Copays (Excludes Rx) |                 |
| <b>Physician Services</b>                           |                                                  |                 |
| Primary Care Physician (PCP) Office Visit           | \$30 Copay                                       |                 |
| Specialist Office Visit (No Referral Required)      | \$40 Copay                                       |                 |
| <b>Non-Hospital Services; Freestanding Facility</b> |                                                  |                 |
| Clinical Lab (Bloodwork)*                           | No Charge                                        |                 |
| X-rays (Per Scan)                                   | \$50 Copay                                       |                 |
| Advanced Imaging (MRI, PET, CT) (Per Scan)          | \$50 Copay                                       |                 |
| Outpatient Surgery in Surgical Center (Per Visit)   | \$250 Copay                                      |                 |
| Physician Services at Surgical Center               | No Charge                                        |                 |
| Urgent Care (Per Visit)                             | \$75 Copay                                       |                 |
| <b>Hospital Services</b>                            |                                                  |                 |
| Inpatient Hospital (Per Admission)                  | \$500 Copay                                      |                 |
| Outpatient Hospital (Per Visit)                     | \$250 Copay                                      |                 |
| Inpatient Physician Services at Hospital            | \$40 Copay + 20%                                 |                 |
| Outpatient Physician Services at Hospital           | No Charge                                        |                 |
| Emergency Room (Per Visit; Waived if Admitted)      | \$200 Copay                                      |                 |
| <b>Mental Health/Alcohol &amp; Substance Abuse</b>  |                                                  |                 |
| Inpatient Hospital Services (Per Admission)         | \$500 Copay                                      |                 |
| Outpatient Services (Per Visit)                     | No Charge                                        |                 |
| Outpatient Office Visit                             | \$40 Copay                                       |                 |
| <b>Prescription Drugs (Rx)</b>                      |                                                  |                 |
| Pharmacy Calendar Year Deductible                   | \$50 Per Covered Person                          |                 |
| Pharmacy Calendar Year Out-of-Pocket Limit          | Single: \$1,500                                  | Family: \$4,500 |
| Generic                                             | 20% After Rx CYD                                 |                 |
| Preferred Brand Name                                | 20% After Rx CYD                                 |                 |
| Non-Preferred Brand Name                            | 20% After Rx CYD                                 |                 |
| Mail Order and Retail Drug (90-Day Supply)          | \$25 / \$75 / \$150 Copay After Rx CYD           |                 |



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Open Access Plus network.



### Plan References

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



### Important Notes

- There is a separate \$50 per person calendar year deductible to be met before Rx benefits begin.
- There is a separate \$1,500/\$4,500 per calendar year, Pharmacy Out-of-Pocket Limit, that does not accumulate towards the Medical Calendar Year Out-of-Pocket Limit.
- Services received by providers and facilities **not** in the Open Access Plus network, will not be covered.



## Cigna OAP Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Open Access Plus network.



### Plan References

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

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

**\*\*\*PAD:** Per Admission Deductible



### Important Notes

- There is a separate \$50 per person calendar year deductible to be met before Rx benefits begin.
- There is a separate \$1,000/\$3,000 per calendar year, Pharmacy Out-of-Pocket Limit for in-network and out-of-network Rx costs combined, that does not accumulate towards the Medical Calendar Year Out-of-Pocket Limit.
- Generic and Preferred Brand Name preventive medication are excluded from Rx CYD.

| Network                                        | Open Access Plus                                 |                  |
|------------------------------------------------|--------------------------------------------------|------------------|
| Calendar Year Deductible (CYD)                 | In-Network                                       | Out-of-Network*  |
| Single                                         | \$250                                            | \$750            |
| Family                                         | \$750                                            | \$2,250          |
| Coinsurance                                    |                                                  |                  |
| Member Responsibility                          | 10%                                              | 40%              |
| Calendar Year Out-of-Pocket Limit              |                                                  |                  |
| Single                                         | \$2,000                                          | \$4,000          |
| Family                                         | \$4,000                                          | \$8,000          |
| What Applies to the Out-of-Pocket Limit?       | Deductible, Coinsurance and Copays (Excludes Rx) |                  |
| Physician Services                             |                                                  |                  |
| Primary Care Physician (PCP) Office Visit      | \$25 Copay                                       | 40% After CYD    |
| Specialist Office Visit (No Referral Required) | \$45 Copay                                       | 40% After CYD    |
| Non-Hospital Services; Freestanding Facility   |                                                  |                  |
| Clinical Lab (Bloodwork)**                     | No Charge                                        | 40% After CYD    |
| X-rays (Per Scan)                              | \$45 Copay                                       | 40% After CYD    |
| Advanced Imaging (MRI, PET, CT)(Per Scan)      | \$100 Copay                                      | 40% After CYD    |
| Outpatient Surgery in Surgical Center          | \$50 Copay                                       | 40% After CYD    |
| Physician Services at Surgical Center          | \$40 Copay                                       | \$40 Copay       |
| Urgent Care (Per Visit)                        | \$60 Copay                                       | 40% After CYD    |
| Hospital Services                              |                                                  |                  |
| Inpatient Hospital (Per Admission)             | \$250 Copay                                      | \$750 PAD***     |
| Outpatient Hospital                            | \$100 Copay                                      | \$300 PAD***     |
| Inpatient Physician Services at Hospital       | No Charge                                        | No Charge        |
| Outpatient Physician Services at Hospital      | \$40 Copay                                       | \$40 Copay       |
| Emergency Room (Per Visit; Waived if Admitted) | \$200 Copay                                      | \$200 Copay      |
| Mental Health/Alcohol & Substance Abuse        |                                                  |                  |
| Inpatient Hospital Services (Per Admission)    | \$250 Copay                                      | \$750 PAD***     |
| Outpatient Services (Per Visit)                | No Charge                                        | No Charge        |
| Outpatient Office Visit                        | No Charge                                        | 40% After CYD    |
| Prescription Drugs (Rx)                        |                                                  |                  |
| Pharmacy Calendar Year Deductible              | \$50 Per Covered Person                          |                  |
| Pharmacy Calendar Year Out-of-Pocket Limit     | Single: \$1,000 and Family: \$3,000              |                  |
| Generic                                        | \$10 Copay After Rx CYD                          | 50% After Rx CYD |
| Preferred Brand Name                           | 20% After Rx CYD                                 | 50% After Rx CYD |
| Non-Preferred Brand Name                       | 20% After Rx CYD                                 | 50% After Rx CYD |
| Mail Order and Retail Drug (90-Day Supply)     | \$20 / \$50 / \$80 Copay After Rx CYD            | Not Covered      |

## Health Reimbursement Account

The City provides employees who participate in one (1) of the City's medical plans, a Health Reimbursement Account (HRA) through P&A Group. HRA monies are funded by the City and can be used for any qualified medical, dental or vision expense such as copayments, deductibles and coinsurance for physician services, hospital services, prescription drugs, etc. The HRA monies provide tax-free funds to cover those expenses incurred under the medical, dental and vision plan(s).

### HRA Funding Allotment

Employees enrolled in one (1) of the City's medical plans must complete their Annual Biometric Screening at the Employee Health Center by December 31 to be eligible for HRA funding.

HRA Funding for 2025 is as follows:

- \$400 for Employee Only
- \$600 for Employees with One (1) Dependent
- \$1,000 for Employees with Two (2) or More Dependents

**New Hires:** During the benefits eligibility waiting period, new hires must complete an Annual Biometric Screening at the Employee Health Center to be eligible for the HRA benefit.

### Retain Receipts

During the year, employee should keep all receipts and documentation for prescriptions and medical, dental or vision related expenses if needed to verify a claim for P&A or for IRS tax purposes. If asked to produce documentation, a valid Explanation of Benefits (EOB) and receipt of payment for the services rendered will be sufficient.

### How to Check Available HRA Balance

Balance, activity and account history is available anytime online at [www.padmin.com](http://www.padmin.com) or by calling P&A at (716) 852-2611.

### Expenses Eligible for Reimbursement

Employee may request reimbursement of expenses for employee or covered dependent(s). Eligible expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical, dental or vision condition. Cosmetic expenses are not eligible for reimbursement. Reimbursement checks will be issued to the employee throughout the year for incurred expenses up to the maximum annual benefit amount. Employee also has the option to have reimbursement checks direct deposited into employee's bank account.

### File a Claim

#### Debit Card

Each employee will be provided with a debit card to use for payment of out-of-pocket medical, dental or vision care expenses. This may prevent the employee from having to pay an expense first and then seek reimbursement. However, employee may be required to submit documentation of any expenses that do not match a charge associated with a specific service under the medical, dental or vision plan(s).

#### Claim Form

Employee may submit claim forms to P&A and must include a copy of carrier's Explanation of Benefits or receipts for eligible medical, dental, and vision care services received. Claim forms can be submitted by mail, fax, online or through the P&A Group MyBenefits mobile app.

### What happens to unused HRA funds at the end of the plan year?

Any remaining balance on the HRA at the end of the calendar year will automatically roll back to the Plan.

### What happens to unused HRA funds if employee discontinues participation in the HRA plan, separates employment, or retires from the City?

Any remaining balance on the HRA at the end of the calendar year will automatically roll back to the Plan.

### Mobile App

Mobile app provides on-the-go access to the HRA benefit account. Download the P&A Group MyBenefits mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- Request reimbursement
- View item for eligibility
- Manage expenses
- View and upload receipts

#### Claims Submission

Mailing Address: 6400 Main Street, Suite 210, Williamsville, NY 14221  
Fax: (877) 855-7105

***All claims must be filed within 90 days after the plan year ends (December 31, 2025), or 30 days from the date employee becomes ineligible to file for expenses incurred while participating during the plan year.***

P&A Group | Customer Service: (716) 852-2611 | [www.padmin.com](http://www.padmin.com)





## Dental Insurance

### Cigna Dental PPO Low Plan

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

#### Dental Insurance – Cigna Dental PPO Low Plan

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage  | Employee Cost |
|-------------------|---------------|
| Employee Only     | \$5.17        |
| Employee + One    | \$14.80       |
| Employee + Family | \$23.69       |

#### In-Network Benefits

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

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

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

The Dental PPO Low plan requires a \$25 individual or a \$75 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive and orthodontia services.

#### Calendar Year Benefit Maximum

The maximum benefit the Dental PPO Low plan will pay for each covered member is \$1,000 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the myCigna mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

#### Cigna Healthcare

Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)



## Cigna Dental PPO Low Plan At-A-Glance

| Network                                                         |  | Total Cigna DPP0                       |                                                                     |
|-----------------------------------------------------------------|--|----------------------------------------|---------------------------------------------------------------------|
| Calendar Year Deductible (CYD)                                  |  | In-Network and Out-of-Network Combined |                                                                     |
| Per Member                                                      |  | \$25                                   |                                                                     |
| Per Family                                                      |  | \$75                                   |                                                                     |
| Calendar Year Benefit Maximum                                   |  |                                        |                                                                     |
| Per Member (Includes Class I Services)                          |  | \$1,000                                |                                                                     |
| Class I Services: Diagnostic & Preventive Care                  |  | In-Network                             | Out-of-Network*                                                     |
| Routine Oral Exam (2 Per Calendar Year)                         |  | Plan Pays: 100%<br>Deductible Waived   | Plan Pays: 80%<br>Deductible Waived<br>(Subject to Balance Billing) |
| Routine Cleanings (2 Per Calendar Year)                         |  |                                        |                                                                     |
| Bitewing X-rays (2 Per Calendar Year)                           |  |                                        |                                                                     |
| Complete X-rays (1 Set Every 36 Consecutive Months)             |  |                                        |                                                                     |
| Fluoride (1 Per Calendar Year; Dependent Children Under Age 19) |  |                                        |                                                                     |
| Class II Services: Basic Restorative Care                       |  |                                        |                                                                     |
| Fillings                                                        |  | Plan Pays: 80% After CYD               | Plan Pays: 70% After CYD<br>(Subject to Balance Billing)            |
| Simple Extractions                                              |  |                                        |                                                                     |
| Endodontics (Root Canal Therapy)                                |  |                                        |                                                                     |
| Periodontics                                                    |  |                                        |                                                                     |
| General Anesthesia/Intravenous Sedation (Limitations Apply)     |  |                                        |                                                                     |
| Oral Surgery                                                    |  |                                        |                                                                     |
| Class III Services: Major Restorative Care                      |  |                                        |                                                                     |
| Crowns                                                          |  | Plan Pays: 50% After CYD               | Plan Pays: 50% After CYD<br>(Subject to Balance Billing)            |
| Dentures                                                        |  |                                        |                                                                     |
| Bridges                                                         |  |                                        |                                                                     |
| Class IV Services: Orthodontia                                  |  |                                        |                                                                     |
| Lifetime Maximum                                                |  | \$1,000                                |                                                                     |
| Benefit (Dependent Child(ren) Up To Age 19)                     |  | Plan Pays: 50%<br>Deductible Waived    | Plan Pays: 50%<br>Deductible Waived<br>(Subject to Balance Billing) |



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Total Cigna DPP0 network.



### Plan References

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



### Important Notes

- Two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pretreatment Review" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



## Dental Insurance

### Cigna Dental PPO High Plan

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

#### Dental Insurance – Cigna Dental PPO High Plan

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage  | Employee Cost |
|-------------------|---------------|
| Employee Only     | \$21.37       |
| Employee + One    | \$40.68       |
| Employee + Family | \$58.51       |

#### In-Network Benefits

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

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

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

The Dental PPO High plan requires a \$25 individual or a \$75 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive and orthodontia services.

#### Calendar Year Benefit Maximum

The maximum benefit the Dental PPO High plan will pay for each covered member is \$2,000 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the myCigna mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

#### Cigna Healthcare

Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)



## Cigna Dental PPO High Plan At-A-Glance

| Network                                                         |  | Total Cigna DPP0                       |                                                                     |
|-----------------------------------------------------------------|--|----------------------------------------|---------------------------------------------------------------------|
| Calendar Year Deductible (CYD)                                  |  | In-Network and Out-of-Network Combined |                                                                     |
| Per Member                                                      |  | \$25                                   |                                                                     |
| Per Family                                                      |  | \$75                                   |                                                                     |
| Calendar Year Benefit Maximum                                   |  |                                        |                                                                     |
| Per Member (Includes Class I Services)                          |  | \$2,000                                |                                                                     |
| Class I Services: Diagnostic & Preventive Care                  |  | In-Network                             | Out-of-Network*                                                     |
| Routine Oral Exam (2 Per Calendar Year)                         |  | Plan Pays: 100%<br>Deductible Waived   | Plan Pays: 80%<br>Deductible Waived<br>(Subject to Balance Billing) |
| Routine Cleanings (2 Per Calendar Year)                         |  |                                        |                                                                     |
| Bitewing X-rays (2 Per Calendar Year)                           |  |                                        |                                                                     |
| Complete X-rays (1 Set Every 36 Consecutive Months)             |  |                                        |                                                                     |
| Fluoride (1 Per Calendar Year; Dependent Children Under Age 19) |  |                                        |                                                                     |
| Class II Services: Basic Restorative Care                       |  |                                        |                                                                     |
| Fillings                                                        |  | Plan Pays: 80% After CYD               | Plan Pays: 70% After CYD<br>(Subject to Balance Billing)            |
| Simple Extractions                                              |  |                                        |                                                                     |
| Endodontics (Root Canal Therapy)                                |  |                                        |                                                                     |
| Periodontics                                                    |  |                                        |                                                                     |
| General Anesthesia/Intravenous Sedation (Limitations Apply)     |  |                                        |                                                                     |
| Oral Surgery                                                    |  |                                        |                                                                     |
| Class III Services: Major Restorative Care                      |  |                                        |                                                                     |
| Crowns                                                          |  | Plan Pays: 50% After CYD               | Plan Pays: 50% After CYD<br>(Subject to Balance Billing)            |
| Dentures                                                        |  |                                        |                                                                     |
| Bridges                                                         |  |                                        |                                                                     |
| Class IV Services: Orthodontia                                  |  |                                        |                                                                     |
| Lifetime Maximum                                                |  | \$2,000                                |                                                                     |
| Benefit (Dependent Child(ren) Up To Age 19)                     |  | Plan Pays: 50%<br>Deductible Waived    | Plan Pays: 50%<br>Deductible Waived<br>(Subject to Balance Billing) |



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Total Cigna DPP0 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.



### Important Notes

- Two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pretreatment Review" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



## Dental Insurance

### Cigna Dental PPO Buy-Up Plan

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

#### Dental Insurance – Cigna Dental PPO Buy-Up Plan

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage  | Employee Cost |
|-------------------|---------------|
| Employee Only     | \$25.11       |
| Employee + One    | \$46.82       |
| Employee + Family | \$66.86       |

#### In-Network Benefits

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

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

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

The Dental PPO Buy-Up plan requires a \$25 individual or a \$75 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive and orthodontia services.

#### Calendar Year Benefit Maximum

The maximum benefit the Dental PPO Buy-Up plan will pay for each covered member is \$3,000 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the myCigna mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

#### Cigna Healthcare

Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)



## Cigna Dental PPO Buy-Up Plan At-A-Glance

| Network                                                     | Total Cigna DPP0                              |                                                                     |
|-------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|
| <b>Calendar Year Deductible (CYD)</b>                       | <b>In-Network and Out-of-Network Combined</b> |                                                                     |
| Per Member                                                  | \$25                                          |                                                                     |
| Per Family                                                  | \$75                                          |                                                                     |
| <b>Calendar Year Benefit Maximum</b>                        |                                               |                                                                     |
| Per Member (Includes Class I Services)                      | \$3,000                                       |                                                                     |
| <b>Class I Services: Diagnostic &amp; Preventive Care</b>   | <b>In-Network</b>                             | <b>Out-of-Network*</b>                                              |
| Routine Oral Exam (2 Per Calendar Year)                     | Plan Pays: 100%<br>Deductible Waived          | Plan Pays: 80%<br>Deductible Waived<br>(Subject to Balance Billing) |
| Routine Cleanings (4 Per Calendar Year)                     |                                               |                                                                     |
| Bitewing X-rays (2 Per Calendar Year)                       |                                               |                                                                     |
| Complete X-rays (1 Set Every 36 Consecutive Months)         |                                               |                                                                     |
| Fluoride (1 Per Calendar Year; Adult Included)              |                                               |                                                                     |
| <b>Class II Services: Basic Restorative Care</b>            |                                               |                                                                     |
| Fillings                                                    | Plan Pays: 80% After CYD                      | Plan Pays: 70% After CYD<br>(Subject to Balance Billing)            |
| Simple Extractions                                          |                                               |                                                                     |
| Endodontics (Root Canal Therapy)                            |                                               |                                                                     |
| Periodontics                                                |                                               |                                                                     |
| General Anesthesia/Intravenous Sedation (Limitations Apply) |                                               |                                                                     |
| Oral Surgery                                                |                                               |                                                                     |
| <b>Class III Services: Major Restorative Care</b>           |                                               |                                                                     |
| Crowns                                                      | Plan Pays: 50% After CYD                      | Plan Pays: 50% After CYD<br>(Subject to Balance Billing)            |
| Dentures                                                    |                                               |                                                                     |
| Bridges                                                     |                                               |                                                                     |
| <b>Class IV Services: Orthodontia</b>                       |                                               |                                                                     |
| Lifetime Maximum                                            | \$3,000                                       |                                                                     |
| Benefit (Adult/Children)                                    | Plan Pays: 50%<br>Deductible Waived           | Plan Pays: 50%<br>Deductible Waived<br>(Subject to Balance Billing) |
| <b>Class IX Services: Implants</b>                          |                                               |                                                                     |
| Implants (1 Per 12 Consecutive Months)                      | Plan Pays: 50% After CYD                      | Plan Pays: 50% After CYD<br>(Subject to Balance Billing)            |



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Total Cigna DPP0 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.



### Important Notes

- Four (4) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pretreatment Review" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.





## Vision Insurance

### VSP Vision Plan Option 1

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

#### Vision Insurance – VSP Vision Plan Option 1

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage       | Employee Cost |
|------------------------|---------------|
| Employee Only          | \$2.36        |
| Employee + One         | \$4.73        |
| Employee + Two or More | \$7.61        |

#### In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the VSP Choice network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Out-of-Pocket Maximum

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

#### Mobile App

Mobile app provides on-the-go access to the vision benefit account. Download the VSP Vision Care On the Go mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

**VSP** | Customer Service: (800) 877-7195 | [www.vsp.com](http://www.vsp.com)



## VSP Vision Plan Option 1 At-A-Glance

| Network                                           | VSP Choice                                                                                                                                                     |                                        |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Services                                          | In-Network                                                                                                                                                     | Out-of-Network                         |
| Eye Exam                                          | \$10 Copay                                                                                                                                                     | Up to \$45 Reimbursement               |
| Contact Lens Exam <i>(Fitting and Evaluation)</i> | Up to \$60 Copay                                                                                                                                               | Not Covered                            |
| Materials                                         | \$25 Copay                                                                                                                                                     | Reimbursement Based on Type of Service |
| Frequency of Services                             |                                                                                                                                                                |                                        |
| Examination                                       | 12 Months                                                                                                                                                      |                                        |
| Lenses                                            | 12 Months                                                                                                                                                      |                                        |
| Frames                                            | 24 Months                                                                                                                                                      |                                        |
| Contact Lenses                                    | 12 Months                                                                                                                                                      |                                        |
| Lenses                                            |                                                                                                                                                                |                                        |
| Single                                            | No Charge<br>After \$25 Materials Copay                                                                                                                        | Up to \$30 Reimbursement               |
| Bifocal                                           |                                                                                                                                                                | Up to \$50 Reimbursement               |
| Trifocal                                          |                                                                                                                                                                | Up to \$65 Reimbursement               |
| Lens Enhancements                                 |                                                                                                                                                                |                                        |
| Standard Progressive Lenses                       | No Charge                                                                                                                                                      | Up to \$50 Reimbursement               |
| Premium Progressive Lenses                        | \$95—\$105 Copay                                                                                                                                               |                                        |
| Custom Progressive Lenses                         | \$150—\$175 Copay                                                                                                                                              |                                        |
| Frames                                            |                                                                                                                                                                |                                        |
| Allowance                                         | Up to \$100 Allowance on Any Frame or \$120 if Part of the Featured Frame Option Plus 20% Discount on Any Amount Over the Allowance After \$25 Materials Copay | Up to \$70 Reimbursement               |
| Contact Lenses*                                   |                                                                                                                                                                |                                        |
| Non-Elective <i>(Medically Necessary)</i>         | No Charge                                                                                                                                                      | Up to \$210 Reimbursement              |
| Elective                                          | Up to \$100 Allowance                                                                                                                                          | Up to \$105 Reimbursement              |



### Locate a Provider

To search for a participating provider, contact VSP's customer service or visit [www.vsp.com](http://www.vsp.com). When completing the necessary search criteria, select VSP Choice network.



### Plan References

\*Contact lenses are in lieu of spectacle lenses.



### Important Notes

- Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.
- \$120 Allowance for Ready-Made Non-Prescription Blue Light Filtering Glasses or Non-Prescription Sunglasses.



## Vision Insurance

### VSP Vision Plan Option 2

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

#### Vision Insurance – VSP Vision Plan Option 2

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage       | Employee Cost |
|------------------------|---------------|
| Employee Only          | \$3.87        |
| Employee + One         | \$7.73        |
| Employee + Two or More | \$12.45       |

#### In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the VSP Choice network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Out-of-Pocket Maximum

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

#### Mobile App

Mobile app provides on-the-go access to the vision benefit account. Download the VSP Vision Care On the Go mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

**VSP** | Customer Service: (800) 877-7195 | [www.vsp.com](http://www.vsp.com)



## VSP Vision Plan Option 2 At-A-Glance

| Network                                           | VSP Choice                                                                                                                                                                 |                                        |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Services                                          | In-Network                                                                                                                                                                 | Out-of-Network                         |
| Eye Exam                                          | \$10 Copay                                                                                                                                                                 | Up to \$45 Reimbursement               |
| Contact Lens Exam <i>(Fitting and Evaluation)</i> | Up to \$20 Copay                                                                                                                                                           | Not Covered                            |
| Materials                                         | \$20 Copay                                                                                                                                                                 | Reimbursement Based on Type of Service |
| Frequency of Services                             |                                                                                                                                                                            |                                        |
| Examination                                       | 12 Months                                                                                                                                                                  |                                        |
| Lenses                                            | 12 Months                                                                                                                                                                  |                                        |
| Frames                                            | 24 Months                                                                                                                                                                  |                                        |
| Contact Lenses                                    | 12 Months                                                                                                                                                                  |                                        |
| Lenses                                            |                                                                                                                                                                            |                                        |
| Single                                            | No Charge<br>After \$20 Materials Copay                                                                                                                                    | Up to \$30 Reimbursement               |
| Bifocal                                           |                                                                                                                                                                            | Up to \$50 Reimbursement               |
| Trifocal                                          |                                                                                                                                                                            | Up to \$65 Reimbursement               |
| Lens Enhancements                                 |                                                                                                                                                                            |                                        |
| Standard Progressive Lenses                       | No Charge                                                                                                                                                                  | Up to \$50 Reimbursement               |
| Premium Progressive Lenses                        | \$95—\$105 Copay                                                                                                                                                           |                                        |
| Custom Progressive Lenses                         | \$150—\$175 Copay                                                                                                                                                          |                                        |
| Frames                                            |                                                                                                                                                                            |                                        |
| Allowance                                         | Up to \$130 Allowance on Any Frame, or \$150 Allowance if Part of the Featured Frame Option Plus 20% Discount for Any Amount Over the Allowance After \$20 Materials Copay | Up to \$70 Reimbursement               |
| Contact Lenses*                                   |                                                                                                                                                                            |                                        |
| Non-Elective <i>(Medically Necessary)</i>         | No Charge                                                                                                                                                                  | Up to \$210 Reimbursement              |
| Elective                                          | Up to \$130 Allowance                                                                                                                                                      | Up to \$105 Reimbursement              |



### Locate a Provider

To search for a participating provider, contact VSP's customer service or visit [www.vsp.com](http://www.vsp.com). When completing the necessary search criteria, select VSP Choice network.



### Plan References

\*Contact lenses are in lieu of spectacle lenses.



### Important Notes

- Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.
- \$150 Allowance for Ready-Made Non-Prescription Blue Light Filtering Glasses or Non-Prescription Sunglasses.



## Vision Insurance

### VSP Vision Plan Option 3

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

#### Vision Insurance – VSP Vision Plan Option 3

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage       | Employee Cost |
|------------------------|---------------|
| Employee Only          | \$4.44        |
| Employee + One         | \$8.87        |
| Employee + Two or More | \$14.28       |

#### In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the VSP Signature network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Out-of-Pocket Maximum

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

#### Mobile App

Mobile app provides on-the-go access to the vision benefit account. Download the VSP Vision Care On the Go mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

**VSP** | Customer Service: (800) 877-7195 | [www.vsp.com](http://www.vsp.com)



## VSP Vision Plan Option 3 At-A-Glance

| Network                                           | VSP Signature                                                                                                                                                             |                                        |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Services                                          | In-Network                                                                                                                                                                | Out-of-Network                         |
| Eye Exam                                          | \$10 Copay                                                                                                                                                                | Up to \$50 Reimbursement               |
| Contact Lens Exam <i>(Fitting and Evaluation)</i> | Up to \$10 Copay                                                                                                                                                          | Not Covered                            |
| Materials                                         | \$10 Copay                                                                                                                                                                | Reimbursement Based on Type of Service |
| Frequency of Services                             |                                                                                                                                                                           |                                        |
| Examination                                       | 12 Months                                                                                                                                                                 |                                        |
| Lenses                                            | 12 Months                                                                                                                                                                 |                                        |
| Frames                                            | 24 Months                                                                                                                                                                 |                                        |
| Contact Lenses                                    | 12 Months                                                                                                                                                                 |                                        |
| Lenses                                            |                                                                                                                                                                           |                                        |
| Single                                            | No Charge<br>After \$10 Materials Copay                                                                                                                                   | Up to \$45 Reimbursement               |
| Bifocal                                           |                                                                                                                                                                           | Up to \$65 Reimbursement               |
| Trifocal                                          |                                                                                                                                                                           | Up to \$85 Reimbursement               |
| Lens Enhancements                                 |                                                                                                                                                                           |                                        |
| Standard Progressive Lenses                       | No Charge                                                                                                                                                                 | Up to \$65 Reimbursement               |
| Premium Progressive Lenses                        | \$30 Copay                                                                                                                                                                |                                        |
| Custom Progressive Lenses                         | \$30 Copay                                                                                                                                                                |                                        |
| Frames                                            |                                                                                                                                                                           |                                        |
| Allowance                                         | Up to \$150 Allowance on Any Frame or \$170 Allowance if Part of the Featured Frame Option Plus 20% Discount for Any Amount Over the Allowance After \$10 Materials Copay | Up to \$70 Reimbursement               |
| Contact Lenses*                                   |                                                                                                                                                                           |                                        |
| Non-Elective <i>(Medically Necessary)</i>         | No Charge                                                                                                                                                                 | Up to \$210 Reimbursement              |
| Elective                                          | Up to \$150 Allowance                                                                                                                                                     | Up to \$105 Reimbursement              |



### Locate a Provider

To search for a participating provider, contact VSP's customer service or visit [www.vsp.com](http://www.vsp.com). When completing the necessary search criteria, select VSP Signature network.



### Plan References

\*Contact lenses are in lieu of spectacle lenses.



### Important Notes

- Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.
- \$170 Allowance for Ready-Made Non-Prescription Blue Light Filtering Glasses or Non-Prescription Sunglasses.





## Flexible Spending Accounts

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

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

### Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,300. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

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

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

### Dependent Care FSA

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

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

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

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

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

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

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

## Flexible Spending Accounts *(Continued)*

### FSA Guidelines

- The Health Care FSA has a 90 day run out period at the end of the plan year to submit reimbursement for eligible expenses incurred during the period of coverage within the plan year.
- Employee can enroll in an FSA only during the Open Enrollment Period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners healthcare expenses are not eligible for reimbursement in the employee FSA 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, online or through the P&A Group MyBenefits mobile app. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

#### Debit Card

FSA participants can request 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. P&A Group may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the City. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

### Mobile App

Mobile app provides on-the-go access to the FSA benefit account. Download the P&A Group MyBenefits mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- Request reimbursement
- View item for eligibility
- Manage expenses
- View and upload receipts

### HERE'S HOW IT WORKS!



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

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

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

### Claims Submission

Mailing Address: 6400 Main Street, Suite 210, Williamsville, NY 14221  
Fax: (877) 855-7105

**P&A Group** | Customer Service: (716) 852-2611 | [www.padmin.com](http://www.padmin.com)



## Employee Assistance Program

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

### What is an Employee Assistance Program?

An Employee Assistance Program offers covered employees and family members/domestic partners' free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes ten (10) visits with a specialist, per person, per issue, per year, online material/tools and webinars. EAP offers counseling services on issues such as:

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

### Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by Human Resources), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to Human Resources. Human Resources will not receive specific information regarding the referred employee's case. Human Resources will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

### To Access Services

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

#### Evernorth EAP

Customer Service: (888) 736-7009

[www.well.evernorth.com](http://www.well.evernorth.com) | Employer ID: hollywoodfl

## Basic Life and AD&D Insurance

### Basic Term Life Insurance

The City provides Basic Term Life insurance for all eligible classes at no cost, through Symetra.

- **Class 1:** Elected officials will receive a benefit amount of \$100,000.
- **Class 2:** Executives, Management, Technical, Professional and Supervisory employees will receive a benefit amount of \$100,000.
- **Class 3:** Police Union employees will receive a benefit amount of \$100,000.
- **Class 4:** Fire Union employees will receive a benefit amount of \$100,000.
- **Class 5:** Confidential, General, Grant and Housing Authority employees will receive a benefit amount of \$25,000.

### Accidental Death & Dismemberment Insurance (AD&D)

Also, at no cost to the employee, the City provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable.

### Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Basic Term Life insurance benefit in excess of \$50,000 must be included as income and is subject to Federal, Social Security and Medicare taxes.

***Always remember to keep beneficiary information updated.  
Beneficiary information may be updated at anytime  
through Human Resources or by logging onto Bentek at  
[www.mybentek.com/hollywood](http://www.mybentek.com/hollywood).***

***To update beneficiary information for pension,  
please contact your Pension Administrator.***

**Symetra** | Customer Service: (800) 796-3872 | [www.symetra.com](http://www.symetra.com)



## Voluntary Life and AD&D Insurance

### Voluntary Employee Life and AD&D Insurance

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

New Hires may purchase Voluntary Employee Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), up to the **Guaranteed Issue amount of \$400,000.**

- Units can be purchased from \$15,000 not to exceed a maximum of \$475,000, in increments of \$5,000.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces to 65% of the benefit amount at age 70
  - › Reduces to 45% of the benefit amount at age 75
  - › Reduces to 35% of the benefit amount at age 80

### Voluntary Spouse and Dependent Life Insurance

- Coverage may be purchased in two (2) Family Unit benefit options:
  - › **Option I:** Spouse: \$10,000 benefit, Child: \$5,000 benefit, Cost per month: \$3.06
  - › **Option II:** Spouse: \$5,000 benefit, Child: \$2,500 benefit, Cost per month: \$1.52
- Eligible child(ren) may be covered from 14 days old up to 26 years old.

## Long Term Disability

The City provides Long Term Disability (LTD) insurance at no cost to all eligible employees through Symetra. The LTD benefit pays employee a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

### Long Term Disability (LTD) Benefits

- The LTD benefit pays 60% of employee's monthly earnings up to a benefit maximum of \$9,000 per month.
- Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 91st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.

**Symetra** | Customer Service: (800) 796-3872 | [www.symetra.com](http://www.symetra.com)

## Post-Employment Health Savings Plan

The City provides post-employment health savings benefits to eligible employees. The City's Post-Employment Health Savings Plan allows pre-tax contributions toward eligible healthcare expenses to meet the challenge of rising healthcare costs incurred after employment. This financial benefit includes online investment management tools to assist employee in managing their funds. Upon separation, reimbursements from employee's Post-Employment Health Savings account are not subject to federal, state, or FICA taxes. The City matches employee contributions, and contributions are based on years of service.

### Post-Employment Health Savings Plan

26 Payroll Deductions - Per Pay Period Cost

| Years of Service | Employee Cost | City Cost |
|------------------|---------------|-----------|
| 1-9              | \$10.00       | \$10.00   |
| 10-19            | \$25.00       | \$25.00   |
| 20+              | \$35.00       | \$35.00   |

*Please Note: Expenses are reimbursable as defined by IRS Code 213d.*

For FOP members, the Retiree Health Savings Account (RHSA) administrator is MissionSquare. For Non-Represented members, the Post-Employment Health Plan (PEHP) administrator is Nationwide.



## Legal & Identity Theft Plans

### Preferred Legal Plan

The City employees have the opportunity to enroll in a voluntary legal plan provided by Preferred Legal Plan. By enrolling in this plan, a participant will have direct access to attorneys who will provide legal assistance, 24 hours a day, 7 days a week, for a variety of benefits that include:

- ✓ Divorce
- ✓ Child Support, Custody and Visitation
- ✓ Traffic Tickets/Suspended Licenses/DUI
- ✓ Credit Repair
- ✓ Loan Modifications/Foreclosures
- ✓ Bankruptcy
- ✓ Wills/Powers of Attorney/Trusts
- ✓ Identity Theft Services
- ✓ Buying or Selling a Home
- ✓ Probate
- ✓ Immigration
- ✓ IRS Issues
- ✓ Garnishments
- ✓ Landlord-Tenant, HOA Disputes
- ✓ Civil Litigation/Small Claims
- ✓ Personal Injury
- ✓ Domestic Violence
- ✓ Car Accidents and Many More

To learn about the plan, contact Member Services or visit Preferred Legal online at [www.preferredlegal.com](http://www.preferredlegal.com).

Free Member Benefits include:

- Unlimited legal advice via phone consultation
- Review of legal documents
- Credit report analysis and repair
- Identity Theft information and restoration
- Loan modification assistance
- Foreclosure defense
- Wills, Living Wills and Powers of Attorney available for member and spouse/domestic partner
- Notary services

### IdentityWorks, a part of Experian<sup>SM</sup>

The City employees have the opportunity to enroll in a voluntary identity theft protection/credit monitoring service through IdentityWorks, a part of Experian<sup>SM</sup>. By enrolling in this plan as an add-on benefit to the Preferred Legal Plan or as a stand alone benefit, a participant will have the following benefits:

- Early warning Surveillance Alert<sup>TM</sup> notifications via email or text inform members of new activity related to their identities through daily monitoring.
  - › Daily Bureau credit monitoring - Tracks 50 leading indicators of identity theft
  - › Dark Web internet monitoring - Scans the internet globally with Experian-created proprietary technology that breaks language barriers, to detect stolen data, while monitoring over 600,000+ web pages, file-sharing sources, forums, Twitter feeds, and more
  - › Registration and protection of important personal data and information (bank accounts, credit cards, etc.)
  - › Monthly email notifications of "all clear" or other status
- \$1,000,000 Identity Theft Insurance to cover items like illegal electronic fund transfers, lost wages, legal fees and private investigator costs.
- Identity Theft Resolution Agents help resolve potential identity theft from start to finish. With a highly trained, dedicated agent, members are not left on their own to contact creditors, close fraudulent accounts, place fraud alerts on their Experian credit reports and more.
- Credit report available daily.
- Additional resources so consumers can learn more about identity protection.

### Preferred Legal Plan

26 Payroll Deductions - Per Pay Period Cost

|                                | Employee Only | Employee + Spouse<br>(or Adult Child) |
|--------------------------------|---------------|---------------------------------------|
| Legal Plan                     | \$4.60        | \$4.60                                |
| Experian ID Works              | \$4.16        | \$8.31                                |
| Legal Plan + Experian ID Works | \$7.83        | \$11.06                               |

**Preferred Legal Plan** | Customer Service: (888) 577-3476 | [www.preferredlegal.com](http://www.preferredlegal.com)  
Local Office: (954) 246-8438 | Email: [info@preferredlegal.com](mailto:info@preferredlegal.com)



## Supplemental Benefits

### Aflac

Aflac offers a variety of voluntary supplemental plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction tax free. Available plans include:

- ✓ Hospital Choice Confinement Indemnity
- ✓ Accident Advantage
- ✓ Cancer Protection Assurance
- ✓ Critical Care Protection
- ✓ Short-Term Disability

To learn more about Aflac's plans, contact the City's Aflac representative using the contact information provided below.

PBA and IAFF members, or employees with existing policies effective prior to January 1, 2017, should contact Mario Zingales.

**Aflac** | Customer Service: (800) 992-3522 | [www.aflac.com](http://www.aflac.com)

Agent: Mario Zingales | Phone: (954) 474-4108

Email: [support@fsgsfl.com](mailto:support@fsgsfl.com)

All employees with policies effective January 1, 2017 (Excluding PBA and IAFF members) and after should contact Margaret Pearson.

**Aflac** | Customer Service: (800) 992-3522 | [www.aflac.com](http://www.aflac.com)

Agent: Margaret Pearson | Phone: (561) 881-1964

Email: [margaret\\_pearson@us.aflac.com](mailto:margaret_pearson@us.aflac.com)

### Beyond Med

Beyond Med provides exclusive access to a network of health and wellness doctors and specialists. Use the Beyond Med concierge team to make appointments for elective healthcare services, such as:

- ✓ Med Spa
- ✓ Acupuncture
- ✓ Surgical Vision
- ✓ Dermatology
- ✓ Anti-Aging
- ✓ Physical Therapy
- ✓ Fertility
- ✓ Chiropractic
- ✓ Weight Loss

There are no waiting periods or limitations and members receive their discounts right at the point of service. Use the Beyond Med Concierge team to make appointments, nominate new providers and find the most advantageous pricing.

### Beyond Med Rates

26 Payroll Deductions - Per Pay Period Cost

| Tier of Coverage | Employee Cost |
|------------------|---------------|
| Individual       | \$5.54        |
| Family           | \$11.07       |

### Beyond Med

Customer Service: (844) 267-6192 | Email: [info@beyondmedplans.com](mailto:info@beyondmedplans.com)  
[www.beyondmedplans.com](http://www.beyondmedplans.com)

## Retirement Plans

### Defined Benefit Plan

The Pension Fund plays an important role in employee's future by working with investment accounts, savings and Social Security to help provide employee with a lifetime of income once employee retires. The City of Hollywood shares in the cost of employee pension with employee. Pension benefits are calculated using a formula to determine the benefit to be paid to employee at retirement.

Contact the Pension Administrator to discuss:

- When employee qualifies for retirement
- How pension is calculated
- How employee's spouse or other beneficiary is covered in the event of employee's death, and
- Additional information that will help employee plan ahead

### City of Hollywood Employees' Retirement Fund

Plan Administrator: Christine Bailey, Executive Director

Phone: (954) 921-3333

[www.hollywoodpension.com](http://www.hollywoodpension.com)

### City of Hollywood Firefighters' Pension System

Plan Administrator: Ferrell Jenne

Phone: (239) 333-4872

[planadmin.foster-foster.com](http://planadmin.foster-foster.com)

User Name: HollywoodFire | Password: Pension

### City of Hollywood Police Officers' Retirement System

Plan Administrator: David Williams

Phone: (954) 967-4395

[www.hollywoodpolicepensionfund.com/home.asp](http://www.hollywoodpolicepensionfund.com/home.asp)

## Deferred Compensation

### Retirement Savings Investment Accounts

In addition to the Pension Fund, employee has the option to participate in Deferred Compensation (457) retirement plans through Nationwide. These tax-deferred, employee-funded plans allow the employee to have a set amount deducted each paycheck and invested in select funds. Eligible part-time employees may receive an annual \$1,000 Employer contribution into active Nationwide Deferred Compensation (457) accounts after their anniversary date. For more information regarding Nationwide's membership offerings, please contact the City of Hollywood's dedicated Nationwide Representative.

**Nationwide** | Customer Service: (877) 677-3678 | [www.nrsforu.com](http://www.nrsforu.com)

Agent: Al Pinzon, Sr. | Phone: (954) 232-7615

Email: [Pinzona@nationwide.com](mailto:Pinzona@nationwide.com)





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FINAL Revised  
Last Modified: October 22, 2024 3:31 PM