



*City of*  
**FORT LAUDERDALE**



**2016 BENEFITS HANDBOOK**





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## IMPORTANT DATES

- October 26, 2015 – Open enrollment starts
- October 26 – November 13, 2015 – Worksite meetings
- November 13, 2015 – Open enrollment deadline
- November 20, 2015 – Deadline to complete biometric screenings and health risk assessments (HRA)
- January 1, 2016 – Effective date of open enrollment benefit elections





# INTRODUCTION

City of FORT LAUDERDALE

The City of Fort Lauderdale offers eligible employees a comprehensive benefits package that includes medical, dental, vision, life insurance, Health Care and Dependent Care Flex Spending Accounts, wellness initiatives, retirement plans and a variety of voluntary benefits. The information included in this Handbook is a general summary of available options and also serves to increase your awareness of policies and procedures. If any information in this Handbook conflicts with governing plan documents, certificates of coverage, City resolution or state/federal laws, the provisions of the governing plan documents, certificates of coverage, City resolution and state/federal laws will prevail.

Please also take the time to review the Benefits web page for Frequently Asked Questions (FAQs), important notices, plan certificates of coverage, available forms, any updates subsequent to printing this book and much more at [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits) or on Lauderlink from a City computer. You may also contact the plan administrators directly to discuss your personal situation or attend a worksite benefits meeting during the open enrollment period. Please refer to page 3 for the Open Enrollment Worksite Meeting Schedule.

## OPEN ENROLLMENT FOR 2016 PLAN YEAR BENEFITS

The Benefits Open Enrollment Period will start OCTOBER 26, 2015 and end NOVEMBER 13, 2015. Any changes or enrollments submitted during this period will be effective January 1, 2016 with the exception of applications to enroll in or increase Group Term Life Insurance, which is subject to approval by Unum Life Insurance. This will be an **ACTIVE** enrollment. **THIS MEANS IN ORDER TO CONTINUE OR ENROLL IN BENEFITS WITH THE CITY FOR 2016:**

1. **ACTIVE EMPLOYEES MUST COMPLETE THE ENROLLMENT REGARDLESS IF THEY CURRENTLY HAVE COVERAGE.**
  - a. **Active Employees: Complete the online benefits enrollment by going to [www.BenefitsInsight.com](http://www.BenefitsInsight.com). IF YOU DO NOT COMPLETE THIS ONLINE ENROLLMENT, YOU WILL NOT HAVE CITY BENEFITS IN 2016.** If you do not enroll online, opt-out, or cancel coverage, you cannot reapply until the next open enrollment period, unless you experience a family status or Health Insurance Portability and Accountability Act (HIPAA) qualifying event.
  - b. **Retirees: Complete and return the 2016 Benefits Enrollment Form to Employee Benefits, HR.**
2. The City has a new third party administrator, FBMC Benefits Management, for our new voluntary benefits program (GAP insurance, short term disability, critical illness (including cancer), accident and legal). Enrollment in the voluntary benefits can only be done by appointment with a benefits counselor. **Schedule your appointment to meet with a benefits counselor at [www.myenrollmentschedule.com/lauderdale](http://www.myenrollmentschedule.com/lauderdale) or by calling 1-866-998-2915.**
3. **Active Employees: If you want assistance with enrolling in core benefits OR wish to enroll in new voluntary benefits, you must meet with a professional benefits counselor. Schedule your appointment to meet with a benefits counselor at [www.myenrollmentschedule.com/lauderdale](http://www.myenrollmentschedule.com/lauderdale) or by calling 1-866-998-2915.** Benefits counselors will be available onsite throughout the open enrollment period by appointment. To ensure a convenient and timely enrollment process, we ask that you schedule your 30-minute enrollment session in advance. During your appointment, your benefits counselor will:
  - Provide benefits education on your core and voluntary benefits and assist you with making benefit decisions that best meet your needs,
  - Answer any questions you may have about your current coverage, and
  - Assist you with making your core and voluntary benefit elections.**PLEASE BE SURE TO BRING THIS BENEFITS HANDBOOK WITH YOU TO YOUR ENROLLMENT APPOINTMENT.**
4. **You must provide the social security number for all covered dependents.**
5. **You must provide a copy of documentation for all new dependents** (i.e., marriage certificate, birth certificate(s), and/or Domestic Partner Affidavit) to Employee Benefits, HR. Please include your employee identification number on all documents that you turn in. **If the required documentation for new covered dependents is not submitted to Employee Benefits, HR within the Open Enrollment period, those dependents will not be covered.**

Login instructions for [www.BenefitsInsight.com](http://www.BenefitsInsight.com) can be found on the back of the 2016 Rates Form. There will also be a separate login for the FBMC Benefits Management voluntary products. Please see the Voluntary Benefits Booklet in the back pocket of this handbook for enrollment instructions.

## BENEFITS STATEMENTS

**The first personalized benefits statement is mailed to your home address along with the 2016 Benefits Handbook.**

The second personalized benefits statement will be generated by [www.BenefitsInsight.com](http://www.BenefitsInsight.com) upon completing the online benefits enrollment that will indicate your benefits enrollment status as of January 1, 2016.

# 2016 OPEN ENROLLMENT WORKSITE MEETING SCHEDULE



DATES	DEPARTMENT	ENROLLMENT TIMES	LOCATION
Monday, October 26th	Fire (A Shift)	8:00 am - Noon	Station 13 - 2871 E Sunrise Blvd. - Conference Room
	Department of Sustainable Development	1:00 pm - 4:00 pm	700 NW 19th Ave. - Code Conference Room
Tuesday, October 27th	Fiveash Water Treatment Plant	7:00 am - 4:00 pm	949 NW 38th St. Fiveash Administration - 2nd Floor Conference Room
Wednesday, October 28th	Police	8:00 am - 5:00 pm	1300 W Broward Blvd. 2nd Floor Classroom
Thursday, October 29th	Sanitation	6:30 am - 9:00 am	220 SW 14th Ave. - Sanitation Training Room 4-B
	City Hall	10:00 am - 4:00 pm	100 N Andrews Ave. - Commission Chambers
Friday, October 30th	Fire (B Shift)	8:00 am - Noon	Station 13 - 2871 E Sunrise Blvd. - Conference Room
	GTL Wastewater Treatment Plant	2:00 pm - 5:00 pm	1765 SE 18th St. - Conference Room
Monday, November 2nd	(Fire B Shift)	8:00 am - Noon	Station 2 - 528 NW 2nd St. - 1st Floor Training Room
		1:00 pm - 4:00 pm	Station 53 - 2200 Executive Airport Way - Conference Room
Tuesday, November 3rd	Parks & Recreation	6:30 am - 4:00 pm	Beach Community Center - Large Conference Room 3351 NE 33rd Ave.
Wednesday, November 4th	Fiveash Water Treatment Plant	7:00 am - 11:00 am	949 NW 38th St. Fiveash Administration - 2nd Floor Conference Room
	City Hall	Noon - 4:00 pm	100 N Andrews Ave. - Commission Chambers
Thursday, November 5th	GTL Wastewater Treatment Plant	6:30 am - 10:30 am	1765 SE 18th St. - Conference Room
	Parks & Recreation	11:30 am - 3:00 pm	Carter Park Social Center - 1450 W Sunrise Blvd.
Friday, November 6th	Sanitation	6:30 am - 9:00 am	220 SW 14th Ave. - Sanitation Training Room 4-B
	Department of Sustainable Development	10:00 am - 4:00 pm	700 NW 19th Ave. - Code Conference Room
Monday, November 9th	Fire (C Shift)	8:00 am - Noon	Station 2 - 528 NW 2nd St. - 1st Floor Training Room
		1:00 pm - 4:00 pm	Station 53 - 2200 Executive Airport Way - Conference Room
Tuesday, November 10th	Fire (A Shift)	8:00 am - Noon	Station 2 - 528 NW 2nd St. - 1st Floor Training Room
		1:00 pm - 4:00 pm	Station 53 - 2200 Executive Airport Way - Conference Room
Wednesday, November 11th	VETERAN'S DAY- No Meeting, however you can enroll online at <a href="http://www.BenefitsInsight.com">www.BenefitsInsight.com</a>		
Thursday, November 12th	Fire (C Shift)	8:00 am - Noon	Station 13 - 2871 E Sunrise Blvd. - Conference Room
	Parks & Recreation	1:00 pm - 4:00 pm	Holiday Park Social Center - 1150 G. Harold Martin Dr.
Friday, November 13th	City Hall	7:00 am - 4:00 pm	100 N Andrews Ave. - Commission Chambers





# WHAT'S NEW FOR 2016?

City of FORT LAUDERDALE

- 1. Online Enrollment: ELIGIBLE EMPLOYEES WHO DO NOT ENROLL FOR BENEFITS DURING THE OCTOBER 26, 2015 TO NOVEMBER 13, 2015 OPEN ENROLLMENT PERIOD WILL NOT HAVE ANY BENEFITS IN 2016.** All eligible employees must complete an online enrollment during the benefits open enrollment period by going to [www.BenefitsInsight.com](http://www.BenefitsInsight.com) if they wish to continue, change or enroll in benefits for 2016. All retirees currently on a plan must enroll in benefits for 2016 by completing and returning a 2016 benefits paper enrollment form to Employee Benefits HR.  
  
\*\*\* To complete your enrollment, you will need to provide the social security number for all covered dependents. The Affordable Care Act requires the City of Fort Lauderdale to provide information to the federal government that proves you and all covered dependents have medical insurance. If you are enrolled in one of the City's three medical plans and we do not have a valid social security number on file, the Internal Revenue Service (IRS) will likely contact you directly to request additional information to confirm you and your family have coverage. \*\*\*
- 2. Adult Child(ren):** Employees who want to enroll an adult child (age 26 to 30) in one of the 2016 Cigna Medical Plans must contact Employee Benefits, HR to determine the total biweekly premium that will be payroll deducted. The total premium amount that [www.BenefitsInsight.com](http://www.BenefitsInsight.com) provides will NOT reflect the correct amount. See page 19 for eligibility criteria.
- 3. Variable Hour Employees:** As required under the Health Care Reform's Affordable Care Act (ACA), variable hour employees (for example part-time employees) who satisfy the requirements under the Act, will be eligible to participate in the Cigna Medical Plans for 2016. Part-time employees eligible for 2016 benefits will be notified.
- 4. Voluntary Benefits:** A new Third Party Administrator (TPA) for voluntary products, FBMC Benefits Management, has been secured to offer new voluntary benefits options to all active employees effective January 1, 2016. All prior voluntary products through Aflac, Allstate (except GAP), Colonial and U.S. Legal Services will terminate effective December 31, 2015. Employees currently enrolled in those products have the option to continue the coverage by porting (i.e., taking with you) those products; however, premiums of all ported products will no longer be payroll deducted. See page 18 for more information.
- 5. Cigna Medical Plans' Cost:** Although every attempt was made to minimize increases in medical insurance premiums, the cost of medical coverage continues to be impacted by factors such as medical inflation, direct consumer marketing of pharmaceuticals and improvement in medical technology. We believe the City Health and Wellness Center, along with the City's wellness initiatives, have played an integral role in increasing health awareness and subsequently controlling cost increases. Please refer to the enclosed 2016 Rates Form for your group specific premium rates.
- 6. Spouses/Domestic Partners of Active Employees:** If covered under the City's Cigna Medical Plans for 2016, spouses/domestic partners are now subject to a biometric screening and Health Risk Assessment (HRA) surcharge. To avoid an additional/separate post-tax \$25 per paycheck (\$650 annually) surcharge (which will be deducted from the employee's first paycheck starting January 2016), covered spouses/domestic partners must complete a biometric screening and HRA before November 20, 2015. Newly eligible employees and their covered spouse/domestic partner (if applicable) will have 60 days from the date of their event (i.e., date of hire) to complete the biometric screening and HRA to avoid the surcharge(s).
- 7. Retirees and Spouses/Domestic Partners of Retirees:** If covered under the City's Cigna Medical Plans for 2016, retirees and spouses/domestic partners are now subject to a biometric screening and HRA surcharge of \$54 monthly (\$648 annually) that will apply to participating retirees AND an additional/separate \$54 monthly surcharge (\$648 Annually) that will also apply to covered spouses/domestic partners starting with the January 2016 pension payment. To avoid the monthly surcharge(s), retirees and covered spouses/domestic partners must complete a biometric screening and HRA before November 20, 2015.
- 8. The Affordable Care Act (ACA) 1095C Form:** All employees and retirees who participated in one of the City's Cigna Medical Plans during 2015 will receive a 1095C form in the mail from the City to file with their 2015 tax return. These forms will be mailed out at the same time as the W-2 forms.

## HEALTH AND WELLNESS CENTER (Operated by Marathon Health)

The City's commitment to wellness is evident by the Health and Wellness Center. Located at 105 NE 3rd Street, the Center was opened in 2013 for the exclusive use by employees, retirees and their dependents (ages 6+) enrolled in any of the three Cigna Medical Plans - OAPIN1 (HMO1), OAPIN2 (HMO2) and Choice Fund (CDHP). Cigna plan enrollees may receive professional services from the physician and nurse practitioner at no cost. In a few instances, members may be billed for any lab fees incurred by third party providers such as Quest or Lab Corp. The Center stocks a supply of 30 to 40 generic prescription medications that the medical staff may dispense at no cost (if indicated) as part of health care they provide. The Health and Wellness Center is not a pharmacy and cannot fill prescriptions written by another physician.

### HEALTH AND WELLNESS CENTER SERVICES INCLUDE:

- **Acute Care** – common illnesses and minor injuries
- **Lab and Medication Dispensing** – blood draws, lab tests and medications for conditions treated at the Center
- **Assessments** – physicals, including those required for school purposes
- **Coaching** – for personal health issues or concerns
- **Disease Management** – for conditions such as diabetes, heart problems and high blood pressure
- **Free Biometric Screenings**
- An entire listing of the services available at the Health and Wellness Center can be found online at [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits).

To schedule appointments for the Health and Wellness Center call 754-206-2420 or visit [www.marathon-health.com/myphr](http://www.marathon-health.com/myphr). The Center is open weekdays except from 1:00 pm to 2:00 pm daily. The Center is closed on holidays and weekends. The Center's hours are:

- 7:00 am – 4:00 pm (Monday, Tuesday, Wednesday and Friday)
- 9:00 am – 6:00 pm (Thursday)
- Closed on holidays and weekends and from 1:00 pm to 2:00 pm daily for lunch

The Health and Wellness Center follows the same rules and privacy regulations that protect your privacy at your personal physician's office, a hospital or other health provider. In fact, the privacy of your personal health information is protected by the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

## WELLNESS INITIATIVES

**Biometric Screening and Health Risk Assessment (HRA) Questionnaire:** Employees, retirees and covered spouses/domestic partners participating in the City's medical plans must complete a biometric screening and HRA questionnaire between March 1, 2015 and November 20, 2015 to avoid being charged a post-tax Biometric/HRA surcharge per pay period starting with the first paycheck in January 2016. The post-tax surcharge will continue until the requirements are completed. Newly eligible employees and their covered spouse/domestic partner (if applicable) have 60 days from the date of their event (i.e., date of hire) to complete the biometric screening and HRA questionnaire.

The Health and Wellness Center or your personal physician may conduct these biometric screenings and review the data on a personal and confidential basis directly with you to develop an action plan to improve your health. The City also provides worksite biometric screenings. Please see the schedule provided on page 6 for the dates, times and locations of the worksite screenings.



**Tobacco Use:** This only applies to employees participating in the City’s medical plans. Employees who are currently paying the \$25 biweekly surcharge for tobacco use or those who submitted a Certificate of Completion for the 2015 plan year will need to provide Employee Benefits, HR with a Certificate of Completion from a City authorized 6-week Tobacco Cessation Program no later than November 20, 2015 or they will be charged/continue to be charged until the Certificate of Completion is provided. Newly eligible employees have 60 days from the date of their event (i.e., date of hire) to complete a City authorized Tobacco Cessation Program (if applicable). The City’s authorized Tobacco Cessation Programs are:

- One-on-one or group programs through the City’s Health and Wellness Center: Call 754-206-2420
- Online/phone program through Cigna: Register online at [www.mycigna.com](http://www.mycigna.com) or call 866-417-7848
- IQuit program with Area Health Education Center (AHEC) at [www.alectobacco.com/calendar](http://www.alectobacco.com/calendar)
- Broward Health program: Call 954-759-7400

## ONSITE BIOMETRICS WITH BROWARD HEALTH

**\*\*Deadline for Biometrics and Health Risk Assessments for Covered Employees and Spouses/Domestic Partners is November 20, 2015\*\***

**THIS EXCLUDES FRATERNAL ORDER OF POLICE (FOP)**

<https://pickatime.com/Screenings-FortLauderdale>

DATES	DEPARTMENT	TIMES	LOCATIONS
Wednesday, October 28th	City Hall	7:00 am - Noon	1st Floor Commission Chambers 100 N Andrews Ave.
Monday, November 9th	City Hall	7:00 am - 11:00 am	1st Floor Commission Chambers 100 N Andrews Ave.
Tuesday, November 10th	City Hall	7:00 am - Noon	1st Floor Commission Chambers 100 N Andrews Ave.
Monday, November 16th	Sanitation	7:00 am - Noon	Sanitation Training Room 4-B 220 SW 14th Ave.
Tuesday, November 17th	Sanitation	7:00 am - Noon	Sanitation Training Room 4-B 220 SW 14th Ave.



## ONE CIGNA NETWORK OF PROVIDERS FOR EVERYONE - OPENACCESSPLUS

- **OpenAccessPlus** is the same CIGNA network to be used for Cigna OAPIN1 (HMO1), OAPIN2 (HMO2) and Choice Fund (CDHP)
- **Check Out OpenAccessPlus** for participating doctors, hospitals and other providers by calling 1-800-244-6224 or going to **www.myCIGNA.com**

The screenshot shows the myCigna.com website interface. At the top, there is a navigation bar with links for "LOGIN / REGISTER", "HOW TO REGISTER", and "SITE BENEFITS". Below this, the "Login to myCigna.com" section features input fields for "User ID" and "Password", followed by a "LOGIN" button. There are also links for "Forgot User ID", "Forgot Password", and "Login Help". A "Don't have a user ID and Password?" section includes "REGISTER NOW" and "REGISTRARSE EN ESPAÑOL" buttons. A "Registering to take the Health Assessment?" section provides instructions for new users. A link for "¿Está buscando myCigna en español? Obtenga más información." is also present. At the bottom, there are links for "myCigna.com Tour", "Privacy", "Legal Disclaimer", "Login Help", and "Security". A copyright notice for 2015 Cigna and a disclaimer about linked sites are also visible. On the right side of the page, there is a promotional banner for the myCigna Mobile App, titled "Your Health Has Met Its App<sup>SM</sup>", which includes images of the app on various mobile devices and logos for the App Store and Google Play.





# MEDICAL

CIGNA GROUP # 3335139

City of FORT LAUDERDALE

2016 Medical Plan Coverages	2016 OAPIN1 (HMO1) You Pay	2016 OAPIN2 (HMO2) You Pay	2016 CHOICE FUND (CDHP) You Pay	
			In Network	**Out of Network
HRA	n/a	n/a	\$750=EE; \$1,000=EE+1; \$1,500=EE + 2 or more	
Deductible	No Deductible	\$1,000=EE \$2,000=EE+1 \$3,000=EE+Family	\$2,000=EE; \$3,000=EE+1 \$4,000=EE + 2 or more	
Coinsurance	n/a	n/a	Plan pays 90%	Plan pays 70%
Your Out-of-Pocket Max	\$5,000=EE; \$7,000=EE+1; \$10,000=EE+2+; or more	\$6,350=EE \$10,000=EE+1; \$12,700=EE+2+; or more	\$5,000=EE; \$7,000=EE+1; \$10,000=EE+2 or more \$5,000=Individual in a Family (Includes Calendar Year Deductible & Coinsurance)	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Preventative Services	No Charge	No Charge	No Charge	Not Covered
Primary Care Physician	\$40	\$40	Subject to Calendar Year Deductible & HRA Applies	
Specialist Physician	\$60	\$60		
Maternity	\$60	\$60		
Hospital	\$500/day,\$2500 Max	Deductible then 20%		
Outpatient Surgery	\$500	Deductible then 20%		
Outpatient Diagnostics (X-rays Ultrasound, etc)	10%	10%		
Outpatient Diagnostics (CAT & PET scans, MRI)	\$200 per test	\$200 per test		
Routine Lab	10%	10%		
Emergency Room	\$200	\$200		
Urgent Care	\$60	\$60		
Mental Health (outpatient)	\$40	\$40		
Mental Health (inpatient)	\$500 per day for first 5 days	Deductible then 20%		
Allergy Treatments – Skin testing	\$50 per course of testing	\$50 per course of testing		
Allergy Treatments – Injections	\$10	\$10		
Ambulance	no charge	\$100 copay		
Prescription Drugs Pharmacy, 30 day supply	\$20 generic \$40 preferred \$60 non-preferred	\$20 generic \$40 preferred \$60 non-preferred		
Prescription Drugs Mail Order, 90 day supply	\$40 generic \$80 preferred \$120 non-preferred	\$40 generic \$80 preferred \$120 non-preferred		
Prescription for Chronic Conditions & Preventative	Generic prescription provided - waiving copays	Generic prescription provided - waiving copays	Generic prescription provided - waiving copays	
Vision	(only medical conditions)	(only medical conditions)	(only medical conditions)	

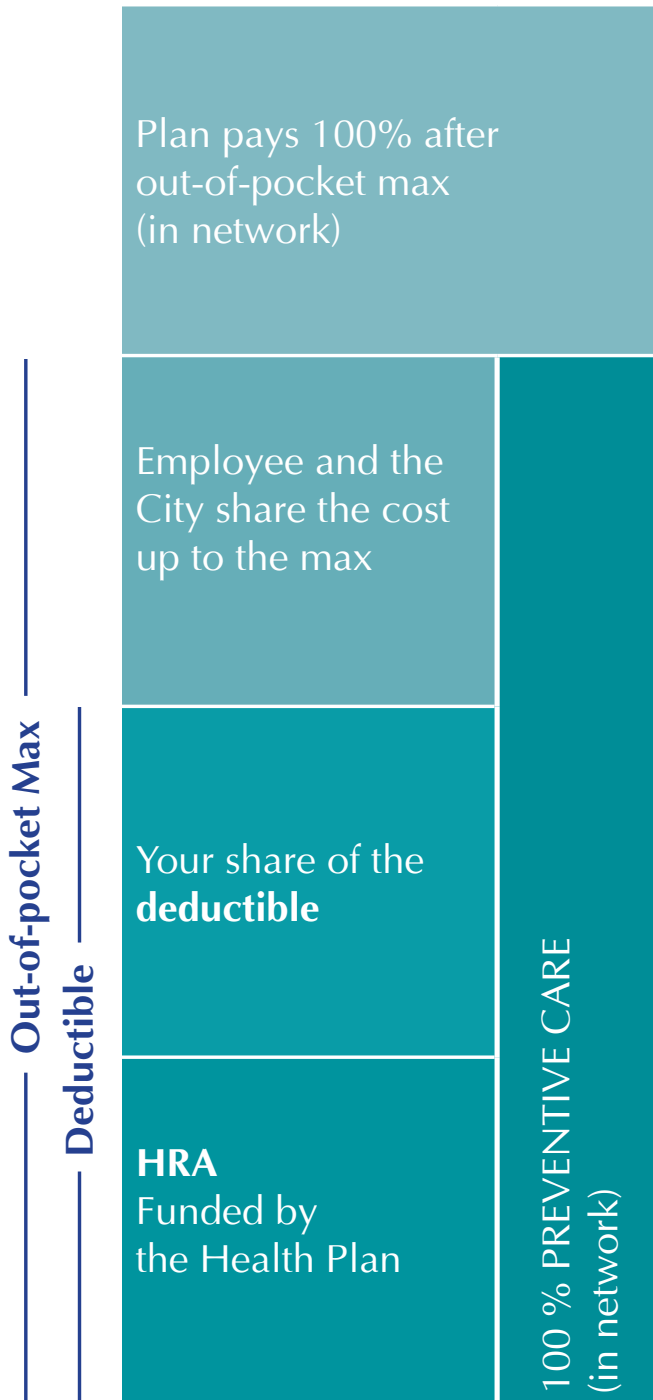
\*Interested members who enroll in one of Cigna's Medical Plans can purchase a 'GAP insurance' (a.k.a., Major Medical Complement Insurance) policy with Allstate that will cover their out-of-pocket expenses.

- OAPIN1 (HMO1) and OAPIN2 (HMO2) Plans - \$1,250 outpatient and \$2,500 inpatient coverage (does not include doctor's office visits or prescriptions)
- Choice Fund Plan (CDHP) - \$2,000 outpatient and \$4,000 inpatient coverage (does not include doctor's office visits or prescriptions)

\*\* Cigna's reimbursement is based on Usual Customary and Reasonable (UCR) Charges. You may be balance billed for charges in excess of Cigna's UCR charges.



**CHOICE FUND (CDHP) EXAMPLE**



**Maximum Out-of-Pocket:** Participants have an out-of-pocket maximum for their eligible in-network medical expenses depending on their tier of coverage. You may be billed for charges in excess of CIGNA’s usual customary and reasonable charges if you use out-of-network providers.

**Employee = \$5,000**  
**Employee + 1 = \$7,000**  
**Family = \$10,000**

**Coinsurance:** Once the annual deductible is reached, the participant is responsible for a small percentage of eligible in-network charges. The City pays the rest.

**Employee pays 10% in network or 30% out of network**  
**City pays 90% in network or 70% out of network**

**Deductible:** After the money in the Health Reimbursement Account (HRA) is used up, the participant pays for all expenses up to his or her individual annual deductible.

**Employee = \$2,000 (\$1,250 after \$750 HRA)**  
**Employee + 1 = \$3,000 (\$2,000 after \$1,000 HRA)**  
**Family = \$4,000 (\$2,500 after \$1,500 HRA)**

**Health Reimbursement Account (HRA):** The concept behind the Choice Fund Plan (CDHP) is that the plan provides each participant (up to family maximum) with a HRA that pays 100% of eligible health and prescription expenses. The HRA fund is determined by your tier of coverage. **If the funds in the HRA are not used they will be rolled over into the next year’s HRA fund. The separate HRA for an enrolled adult child is the same amount as funded for an employee enrolled in the Choice Fund (CDHP) for self only.**

**Employee = \$750**  
**Employee + 1 = \$1,000**  
**Family = \$1,500**

**Note:** HRA funding is prorated for enrollment after January.



**HRA EXAMPLES**

**Meet the Smiths: A family of five**

The Smiths are an active family of five. All family members get their yearly wellness exams. Mrs. Smith has high cholesterol that requires her to take prescription medication daily. She also suffers from severe low back pain and sees her chiropractor regularly. The Smiths are enrolled in family coverage with \$1,500 in their HRA.

Service	Discounted Provider Charge	The Smith's HRA Account \$1,500	The Smith's Responsibility
5 Annual preventive exams	Plan pays direct	\$0	\$0
6 Chiropractic visits	\$510	-\$510	\$0
2 Urgent care visits	\$260	-\$260	\$0
2 Primary doctor visits	\$124	-\$124	\$0
Cholesterol prescription	\$252	-\$252	\$0
Year-end balance	\$1,146	\$354	\$0

**Meet the Davidsons: Married couple, late 50s**

Mr. Davidson was in a severe auto accident. As a result, he was hospitalized and his recovery consisted of rehabilitation and many visits to specialists. The Davidsons are enrolled in the Employee + 1 with \$1,000 in their HRA account.

Service	Discounted Provider Charge	The Davidson's HRA Account	The Davidson's Responsibility
2 Annual preventive exams	Plan pays direct	\$0	\$0
Hospitalization	\$25,000	-\$1,000	-\$2,000 remaining deductible -\$2,200 (10% coinsurance on \$22,000 hospital)
2 Radiology visits	\$2,500	\$0	-\$4,200 -\$250 (10% coinsurance)
20 Rehabilitation visits	\$2,500	\$0	-\$250 (10% coinsurance)
Year-end balance	\$32,500	\$0	-\$4,950



Humana will mail new dental plan participants identification cards before January 1, 2016. Resin Composite (white fillings) is covered for all teeth. Oral cancer screenings are covered for members 40 and older, and biopsies of oral tissues (hard and soft) are covered for all members once a year.

**For benefits eligible employees other than International Associations of Fire Fighters (IAFF)**

The City offers two dental plan choices – DHMO and DPPO – through dentists contracted under the City’s group dental plan. Go to [www.humanadental.com](http://www.humanadental.com) and select Humana for DHMO (HS195) or PPO (Traditional Preferred) for DPPO.

PLAN FEATURES	Participant Maximum	Preventive Services Exam, cleaning, fluoride, x-rays, sealants	Basic Services Fillings, periodontics, endodontics	Major Services Crowns, bridges, dentures	Orthodontia Up to 24 month treatment, children or adult braces
DENTAL HMO	No Maximum	\$0 copayments	Refer to Plan Copayments	Refer to Plan Copayments	Refer to Plan Copayments
<b>IMPORTANT: DHMO PARTICIPANTS MUST SELECT A PRIMARY CARE DENTIST • Go to <a href="http://www.humanadental.com">www.humanadental.com</a></b>					
DENTAL PPO	\$1,500 Maximum/year	100% (no deductibles)	100% (no deductibles)*	60% (no deductibles)*	60% (no deductibles) \$2,500 lifetime maximum

This is a very brief summary of the dental plan offered by the City of Fort Lauderdale. For further information, please refer to the Humana plan documents at [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits), visit an open enrollment worksite meeting or contact Humana directly at 1-800-233-4013.

\*Please note if a non-network PPO dentist is used, there will be a \$100 individual/\$300 family deductible and 60% coverage for Basic and Major Services. Non-participating dentists may bill you for charges above the amount covered by your Humana Dental Plan. Visit [www.humanadental.com](http://www.humanadental.com) to check out participating dentists.

**Humana DPPO Plan offered to Firefighters only**

Visit [www.Humanadental.com](http://www.Humanadental.com) to check out participating dentists. Non-participating dentists may bill you for charges above the amount covered by your Humana Dental Plan.

Humana will mail dental cards to new plan participants before January 1, 2016.

PLAN FEATURES	Participant Maximum	Preventive Services Exam, cleaning, fluoride, x-rays, sealants	Basic Services Fillings, periodontics, endodontics	Major Services Crowns, bridges, dentures	Orthodontia Up to 24 month treatment, children or adult braces
DENTAL PPO	\$1,500 Maximum/year	100% (no deductibles)	80% (after \$100 deductibles)*	50% (after \$100 deductibles)*	50% (no deductibles) \$1,500 lifetime maximum





# VISION

UnitedHealthcare GROUP # 755936

City of FORT LAUDERDALE

## VOLUNTARY VISION PLAN (EYE EXAMS, EYEGASSES AND CONTACTS)

The Vision Plan is a voluntary stand-alone benefit. Broader vision coverages are provided by UnitedHealthcare for all employees and their dependents at a lower cost. It also offers a larger network of national and independent vision providers and even provides substantial savings on hearing aids.

### In-Network Benefits Summary

(Visit [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits) for more details)

1. Once every 12 months employees are able to get a comprehensive exam, spectacle lenses and contact lenses in lieu of eye glasses. Once every 24 months employees are able to get frames.
2. \$130 retail frame allowance for private practice or retail chain providers
3. Standard scratch resistant coating is covered in full. Other optional lens upgrades may be offered at a discount (discounts varies by provider).
4. **CONTACT LENS BENEFIT:**  
Elective contact lenses: The fitting/evaluation fees, contact lenses and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts, up to four boxes are included when obtained from a network provider.

A \$105 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply).

	In-Network copays	Out-of-network Reimbursements (copays do not apply)
Exam	\$10	\$40
Frames and one of the following:		\$45
Single vision lenses		\$40
Bifocal lenses	\$25	\$60
Trifocal lenses		\$80
Lenticular lenses		\$80
Elective contact in lieu of eye glasses	\$105 allowance	\$105
Necessary contact in lieu of eye glasses	\$25 (then covered in full)	\$210



## TERM LIFE INSURANCE FOR THE FAMILY

Because life insurance should be part of every employee's benefit package, the City provides various life insurance options depending on his or her individual needs. The City provides and pays for \$10,000 of life insurance for Management, Confidential, Professional and Supervisory employees.

**VOLUNTARY GROUP TERM LIFE INSURANCE (Unum):** Newly eligible employees (i.e., new hires) may purchase life insurance coverage, without evidence of insurability (EOI), to the lesser of three times their salary or \$250,000 at the rates indicated below (for their age bracket). Newly eligible employees may apply for life insurance coverage of up to five times their salary, not to exceed \$400,000. All coverage in excess of the lesser of three times the salary or \$250,000 is subject to evidence of insurability. The voluntary group term life insurance includes Accidental Death and Dismemberment (AD&D) for both employees and spouses.

During the 2016 open enrollment, all employees who are not currently enrolled in group term life insurance and have not been declined by Unum before may purchase life insurance coverage, without EOI, to the lesser of three times their salary or \$250,000. Please note, this is a one-time exception that Unum is offering.

Employees who have a qualifying life event may apply for new or additional coverage, but they will be subject to EOI and must complete a Unum EOI form (regardless of the amount). The completed EOI form must be submitted directly to Unum.

All employees enrolling in group term life insurance must provide a life insurance beneficiary designee when enrolling online at [www.BenefitsInsight.com](http://www.BenefitsInsight.com). To complete the beneficiary designation, the date of birth for each beneficiary listed will be required. You may elect to take this coverage with you when you terminate your City employment.

## BI-WEEKLY VOLUNTARY TERM LIFE RATES BELOW

Optional Unum group term life insurance automatically includes AD&D. If you die from natural causes your beneficiary receives the term amount, but if you die as a result of an accident your beneficiary will receive term plus AD&D (same as term amount).

Up to the lesser of three times salary or \$250,000 guaranteed issue (for newly eligible employees) and up to the lesser of five times salary or \$400,000 with EOI. **Life Insurance coverage reduces to 65% of coverage beginning at age 70. The premium will be adjusted to reflect the reduced coverage.**

AGE	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$60,000	\$75,000	\$90,000	\$100,000
<30	\$0.32	\$0.48	\$0.81	\$1.29	\$1.62	\$1.94	\$2.42	\$2.91	\$3.23
30-34	\$0.37	\$0.55	\$0.92	\$1.48	\$1.85	\$2.22	\$2.77	\$3.32	\$3.69
35-39	\$0.37	\$0.55	\$0.92	\$1.48	\$1.85	\$2.22	\$2.77	\$3.32	\$3.69
40-44	\$0.51	\$0.76	\$1.27	\$2.03	\$2.54	\$3.05	\$3.81	\$4.57	\$5.08
45-49	\$0.83	\$1.25	\$2.08	\$3.32	\$4.15	\$4.98	\$6.23	\$7.48	\$8.31
50-54	\$1.25	\$1.87	\$3.12	\$4.98	\$6.23	\$7.48	\$9.35	\$11.22	\$12.46
55-59	\$1.98	\$2.98	\$4.96	\$7.94	\$9.92	\$11.91	\$14.88	\$17.86	\$19.85
60-64	\$2.22	\$3.32	\$5.54	\$8.86	\$11.08	\$13.29	\$16.62	\$19.94	\$22.15
65-69	\$4.02	\$6.02	\$10.04	\$16.06	\$20.08	\$24.09	\$30.12	\$36.14	\$40.15
70-74	\$6.55	\$9.83	\$16.38	\$26.22	\$32.77	\$39.32	\$49.15	\$58.98	\$65.54
75+	\$21.42	\$32.12	\$53.54	\$85.66	\$107.08	\$128.49	\$160.62	\$192.74	\$214.15

Bi-weekly voluntary term life rates continued on following page.



# LIFE INSURANCE

UNUM GROUP # 0097979-001

City of FORT LAUDERDALE

## BI-WEEKLY VOLUNTARY TERM LIFE RATES (continued)

AGE	\$140,000	\$150,000	\$190,000	\$200,000	\$240,000	\$250,000	\$300,000	\$350,000	\$390,000	\$400,000
<30	\$4.52	\$4.85	\$6.14	\$6.46	\$7.75	\$8.08	\$9.69	\$11.31	\$12.60	\$12.92
30-34	\$5.17	\$5.54	\$7.02	\$7.38	\$8.86	\$9.23	\$11.08	\$12.92	\$14.40	\$14.77
35-39	\$5.17	\$5.54	\$7.02	\$7.38	\$8.86	\$9.23	\$11.08	\$12.92	\$14.40	\$14.77
40-44	\$7.11	\$7.62	\$9.65	\$10.15	\$12.18	\$12.69	\$15.23	\$17.77	\$19.80	\$20.31
45-49	\$11.63	\$12.46	\$15.78	\$16.62	\$19.94	\$20.77	\$24.92	\$29.08	\$32.40	\$33.23
50-54	\$17.45	\$18.69	\$23.68	\$24.92	\$29.91	\$31.15	\$37.38	\$43.62	\$48.60	\$49.85
55-59	\$27.78	\$29.77	\$37.71	\$39.69	\$47.63	\$49.62	\$59.54	\$69.46	\$77.40	\$79.38
60-64	\$31.02	\$33.23	\$42.09	\$44.31	\$53.17	\$55.38	\$66.46	\$77.54	\$86.40	\$88.62
65-69	\$56.22	\$60.23	\$76.29	\$80.31	\$96.37	\$100.38	\$120.46	\$140.54	\$156.60	\$160.62
70-74	\$91.75	\$98.31	\$124.52	\$131.08	\$157.29	\$163.85	\$196.62	\$229.38	\$255.60	\$262.15
75+	\$299.82	\$321.23	\$406.89	\$428.31	\$513.97	\$535.38	\$642.46	\$749.54	\$835.20	\$856.62

**SPOUSE/DOMESTIC PARTNER COVERAGE:** Spouse/domestic partner coverage is available in \$5,000 increments as long as the employee is enrolled in voluntary group term life insurance. Amounts more than \$30,000 are subject to evidence of insurability (EOI). Spouse/domestic partner coverage cannot exceed half of the employee's coverage. Spouse/domestic partner rates are based on the employee's age. Employees adding a spouse/domestic partner outside of their initial eligibility period must provide EOI. The employee must be enrolled in voluntary group term life insurance to select spouse/domestic partner coverage.

**CHILDREN COVERAGES:** Children can get \$10,000 of coverage through age 19 for a biweekly rate of \$0.23 (covers all children at one price); and to age 26 if they are full-time students. Employees adding coverage for children outside of their initial eligibility period must provide EOI. The employee must be enrolled in voluntary group term life insurance to select coverage for their child(ren).

## BENEFICIARY DESIGNATIONS

You are encouraged to update your life insurance beneficiaries when you experience a change in family status such as marriage, death, divorce, etc. You may change your beneficiaries at any time by downloading the Group Term Life Beneficiary Designation Form from the benefits web page at [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits) and submitting the completed form to Employee Benefits, HR.



## FLEXIBLE SPENDING ACCOUNTS (FSAs)

The City offers employees both Health Care and Dependent Care FSAs that are administered by P&A Group. You may contribute to either account or to both. These Internal Revenue Code (IRC) approved accounts allow you to pay out-of-pocket health expenses and dependent care expenses without paying taxes, saving you tax dollars. Be careful not to over budget because if you do not use all the funds in these accounts, the IRC forces you to forfeit the unused monies after the grace period, which expires March 15, 2017 for plan year 2016. A tax savings calculator, examples of covered expenses and other educational materials are available online at [www.padmin.com](http://www.padmin.com).

**HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA up to \$2,550 annually):** Most out-of-pocket medical, dental and vision expenses may be paid on a pre-tax basis through a Health FSA. These are set up each calendar year during the open enrollment period. You may access the total projected account either by using your P&A "debit" card or submitting itemized receipts for reimbursement as soon as you incur the expenses. Internal Revenue Code (IRC) regulations do not allow you to withhold more than \$2,550 annually. If you are enrolled in the Choice Fund (CDHP), you must exhaust the HRA before using the Health FSA for eligible out-of-pocket health expenses.

Generally, any deductibles, copays or provider charges over the contracted allowances that you are responsible for under your medical, dental and vision plans may be reimbursed through the FSA. Make sure you have confirmed that your planned expenses will be covered since some expenses such as cosmetic procedures and over-the-counter drugs without a prescription are not covered per Federal regulations.

**DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA up to \$5,000 annually):** A separate pre-tax account can be set up for daycare expenses. In the Dependent Care FSA you must have built up the necessary funds before the qualifying expenditures will be paid.

- Daycare costs for children under age 13, disabled children, disabled spouses and disabled parents/grandparents who are your legal dependents
- Daycare or nursery schools are eligible providers, but must claim income on tax returns once the child attends regular school. Before or after school care is eligible up to the age of 13.
- Custodial care for qualified dependents who regularly spend at least eight hours per day in your home
- Internal Revenue Service (IRS) regulations do not allow contributions of more than \$5,000 annually per household.

**REIMBURSING CLAIMS:** If you enroll for either FSA, P&A will provide you with a benefits card, which can be set up as a credit or a debit card. You may either pay for eligible expenses with your P&A benefits card or, once you incur expenses for either account, you may submit itemized receipts to P&A via mail, facsimile, mobile upload or computer upload. You may also enroll in direct deposit, free of charge.

## IMPORTANT NOTES

- You cannot transfer funds from the Health FSA to the Dependent FSA or vice versa.
- Domestic partners who are not your tax dependents are not eligible for reimbursement of expenses.
- Expenses reimbursed under either FSA may not be deducted for IRS income tax purposes.
- If documentation of qualified expenses is not provided to P&A; if requested, the amount may be recharacterized as income and subject to taxes.
- Use the Flexible Benefits Worksheet on the following page to estimate expenses.





# TAX SAVINGS ACCOUNTS

City of FORT LAUDERDALE

## FLEXIBLE BENEFITS WORKSHEET

### HEALTH CARE FSA EXPENSE REIMBURSEMENT ACCOUNT (MEDICAL, DENTAL, VISION EXPENSES)

EXPENSE CATEGORY	ESTIMATION OF ANNUAL EXPENSE	CUMULATIVE TOTAL
<i>Example – eyeglasses</i>	\$400.00	\$400.00
Health Insurance Deductible(s)		
Coinsurance and Copay(s)		
Vision Care (contacts, glasses, etc.)		
Prescriptions		
Medical Appliances (wheelchairs, crutches)		
Dental Exams and Cleanings, X-Rays, etc.		
Braces and Retainers, Fillings, etc.		

*(This amount would be calculated as your estimated annual election for this account)* **GRAND TOTAL: \$**

\$ \_\_\_\_\_ ANNUAL ELECTION

### DEPENDENT CARE FSA EXPENSE REIMBURSEMENT ACCOUNT

EXPENSE CATEGORY	ESTIMATION OF ANNUAL EXPENSE	CUMULATIVE TOTAL
Babysitters, Daycare Centers, Nursery School		
After School Programs, Day Camp		
Elder Care		

*(This amount would be calculated as your estimated annual election for this account)* **GRAND TOTAL: \$**

\$ \_\_\_\_\_ ANNUAL ELECTION

**TOTAL OF ALL ANNUAL ELECTIONS \_\_\_\_\_ DIVIDED BY PAYROLL CYCLE = \$ \_\_\_\_\_ /PER PAY**

If you are unsure if an expense is eligible for reimbursement, please call P&A's customer service team at (800) 688-2611.



## 457(b) DEFERRED COMPENSATION

The 457(b) Deferred Compensation Plan is tax deferred and may be used to supplement your defined contribution or defined benefit plan and social security benefits during retirement. The City offers two deferred compensation plan providers, ICMA-RC and Nationwide Retirement Solutions. Contributions to the plans lower your current year taxes and all income. All income taxes are deferred until you withdraw or receive a distribution after separation from service. You may contribute to either or both providers. Both ICMA-RC and Nationwide offer a wide selection of investment options ranging from conservative to aggressive. Neither ICMA-RC nor Nationwide provide tax advice.

### 457(b) Deferred Compensation Features

- If you experience an unforeseeable emergency, you may be able to withdraw funds from your account as permitted by Internal Revenue Code Section.
- The plan allows participants to apply for loans of up to 50% of their account balance, not to exceed \$50,000.
- Does not include a 10% tax penalty for early distributions/withdrawals upon separation of employment prior to age 59½, as is typical in 401(a) plans.
- Upon separation from employment, you may keep the funds invested in the accounts or roll them over to another tax-qualified retirement plan. You are required to begin receiving minimum distributions the latter of April 1 of the calendar year in which you turn 70½ or April 1 of the year in which you retire (if 70½).

### 457(b) Maximum tax year contributions (as of printing) - up to:

- \$ 18,000 normal limit
- \$ 24,000 if age 50 or older as year-end
- \$ 36,000 if you qualify for pre-retirement catch-up contributions

### Benefits that Go Together

A Roth IRA and 457(b) Deferred Compensation Plan go together; use both to reach your savings goals with added tax benefits and flexibility.

- For different savings goals: Additional retirement income, health care, a home purchase, college education, emergencies
- For different tax benefits: You can get a tax benefit now when you contribute to your 457(b) plan and a tax benefit later when you withdraw from your Roth IRA. And, if you retire early you can withdraw from your 457(b) plan without penalties.

## MATCH YOUR ROTH IRA WITH YOUR 457(b) PLAN

**Tax-free withdrawals/distributions, including earnings, are tax- and penalty-free if you have:**

- Owned a Roth IRA for at least five years, as defined by the IRS; and
- A qualifying event, such as age 59½, a “first-time” home purchase, disability or death.

Otherwise, income and penalty taxes may apply to the withdrawal of earnings, but contributions can be withdrawn at any time without taxes or penalties. There are no IRS required minimum distributions, so loved ones can receive money you do not need tax free.

### Maximum annual Roth contributions:

Up to \$5,500, or \$6,500 if age 50 or older, as of the current year-end and if your IRS Modified Adjusted Gross Income is less than:

- \$116,000 for individual filers (\$116,000 - \$131,000 to make partial contributions)
- \$183,000 for married joint filers (\$183,000 - \$193,000 to make partial contributions)

## LEARN MORE

### ICMA-RC:

IRA: [www.icmarc.org/ira](http://www.icmarc.org/ira)

457(b) plan: [www.icmarc.org/457](http://www.icmarc.org/457)

Contact your ICMA-RC representative at [yflores@icmarc.org](mailto:yflores@icmarc.org)

## NATIONWIDE RETIREMENT SOLUTIONS

Contact your Nationwide Retirement solutions representative at [pinzona@nationwide.com](mailto:pinzona@nationwide.com)

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



# VOLUNTARY BENEFITS

City of FORT LAUDERDALE

## VOLUNTARY BENEFITS

A new Third Party Administrator (TPA) for voluntary products, FBMC Benefits Management, has been secured to offer new voluntary benefits options to all active employees effective January 1, 2016:

- Medical GAP Insurance (a.k.a. Major Medical Complement Insurance): Participants in the City's three Cigna Medical Plans, [OAPIN1 (HMO1), OAPIN2 (HMO2) and Choice Fund (CDHP)] may purchase a GAP insurance policy that will cover OAPIN participants with up to \$1,250 for outpatient and \$2,500 for inpatient hospital services and Choice Fund participants with up to \$2,000 for outpatient services and up to \$4,000 for inpatient services.
- Legal Insurance
- Accident Insurance
- Short-Term Disability Income Insurance
- Critical Illness/Cancer Insurance

Please see the Voluntary Benefits Booklet inserted in the back pocket of this Handbook for more detailed information on these benefits.

**You must meet with a professional benefits counselor to enroll in these voluntary benefit offerings.** Benefits counselors will be available onsite throughout the open enrollment period by appointment. To ensure a convenient and timely enrollment process, we ask that you schedule your 30-minute enrollment session in advance. During your appointment, your benefits counselor will:

- Provide benefits education on your core and voluntary benefits and assist you with making benefit decisions that best meet your needs,
- Answer any questions you may have about your current coverage, and
- Assist you with making your core and voluntary benefit elections.

**Schedule your appointment to meet with a benefits counselor at [www.myenrollmentschedule.com/lauderdale](http://www.myenrollmentschedule.com/lauderdale) or by calling 1-866-998-2915.**

All prior voluntary products through Aflac, Allstate (except GAP), Colonial and U.S. Legal Services will terminate effective December 31, 2015. Employees currently enrolled in those products have the option to continue the coverage by porting those products; however, premiums for all ported products will no longer be payroll deducted. **You may obtain porting information by contacting the respective company that your current voluntary benefit(s) is with. The contact numbers are:**

**Aflac: 800-462-3522**

**Allstate: 800-521-3535**

**Colonial: 800-325-4368**

**U.S. Legal Services: 800-356-5297**

**FLORIDA PRE-PAID COLLEGE TUITION:** This benefit allows you to save for your dependent(s) college education through payroll deductions. For more information on the program, call 1-800-552-4723 or visit [www.myfloridaprepaid.com](http://www.myfloridaprepaid.com).

**LOANS AT WORK:** A voluntary loan program will provide City employees with the opportunity to apply for unsecured loans for health care expenses or any other need up to \$5,000 (capped at 20% of net take home pay) to be repaid through payroll deductions. The Employee Access Code for Fort Lauderdale employees is Fort2013.



## WHO IS ELIGIBLE TO PARTICIPATE IN GROUP COVERAGE?

### EMPLOYEES

- Full-time employees (both regular full time and temporary full time) are eligible to participate in all group benefits. Variable hour employees, such as part-timers who satisfy the criteria under the Affordable Care Act, are eligible to participate in any of the City's medical plans/GAP for the 2016 plan year.
- New hires are **eligible for benefits the first** of the month following their hire date. However, coverage is effective the first day of the month following receipt of the enrollment paperwork by Employee Benefits Enrollment paperwork must be received by Employee Benefits no later than 30 days from hire date for selected benefits to be effective (must be actively working for life insurance to be effective). The required paperwork may be downloaded from the Benefits webpage. or you may contact Employee Benefits, HR at 954-828-5160 if you do not have access to a computer.  
**Documentation to support dependent status must be provided to Employee Benefits, HR for all dependents to be enrolled.** Please see the 2016 Voluntary Benefits insert if you wish to consider voluntary benefits.
- Police employees represented by the Fraternal Order of Police (FOP) are eligible for medical, dental and vision benefits through the FOP ONLY and may participate in the City's life, Health Care and Dependent Care Flex Spending Accounts and voluntary benefits (excluding GAP). **\*\*NOTE: Remove the last sentence in this paragraph. Please also remove the last bullet item that follows this one.\*\***

### DEPENDENTS

#### Who are my eligible dependents and what documentation is required as proof of eligibility?

If you enroll for medical, dental, vision or GAP insurance you may also enroll your eligible dependents (identified below). The type of documentation acceptable, as proof of dependent eligibility, is identified in parenthesis. Documentation must be provided at the time you enroll by submitting the document(s) to Employee Benefits, HR. If the documentation is not readily available, please complete the online enrollment (active employees) or change request form (retirees) and follow-up with the documentation as soon as it becomes available. Your request will not be processed without the supporting documentation. If both parents are enrolled for benefits through the City, children may not be enrolled for coverage under both parents.

- Spouse, if she/he is not also a benefits eligible City of Fort Lauderdale employee (**official marriage certificate**)  
**Ex-spouse is not eligible for coverage under your insurance**
- Domestic partner (if she/he is not also a City of Fort Lauderdale employee eligible for benefits) as established by the City (**Affidavit of Domestic Partnership**)

- Your biological child, legally adopted child or a child placed in the home for adoption in accordance with applicable state and federal laws (**copy of official legal documents proving the status**)
- Child(ren) of your domestic partner, unless covered by a spouse/domestic partner who also works for the City of Fort Lauderdale (**copy of official birth certificate showing the domestic partner as the parent**)
- Your child, if permanently physically and/or mentally disabled (**and not an eligible City employee**), may be covered indefinitely beyond the limiting age as long as acceptable proof of the disability is provided to the plans. (**The health plan will request medical proof of the disability.**)
- Court order for the specified dependent child or foster child placed in your home (**copy of the executed court order**)
- A grandchild up to age 18 months if born while your child is covered under the plan and the parent remains covered under the plan (**copy of birth certificate**)
- The Patient Protection and Affordable Care Act permits married or unmarried dependent children to be covered under the health plans to the last day of the calendar year that they reach the age of 26. An unmarried dependent child may be covered for health beyond age 26 to age 30, if the criteria established by Florida Statute are satisfied. Dependent children enrolled for dental coverage are eligible to the end of the calendar year that they reach the age of 25. Dependent children enrolled for vision coverage are covered to the end of the month in which they turn age 26.
- Your foster child, if placed in your home prior to age 18 (**proof of placement by the Department of Children and Families or the foster care program of a licensed agency**)

#### What are the criteria for dependent children ages 26-30 (end of calendar year) to be eligible for group medical coverage?

- Florida Statute Chapter 627.6562 stipulates that the child must be (a) unmarried without any dependents, (b) a resident of the state of Florida or a full-time/part-time student and (c) is not provided coverage or is not a covered person under any other group medical insurance policy or individual medical benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.
- Employees enrolling a new dependent child age 26+ must provide supporting documentation that the child was continuously covered by other creditable coverage without a gap in coverage of more than 63 days.





# FREQUENTLY ASKED QUESTIONS (FAQS)

City of FORT LAUDERDALE

## PRE-TAX PREMIUM/IMPUTED INCOME

### What is pre-tax premium?

Pre-tax premium is an insurance contribution deducted from your paycheck before you pay any taxes. Premium contributions for medical, dental, vision, supplemental life (up to \$50,000), health care and dependent care FSAs are deducted through a Cafeteria Plan established under Internal Revenue Code (IRC) Section 125 and the City's Flexible Benefits Plan document. Due to IRC Section 125 rules, mid-year pre-tax premium changes may only be processed if the employee satisfies a qualifying event as permitted by the IRC Section 125, and the City's Plan document, or exercises a HIPAA Special Enrollment Right and submits a timely request.

### Are premiums for adult children ages 26 to 30 and domestic partners/dependent children of domestic partners deducted pre-tax?

Generally, no. Premiums attributable to dependent children ages 26 to 30 is deducted post-tax unless they meet the definition for tax-qualified dependent under Internal Revenue Code Section 152. Premiums attributable to domestic partners, and the children of domestic partners, is deducted post-tax unless it is established that they are qualified tax dependents as defined by Section 152 of the Internal Revenue Code. To have premiums payroll deducted pre-tax, the employee must also complete the Domestic Partner Certification of Dependent Status Form included under Forms on the Employee Benefits web page.

### What is Imputed Income?

The Internal Revenue Code (IRC) allows employees to pay "tax free" health insurance subsidies for themselves and their eligible dependents as defined under IRC provisions but generally excludes the amount attributable to dependent children after the end of the year in which they turn age 26, domestic partners and children of domestic partners. The City does not subsidize premiums for Adult children ages 26-30.

## IRC SECTION 125 CHANGE IN STATUS QUALIFYING EVENTS

### What mid-year (outside of the annual open enrollment period) qualifying events allow me to add or delete dependents?

The health plans are governed by Internal Revenue Code Section 125 rules and the City's Flexible Benefits Plan document, which permits mid-year plan changes (example to add or delete dependents) only if certain qualifying events are experienced by the employee or dependent. Therefore, a participant may not revoke

any elections made, outside of the annual benefits open enrollment period, **except** as illustrated in the following qualifying events or Special Enrollment Rights:

- A change in the participant's legal status, including marriage, divorce, death of the participant's spouse, domestic partnership status (post-tax, unless a qualified tax dependent as defined by the Internal Revenue Code and the employee completes a Domestic Partner Certification of Dependent Status Form)
- A change in the number of dependents that the participant has for federal income tax purposes due to events such as birth, adoption, placement for adoption or death
- A termination or commencement of employment of the participant, spouse, domestic partner (post-tax unless a qualified tax dependent under the Internal Revenue Code) or dependent of the participant
- A reduction or increase in the hours of employment such as a switch between part-time and full-time status, going on an approved unpaid leave of absence (LOA)/Family Medical Leave Act (FMLA) or returning from an approved LOA/FMLA
- An event that causes the participant's dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age
- A court order or judgment, decree or change in legal custody, including a qualified medical child support order
- Entitlement to/or loss of Medicare eligibility, entitlement to Medicaid
- Entitlement to Premium Assistance under State Medicaid or Children's Health Insurance Program (CHIP), OR loss of eligibility for State Medicaid or CHIP (60 days allowed to exercise these Special Enrollment Rights)
- Differences in the open enrollment periods between the City and another employer affecting the participant's spouse or dependent
- Significant increases in plan costs
- Significant curtailment in plan benefits
- Special Enrollment Rights: If an employee becomes eligible to exercise any Special Enrollment Rights, he/she may change election for the balance of the plan year and file a new election which corresponds with the exercise of those rights. For more information on Special Enrollment Rights, please click on the Cigna image on the Employee Benefits web page to review the certificates of coverage.



## **What is the consistency rule governing change in status requests?**

IRC Section 125 requires that any change in status requests processed must be consistent with the qualifying event. For example, if the employee gets a divorce, it would be a qualifying event to delete the ex-spouse, but not to add existing dependent children who were not on the employee's plan. Another example is the event of a deceased spouse. It would be a qualifying event to delete the deceased spouse and add the existing dependents, if they were enrolled under the spouse's health plan, within 30 days from the date of death.

## **How do I make a change to my medical/dental/vision/life insurance plan outside of the annual open enrollment and what is the time frame?**

To make a change in your medical, dental or vision plan or life insurance outside of the annual open enrollment, employees and retirees must complete a Benefits Election Change Form and Flex Change in Status Form and submit them to Employee Benefits, HR no later than 30 days from the event (60 days for newborns/adoptions/placement for adoption/entitlement or loss of eligibility for State Medicaid/CHIP or entitlement to Premium Assistance under State Medicaid/CHIP). Retirees must complete a Benefits Election Change Form and a Flex Change in Status Form and submit them to Employee Benefits, HR. These forms may be downloaded from [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits) or obtained from Employee Benefits, HR. Do not delay in submitting the completed change forms while you gather the supporting documentation. Change requests must be completed within the specified time frames. You must then follow-up with the supporting documentation to provide to Employee Benefits, HR as soon as it becomes available. The types of documentation required to support the change in status are identified on the Change in Status Form. Changes between medical and dental plans are generally not allowed.

## **When do requested changes become effective?**

Open enrollment changes become effective January 1 of the upcoming year (with the exception of life insurance increases which are effective subject to approval from Unum). Outside of the open enrollment period, changes generally become effective the first day of the month following receipt of the change request if provided within 30 days from the date of the event (60 days for newborns/adoptions/placement for adoption/ entitlement to State Medicaid/CHIP or entitlement to CHIP).

## **When do changes to add a newborn, adopted child or child placed for adoption become effective?**

Payroll changes to add a newborn/child adopted or placed for adoption are processed in accordance to Florida Statute 641.31(9). If the change request is completed within 31 days of birth, the premium is waived for the first 31 days from birth. If the change request is completed after the first 31 days, but within 60 days of the qualifying event, the new premium will be charged retroactively to the date of the qualifying event.

## **What if I submit a late request for a change in status qualifying event?**

If the request is submitted beyond the required time frames, the change will not be processed. If the request is to delete an ineligible dependent, you will be responsible financially for any claims incurred by that ineligible dependent but the premium changes, if applicable, will not be processed. Late requests to add new dependents will not be processed. You will need to make the change during the annual benefits open enrollment or if you exercise an allowable HIPAA Special Enrollment Right.



# FREQUENTLY ASKED QUESTIONS (FAQS)

City of FORT LAUDERDALE

## CANCELLATION

### May I cancel coverage outside the annual benefits open enrollment?

Employees may request cancellation of coverage during the year as permitted by Florida Statute. However, for pre-tax benefits, if there is not an IRC Section 125 qualifying event, pre-tax premium payroll deductions will continue through the end of the current plan year. If you opt out or cancel your coverage you may not reapply (a) until the annual benefits open enrollment period, which takes place in the fall of each year, or (b) if you may exercise a HIPAA Special Enrollment Right. Requests to cancel post-tax benefits during the year will be processed prospectively without a penalty. Applications to re-enroll for life insurance benefits are subject to evidence of insurability.

## BENEFICIARY DESIGNATIONS

### May I update my beneficiaries at any time?

Yes. If enrolled for life insurance, you are strongly encouraged to review your beneficiaries and update, if necessary, when you experience a change in status such as divorce, marriage, death or any other changes. You are also encouraged to list contingent/secondary beneficiaries in the event your primary beneficiary(ies) predeceases you. Simply download the Group Term Life Beneficiary Designation Form from the City's Employee Benefits web page, complete it and drop it off or mail to Employee Benefits, HR.

### Where may I find information on life insurance benefits and provisions?

Review the Unum certificates of coverage on the Employee Benefits web page or contact Unum toll free at 1-800-445-0402.

## HEALTH REIMBURSEMENT ACCOUNT (HRA)

### What is an HRA?

An HRA is an employer-funded, tax-qualified spending account that may be used to pay for qualified health expenses such as deductibles and coinsurance for covered medical expenses and prescription drugs.

### Do all employees enrolled in the medical plans have an HRA account funded by the City?

No. HRA funding is only available to employees/dependents enrolled for the Cigna Choice Fund Plan (CDHP). Employees may not access funds remaining in the account upon separation of employment since the account is not portable. Retirees are not eligible for HRA funding.

### How much HRA funding does the City provide for Choice Fund (CDHP) participants for the plan year?

- Employee only = \$750
- Employee + one dependent = \$1,000
- Employee + two or more dependents = \$1,500
- Adult child = \$750
- The funding is prorated for enrollments after January 1.

### Is there a separate ID card for the HRA?

No. The Cigna ID card is presented to access the HRA funding.

### How do I keep track of the funds remaining in my HRA or obtain more information?

You may keep track of your HRA balance by reviewing Explanation of Benefits (EOB) statements received, by logging on to [www.myCigna.com](http://www.myCigna.com), reviewing quarterly HRA statements received or by contacting Cigna's customer service 24/7 toll-free at 1-800-244-6224. You may also review the Cigna summary plan descriptions on the Employee Benefits web page.

### May the funds in my HRA be rolled over to another calendar year?

Yes; however, this is subject to changes in IRS guidelines and City policy.

## GAP INSURANCE

### (a.k.a. Major Medical Complement Insurance)

### What is GAP coverage and what company administers it?

- This benefit helps pay the out-of-pocket expenses an insured individual incurs due to a covered injury or sickness. GAP coverage for enrolled children ends at age 26.
- Fidelity Security Life Insurance Company underwrites the product for Allstate.

### Must I enroll for GAP coverage if I enroll in Cigna Medical Plans?

No. It is an optional benefit.

### What types of covered medical expenses may GAP coverage be used for?

Expenses include (a) hospital confinement due to injury or illness, (b) medically necessary outpatient treatment of an injury or sickness, (c) outpatient benefits, including treatment under the regular care of a physician at a hospital, (d) expenses at a physician's office (except those expenses allocated as a physician's



office visit expense), or (e) outpatient surgical, emergency or diagnostic testing facility or a similar facility licensed to provide outpatient treatment. Benefits are limited to the difference between the benefit paid by your major medical plan and actual outpatient expenses incurred.

## What are the maximum GAP limits for the CIGNA plans?

- Choice Fund (CDHP) - \$4,000 hospital confinement and \$2,000 outpatient benefit
- OAPIN1 (HMO1) and OAPIN2 (HMO2) - \$2,500 hospital confinement and \$1,250 outpatient benefit

## If I enroll for GAP coverage, will I receive a separate ID card in addition to the Cigna ID card?

Yes. The card will be from SIS.

## Upon accessing health expenses, must I present the GAP ID card along with my Cigna ID card?

Yes. By submitting both cards at the same time it may eliminate the need to file a separate claim. For example, if you are enrolled in either of the CIGNA OAPIN1 (HMO1) OR OAPIN2 (HMO2) plan, you are responsible for a \$200 copayment for an MRI at a participating outpatient diagnostic facility. If you enrolled for the GAP coverage, just present your Cigna ID card along with the GAP card and the \$200 copay will be deducted from your GAP balance (providing the funds were not depleted prior to this visit).

## COBRA

### What is COBRA?

- COBRA is the federal law that requires most group health plans, including Health Care Flex Spending Accounts, to give employees, their covered dependents and qualified beneficiaries the opportunity to continue their group health benefits when there is a "qualifying event" (i.e., termination of employment, retirement, divorce, death of employee, etc.) that would result in a loss of coverage under an employer's plan. Continuation coverage for each qualified beneficiary must be the identical coverage that the plan offers to active employees and covered dependents. COBRA rights may be exercised independently for each qualified beneficiary.
- The employee or family member must provide written notice to Employee Benefits, HR within 60 days of the event when a covered spouse loses eligibility due to divorce or a dependent child loses eligibility. The City extends a COBRA-like continuation of coverage option to domestic partners and their dependents who lose eligibility for group benefits.

- The law specifies the time frames within which qualified beneficiaries must be notified, be allowed to elect continuation coverage and make payments. The cost to qualified beneficiaries may not exceed 102% of the premium equivalent cost of insurance for the active group.

## How will I and my qualified beneficiaries be notified of my COBRA rights?

The City has contracted with a Third Party Administrator (TPA), currently P&A Group, to administer the COBRA provisions, provide notification within the time frames specified by the federal law and to perform the accounts receivable functions for qualified beneficiaries who elect continuation. The City provides the TPA with information pertaining to new enrollees and employees losing group coverage due to termination of employment and other known qualifying events.

## Where may I obtain more information on COBRA?

Go to the P&A Group posting at [www.fortlauderdale.gov](http://www.fortlauderdale.gov) or contact the City's COBRA Administrator, P&A Group, at 1-800-688-2611.

## APPROVED UNPAID LEAVES OF ABSENCE (LOA)/FMLA

### How do I maintain my group benefits while on unpaid leave and FMLA?

Going on an approved unpaid LOA or FMLA leave is considered a qualifying event that allows you to make changes to your coverage consistent with the event. For example, you may delete dependents or cancel coverage within 30 days of being in an unpaid LOA or FMLA leave. Since you will not receive a paycheck while on unpaid leave, the premiums to cover your plan elections cannot be payroll deducted. You must take steps to ensure there is no disruption in your coverage. Before you miss your first paycheck, please contact Employee Benefits, HR for instructions on how much to pay, the frequency of payments and other pertinent information.





# PRESCRIPTION COVERAGE AND MEDICARE

City of FORT LAUDERDALE

## 2016 IMPORTANT NOTICE FROM THE CITY OF FORT LAUDERDALE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE TO ACTIVE EMPLOYEES, RETIREES AND DEPENDENTS PARTICIPATING IN THE FOLLOWING CITY-SPONSORED HEALTH PLANS:

### **Cigna Open Access Plus In-Network 1 (OAPIN1, aka HMO1) and Cigna Open Access Plus In-Network 2 (OAPIN2, aka HMO2) and Choice Fund (CDHP)**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Fort Lauderdale and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

### **There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. Medicare prescription drug coverage became available to everyone with Medicare in 2006. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium
2. The City of Fort Lauderdale has determined that the prescription drug coverage under OAPIN1 (HMO1), OAPIN2 (HMO2) and Choice Fund (CDHP) are, on average, expected to pay out as much as standard Medicare prescription drug coverage pays for all plan participants and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you may keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When can you join a Medicare drug plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What happens to your current coverage if you decide to join a Medicare drug plan?**

If you decide to join a Medicare drug plan, your current City of Fort Lauderdale coverage will not be affected. Coverage under the City's plan will be primary.

For those individuals who elect Part D coverage and elect to drop coverage under the City of Fort Lauderdale's plan, coverage will end for the individual and all covered dependents, etc. See pages 7-9 of the Centers for Medicare and Medicaid Services (CMS) Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

Your current City of Fort Lauderdale coverage pays for other medical expenses in addition to prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current City of Fort Lauderdale medical plan, which includes prescription drug benefits, please be aware that you (if actively employed) and your dependents may not be able to get this coverage back until the next annual benefits open enrollment period, which has an upcoming effective date of January 1. Retirees who drop their current City of Fort Lauderdale plan, which includes prescription drug coverage, must be aware that they will not be able to get this coverage back at a later date.



## When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with the City of Fort Lauderdale and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For more information about this notice or your current prescription drug coverage:

Contact the office listed below for further information and refer to the certificates of coverage issued by the prescription drug provider.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through the City of Fort Lauderdale changes. You also may request a copy of this notice at any time.

## For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

## For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number)
- For personalized help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

<b>Date:</b>	<b>October 14, 2015</b>
<b>Name of Entity/Sender:</b>	<b>City of Fort Lauderdale</b>
<b>Contact-Position/Office:</b>	<b>Employee Benefits, Human Resources</b>
<b>Address:</b>	<b>100 North Andrews Avenue, 3rd Floor Fort Lauderdale, FL 33301</b>
<b>Phone Number:</b>	<b>954-828-5160</b>



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact BENEFITS SECTION, HR.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name CITY OF FORT LAUDERDALE		4. Employer Identification Number (EIN) 59-6000319	
5. Employer address 100 N. ANDREWS AVENUE		6. Employer phone number 954-828-5160	
7. City FORT LAUDERDALE	8. State FL	9. ZIP code 33301	
10. Who can we contact about employee health coverage at this job? BENEFITS MANAGER			
11. Phone number (if different from above)		12. Email address healthyliving@fortlauderdale.gov	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

All full-time employees and part-time employees who satisfy the criteria under the Affordable Care Act (ACA).

•With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses, domestic partners, dependent children of employees up to age 26 and those who satisfy the guidelines under Florida Statute (FS627.6562)

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

# **CITY OF FORT LAUDERDALE NOTICE REGARDING COLLECTION, USE, AND DISCLOSURE OF SOCIAL SECURITY NUMBERS**

The collection of social security numbers by the City of Fort Lauderdale (“City”) is either specifically authorized by law or imperative for the performance of the City’s duties and responsibilities as prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or disclosed, the relevant legal authority, and whether collection of the social security number for the stated purpose is mandatory or authorized.

- For employment eligibility, reports to the Internal Revenue Service, and income tax withholding, including for W-2’s, W-4’s, and I-9’s. [Collection mandated by 26 U.S.C. §6051, 26 C.F.R. §31.6011(b)-2, 26 U.S.C. §3402, 26 C.F.R. §31.3402(f)(2)-1, 31 C.F.R. §31.3402(f)(5)-1, 8 U.S.C. §1324a, 8 C.F.R. §274a.2, 26 C.F.R. §31.6051-1, and 26 C.F.R. §301.6109-1. Disclosure: 26 U.S.C. §6051, 26 C.F.R. §6051-1, §119.071(5)(a)6, Fla. Stat.];
- For reports to the Social Security Administration. [Disclosure: 26 C.F.R. §31.6051-2, §119.071(5)(a)6, Fla. Stat.];
- For administration of the City’s health benefits, pension fund, deferred compensation plan, and defined contribution plan, [Disclosure: §119.071(5)(a)6, Fla. Stat.];
- For income deduction notices for child support, alimony, and child support enforcement. [Collection authorized by §§61.1301(2)(e) and 61.13, Fla. Stat. Disclosure: 42 U.S.C. §653a(b), §119.071(5)(a)6, Fla. Stat.];
- For unemployment compensation benefits. [Disclosure: §119.071(5)(a)6, Fla. Stat.];
- For reports of worker’s compensation injury or death. [Disclosure: §§440.185, and 119.071(5)(a)6, Fla. Stat.];
- For worker’s compensation petitions for benefits and responses. [Collection authorized by §60Q-6.103, Florida Administrative Code. Disclosure: §60Q-6.103, Florida Administrative Code, and §119.071(5)(a)6, Fla. Stat.];
- For notices of tort claim. [Collection mandated by §768.28(6), Fla. Stat.];
- For verification of identity, background investigations and criminal history checks. [Disclosure: §119.071(5)(a)6, Fla. Stat.];
- The social security number may be disclosed to facilitate the direct deposit of funds to a payee’s account. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if it is expressly required by federal or state law or a court order. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the individual expressly consents in writing to the disclosure of his or her social security number. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the disclosure is necessary for the City to perform its duties and responsibilities. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the disclosure is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the disclosure is made to a commercial entity for the permissible uses set forth in the federal Driver’s Privacy Protection Act of 1994, 18 U.S.C. ss. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. ss. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. ss. 6801 et seq., provided that the authorized commercial entity complies with the requirements of Fla. Stat. § 119.071(5). [§119.071(5)(a)6, Fla. Stat.]





# City of FORT LAUDERDALE

Employee Benefits • Risk Management Division • Human Resources  
City Hall • 100 N. Andrews Avenue • Fort Lauderdale, FL 33301  
(954) 828-5160 • [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits) • [healthyliving@fortlauderdale.gov](mailto:healthyliving@fortlauderdale.gov)

## BENEFITS DIRECTORY

### MEDICAL / DENTAL / VISION

• CIGNA	<a href="http://www.cigna.com">www.cigna.com</a>	1-800-244-6224
• Personal CIGNA Web Portal	<a href="http://www.mycigna.com">www.mycigna.com</a>	
• Employee Assistance Program (EAP)	<a href="http://CignaBehavioral.com">CignaBehavioral.com</a> (Employer ID: cofl)	(24/7) 1-877-622-4327
• CIGNA Wellness Program	<a href="http://www.fortlauderdale.gov/benefits">www.fortlauderdale.gov/benefits</a> - then select the CIGNA Wellness site	
• Blossom Paravattil, CIGNA Onsite Wellness Coordinator		954-652-1306 Fax: 1-860-847-5126
• Allstate GAP Insurance	<a href="mailto:customerservice@specialinc.com">customerservice@specialinc.com</a>	1-800-767-6811
• Humana Dental	<a href="http://www.humanadental.com">www.humanadental.com</a>	1-800-233-4013
• United Healthcare Vision	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>	1-800-638-3120 Fax: 1-248-733-6060

### CITY HEALTH AND WELLNESS CENTER

• Marathon Health (Administrator)	<a href="http://www.marathon-health.com/MyPhr/login">www.marathon-health.com/MyPhr/login</a>	1-754-206-2420 Fax: 954-867-5583
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### LIFE INSURANCE

• Unum Life Insurance	<a href="http://www.unum.com">www.unum.com</a>	1-800-445-0402 Fax: 1-800-447-2498
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### INCOME PROTECTION (short term disability, accident, critical life events/cancer)

• Trustmark	<a href="http://www.trustmarksolutions.com">www.trustmarksolutions.com</a>	1-877-201-9373, Option 2
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### IRC/FSA ADMINISTRATOR

• Health Care Spending	<a href="http://www.padmin.com">www.padmin.com</a>	
• Dependent Care Spending	<a href="http://www.padmin.com">www.padmin.com</a>	1-800-688-2611

### LEGAL SERVICES

• ARAG Legal	<a href="http://www.araglegalcenter.com">www.araglegalcenter.com</a> (Access code 18107cfl)	1-800-247-4184
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### FLORIDA PRE-PAID COLLEGE TUITION

• Florida Pre-Paid College Tuition	<a href="http://www.myfloridaprepaid.com">www.myfloridaprepaid.com</a>	1-800-552-4723 Fax: 1-850-309-1766
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### DEFERRED COMPENSATION / LOANS

• ICMA-RC	<a href="http://www.icmarc.org/">http://www.icmarc.org/</a>	1-800-669-7400
• Nationwide	<a href="http://www.nrsforu.com">www.nrsforu.com</a>	1-877-677-3678
• BMG Loans at Work	<a href="http://www.loansatwork.com/">http://www.loansatwork.com/</a>	1-800-316-8507