



CITY OF SUNNY ISLES BEACH



# Employee Benefits Guide

Plan Year | 2016 - 2017



# Table of Contents

<u>CONTACT INFORMATION</u>	Page 5-6
<u>ENROLLMENT &amp; ELIGIBILITY:</u>	Page 7-8
<u>HEALTH INSURANCE COST:</u>	Page 9
<u>RATES:</u>	Page 10-14
<u>MEDICAL:</u>	Page 15
<u>DENTAL:</u>	Page 16
<u>VISION:</u>	Page 17
<u>BASIC LIFE &amp; ACCIDENTAL DEATH &amp; DISMEMBERMENT:</u>	Page 18
<u>VOLUNTARY LIFE INSURANCE:</u>	Page 19
<u>LONG TERM DISABILITY INSURANCE:</u>	Page 20
<u>VOLUNTARY SHORT TERM DISABILITY INSURANCE:</u>	Page 21
<u>LAW ENFORCEMENT OFFICERS - LIFE &amp; ACCIDENT INSURANCE:</u>	Page 22
<u>RETIREMENT INSURANCE:</u>	Page 23
<u>ROTH IRA WITH YOUR 457 PLAN:</u>	Page 24
<u>457 PLANS:</u>	Page 25
<u>EMPLOYEE ASSISTANCE PROGRAM:</u>	Page 26
<u>ADDITIONAL BENEFITS:</u>	Page 27
<u>EDUCATIONAL REIMBURSEMENT PROGRAM:</u>	Page 28
<u>FLEXIBLE SPENDING ACCOUNTS:</u>	Page 28
<u>AFLAC INSURANCE:</u>	Page 29
<u>KANAWHA INSURANCE:</u>	Page 30
<u>PRE-PAID LEGAL SERVICES:</u>	Page 31
<u>WORKERS' COMPENSATION:</u>	Page 32
<u>FAMILY MEDICAL LEAVE ACT:</u>	Page 33
<u>WOMEN'S HEALTH &amp; CANCER RIGHTS ACT OF 1998:</u>	Page 34
<u>MEDICARE PART D NOTICE FOR CREDITABLE COVERAGE:</u>	Page 35
<u>HEALTH CARE REFORM NOTICES:</u>	Page 36
<u>MARKETPLACE NOTICE:</u>	Page 37-38
<u>CHIP – CHILDREN'S HEALTH INSURANCE PLAN:</u>	Page 39-41

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565



## **Welcome to your 2016- 2017 Employee Benefits!**

**City of Sunny Isles Beach** offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

This Benefit Booklet has been designed to provide you with the knowledge you need to make the best possible benefit decisions along with the Carrier Materials.



That's why at **City of Sunny Isles Beach** we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

**Stay Healthy**

- Medical
- Dental
- Vision Care

**Feeling Secure**

- Basic Life and Accidental Death & Dismemberment
- Life Insurance
- Disability Insurance
  - Long Term Disability
  - Short Term Disability
- AFLAC Insurance
- Kanawha
- FRS Retirement

**Work/Life Balance**

- Legal Shield
- EAP Program

**“Mount Sinai Municipal Partnership Program”**

As a Sunny Isles Beach employee you will be able to enjoy:

- Access to a private City of Sunny Isles Beach employee hotline, which provides direct communication with an appointment navigator within Mount Sinai to assist you with appointments at all of the medical center's facilities, including the new Mount Sinai Primary & Specialty Care Sunny Isles Beach office.
- A free subscription to Mount Sinai Medical Center's e-newsletter allowing you to customize the content you want. Choose from topics such as general wellness, women's health, cardiology, urology and much more!
- Free membership at Pelican Community Park for the use of the fitness center.
- Discounted registration rates for athletic, exercise, recreation and wellness programs at the Community Center.

# Contact Information



Refer to this list when you need to contact one of your benefit vendors.  
For general information, contact Human Resources.

## Human Resources Department

**Yael Y. Londoño**  
MSHRM, PHR, SHRM-CP, IPMA-CP  
HR & Risk Management Director  
E-Mail: [ylondono@sibfl.net](mailto:yondono@sibfl.net)

**Laura Colvill, PHR, SHRM-CP**  
Human Resources Generalist  
E-Mail: [lcolvill@sibfl.net](mailto:lcolvill@sibfl.net)

18070 Collins Avenue  
Sunny Isles Beach, FL 33160  
305-792-1708 Fax: 305-792-1643  
E-mail: [Humanresources@sibfl.net](mailto:Humanresources@sibfl.net)

## Health Insurance

### HEALTH INSURANCE

**Cigna Health Insurance**  
1000 Great-West Drive  
Kennett, MO 63857  
Member Services: 1-866-494-2111  
Website: [www.mycignaforhealth.com](http://www.mycignaforhealth.com)  
Group #s: 00608932  
Open Access Plus  
Low Option / High Option

### DENTAL INSURANCE

**Humana Dental Care**  
1100 Employers Blvd.  
Green Bay, WI 54344  
Member Services: 1-800-233-4013  
Website: [www.humanadental.com](http://www.humanadental.com)  
Group #s: 742042  
DHMO / DPPO Dental

### VISION INSURANCE

**Humana Vision Care**  
P.O. Box 14313  
Lexington, KY 40512  
Member Services: 1-866-537-0229  
Website: [www.humanavisioncare.com](http://www.humanavisioncare.com)  
Group #s: 742042  
PPO Vision

## Life & Disability Insurance

### LIFE INSURANCE

**Lincoln Financial Group Insurance**  
8801 Indian Hills Drive  
Omaha, Nebraska 68114-4066  
Member Services: 1-800-423-2765  
Website: [www.lfg.com](http://www.lfg.com)  
Group Policy# 000010203034

### LONG-TERM DISABILITY INSURANCE

**Lincoln Financial Group Insurance**  
8801 Indian Hills Drive  
Omaha, Nebraska 68114-4066  
Member Services: 1-800-423-2765  
Disability Claims: 1-800-423-2765  
Website: [www.lfg.com](http://www.lfg.com)  
Group Policy# 000010203035

### ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

**Lincoln Financial Group Insurance**  
8801 Indian Hills Drive  
Omaha, Nebraska 68114-4066  
Member Services: 1-800-423-2765  
Life Claims: 1-800-423-2765  
Website: [www.lfg.com](http://www.lfg.com)  
Group Policy# 000010203034

## Retirement

### FLORIDA RETIREMENT SYSTEM PENSION PLAN

**FRS Pension Plan Administrator**  
Division of Retirement  
P.O. Box 9000  
Tallahassee, FL 32315-9000  
Member Services: 1-866-446-9377  
Website: [www.myfrs.com](http://www.myfrs.com)

### FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN

**FRS Investment Plan Administrator**  
CitiStreet  
P.O. Box 56290  
Jacksonville, FL 32241-6290  
Member Services: 1-866-377-2121  
Website: [www.myfrs.com](http://www.myfrs.com)

### ICMA RETIREMENT

**ICMA - RC**  
P.O. Box 96220  
Washington, DC 20090-6220  
Member Services: 1-800-669-7400  
Website: [www.icmarc.org](http://www.icmarc.org)  
Employer Plan #s:  
401A: General Employees: 108244  
401A: Sr. Management: 108245  
457: 304596  
Roth IRA: 706060

## Employee Assistance Program

**Lincoln Financial Employee Assistance Program**  
1-888-628-4824  
Web-site: [www.lincoln4benefits.com](http://www.lincoln4benefits.com)

User Name: LFGsupport; password: LFGsupport1  
Anytime, 24 hours a day, 365 days a year.

## Workers Compensation

### WORKERS COMP CLINIC

#### **FAST CARE**

20601 E. Dixie Highway, Ste 340  
Aventura, FL 33180  
Phone: 786-923-4000  
Website: [www.myfastcare.com](http://www.myfastcare.com)

### WORKERS COMP HOSPITAL

#### **MOUNT SINAI AVENTURA**

2845 Aventura Boulevard,  
Aventura, FL 33180  
Phone: 305-692-1000  
Website: [www.msmc.com](http://www.msmc.com)

### WORKERS COMP INSURANCE

#### **PREFERRED GOVERNMENTAL CLAIMS SOLUTIONS (PGCS)**

PO Box 958456, Lake Mary, FL 32795  
Phone: 321-832-1400  
Toll Free: 800-237-6617 Ext 4002  
Fax: 321-832-1448

## Financial Services Information

### CREDIT UNION

#### **DADE COUNTY FEDERAL CREDIT UNION**

1425 NE 163 Street  
North Miami Beach, Fl. 33162  
Phone: 786-245-3281  
Website: [www.dcfcu.org](http://www.dcfcu.org)

### CREDIT UNION

#### **SPACE COAST CREDIT UNION**

1672 NE Miami Gardens Dr.  
North Miami Beach, Fl. 33179  
Phone: 305-882-5000  
Website: [www.sccu.com](http://www.sccu.com)

### CREDIT UNION

#### **PEOPLES CREDIT UNION**

680 NE 124th Street  
North Miami, FL 33161  
Phone: 305-893-4880  
Website: [www.peopcu.org](http://www.peopcu.org)

## Voluntary Benefits

### VOLUNTARY SHORT-TERM DISABILITY

#### **Lincoln Financial Group Insurance**

8801 Indian Hills Drive  
Omaha, Nebraska 68114-4066

Member Services: 1-800-423-2765  
Disability Claims: 1-800-423-2765  
Website: [www.lfg.com](http://www.lfg.com)

Group Policy# 000010203037

### VOLUNTARY LIFE INSURANCE

#### **Lincoln Financial Group Insurance**

8801 Indian Hills Drive  
Omaha, Nebraska 68114-4066

Member Services: 1-800-423-2765  
Life Claims: 1-800-423-2765  
Website: [www.lfg.com](http://www.lfg.com)

Group Policy# 000400203036

### AFLAC INSURANCE

#### **AFLAC**

1932 Wynnton Road  
Columbus, GA 31999  
Member Services: 1-800-992-3522  
Website: [www.aflac.com](http://www.aflac.com)

#### **KCI Financial Services (Agent)**

11011 Sheridan Street, Suite 202  
Cooper City, Florida 33026  
Phone: 954-443-4443  
Website: [kcifinancialservices.com](http://kcifinancialservices.com)

### VOLUNTARY SUPPLEMENTAL INSURANCE

#### **KANAWHA Insurance Company**

210 South White Street, Post Office Box 610  
Lancaster, South Carolina 29721-0610

Member Services: 1-877-378-1505

Website: [www.humanaworkplacevoluntary.com](http://www.humanaworkplacevoluntary.com)

### LEGALSHIELD SERVICES

#### **LEGALSHIELD SERVICES**

P.O. Box 2629  
Ada, OK 74821-2629  
Member Services:  
1-800-654-7757  
Website: [www.legalshield.com](http://www.legalshield.com)

Group Policy# 127668

### COBRA

#### **TOTAL ADMINISTRATIVE SERVICES CORPORATION (TASC)**

2302 International Lane  
Madison, WI 53704  
Toll Free: 1-800-422-4661  
Fax: 1-608-245-3623  
Website: [www.tasconline.com](http://www.tasconline.com)

### FLEXIBLE SPENDING ACCOUNTS

#### **KCI FINANCIAL SERVICES (AGENT)**

11011 Sheridan Street, Suite 202  
Cooper City, Florida 33026  
Phone: 954-443-4443  
Website: [www.kcifinancialservices.com](http://www.kcifinancialservices.com)

## Insurance Agent – Brown & Brown Insurance

#### **Robert P. Hollander, Exec. Vice President - Miami Division**

Brown & Brown of Florida, Inc.  
14900 N.W. 79 Court, Suite # 200  
Miami Lakes, FL 33016  
Phone: 305-364-7818  
E-Mail: [rhollander@bbmia.com](mailto:rhollander@bbmia.com)

#### **Samantha Graveline, Vice President**

Brown & Brown Benefit Consultants  
1201 W. Cypress Creek Road Suite 130  
Fort Lauderdale, FL 33309  
Phone: 954-331-1476  
E-Mail: [sgraveline@bbftlaud.com](mailto:sgraveline@bbftlaud.com)

# Enrollment



**City of Sunny Isles Beach** is pleased to have the opportunity to offer you a wide variety of benefits to choose from to fit your personal/family needs.

This enrollment booklet has been designed to provide you with the knowledge you need to make the best possible benefit decisions for you and your family.

Please take the time to review all sections of this enrollment booklet carefully. After reviewing the enclosed information, and you have questions on any of the items, please feel free to contact **Human Resources at 305-792-1708**.

## **CAFETERIA PLAN**

**City of Sunny Isles Beach** currently offers a Cafeteria Plan, which provides a valuable tax benefit to both the Company and its employees.

A cafeteria plan is a benefit plan authorized by Section 125 of the Internal Revenue Code, which allows employees to elect benefits on a pre-tax basis\*. *Changes to your elections may be made at the next Open Enrollment or if you experience a Qualifying Event.* A Family Status Change allows employees to add, change or drop coverage during the plan year due to the following reasons listed below (this list is not all-inclusive):

- Marriage, Divorce or Legal Separation
- Death of a spouse or dependent child of the participant
- Birth or Adoption of a child
- Switching from FT to PT, vice versa
- Medicare eligibility
- Loss of Coverage

Not all Family Status Change events will allow the same election change for each benefit offered. Employees will have 30 days from the change in family status to make changes to the current plans.

\* **Domestic Partnership Statement:** Please note payroll contributions for employees with domestic partnership coverage are not eligible to have payroll deductions done on a pre-tax basis per IRS tax dependent guidelines. Domestic Partnerships must also be registered with the County.

## **Changing Elections and Qualified Family Status Changes during the Year**

What is considered a "Qualified Family Status Change?"

Marriage, Divorce, Birth, Adoption, etc., are examples of what is considered a Qualified Family Status Change. These events must be reported to the Plan Administrator within 30 days from the effective date of the "Qualifying Event", or a missed enrollment opportunity (no coverage) will occur.

Marriage   
Divorce   
New Baby



*Remember –*

*Once you make your benefit elections, they will remain in effect for the rest of the plan year. There are some situations that allow you to make changes to your benefits during the year, such as marriage, divorce or a new baby. If you have any questions or would like more information about making changes to your benefits, please contact Human Resources.*

# Eligibility



## Who's Eligible?

All full-time employees who work 30 hours or more in one workweek – temporary & seasonal employees excluded.

COBRA eligible individuals are eligible to enroll in the medical, dental, and vision plans as applicable. If terminated during the Plan Year you will be eligible to continue that participation through COBRA continuation.

When you enroll, you can also cover your eligible dependents.

## Who can be covered?

- Your spouse\*\*
- Your domestic partner\*\*\*\*
- Your or your domestic partner's unmarried natural, legally adopted or step child(ren) up to age 26 if they meet the dependent requirements\*
- Your unmarried, dependent incapacitated child(ren)\*\*\*

\*You will be required to complete an Insurance Affidavit form to verify eligibility. You will be required to show birth certificate if children have different last name, legal documentation for either the adoption of a child or the court order to cover stepchildren.

\*\*You will be required to show proof of marriage if the last name of your spouse differs from yours.

\*\*\*You will be required to complete an Incapacitated Child Form within 30 days of enrollment.

\*\*\*\*You may be required to complete an affidavit attesting that the domestic partnership has existed for a minimum period of 12 months and, periodically thereafter, to require proof that the domestic partner relationship continues to exist. In addition, a Declaration of Domestic Partnership is required to be filed, for filing information, please visit the Miami-Dade County Domestic Partnership website located at [http://www.miamidade.gov/csd/domestic\\_partnership.asp](http://www.miamidade.gov/csd/domestic_partnership.asp).

Please note: payroll contributions for employees with domestic partnership coverage are not eligible to have payroll deductions done on a pre-tax basis per IRS tax dependent guidelines.

## Waiting Period

Newly hired employees must satisfy a waiting period before they are eligible for benefits. Your benefits will become effective the first of the month following date of hire.

(i.e. if your hire date is March 5, 2016, your benefits effective date is April 1, 2016.)

## Rehire

Any benefit eligible employee rehired within a month of his/her termination date will be eligible for reinstatement with no lapse in coverage.

## Enrollment Deadlines

**All Employees must submit an Election Form.**

**If you are enrolling, adding and/or deleting dependents to your current coverage please submit your carrier enrollment form to Human Resources.**

If for any reason, you cannot make that enrollment deadline or if you have any questions you may contact the Human Resources Department to assist you with your benefits and enrollment questions.

# Health Insurance Cost



## Health Insurance

The City has a three tiered plan to help offset the cost of employee health insurance coverage. The three tiers are as follows:

- 1) **Opt Out.** Employees opting out of the City's health insurance plan receive a **\$550.00** contribution, pro-rated semi-monthly. Only employees who provide proof they are enrolled in a creditable coverage insurance plan or Medicare may "**opt-out**" of the City's health insurance plan. The City reserves the right to verify coverage, request additional information, deny, or cancel this benefit at anytime.
- 2) **Single Coverage.** Employees choosing single coverage receive a contribution of **\$658.64** monthly, pro-rated semi-monthly.
- 3) **Dependent Coverage.** Employees choosing dependent coverage receive a monthly contribution amount of **\$957.69** if enrolling with employee + child (ren) coverage, **\$1,019.67** if enrolling with employee + spouse coverage, or **\$1,321.43** if enrolling with family coverage, pro-rated semi-monthly.

If the dollar amount of the coverage selected is less than the amount allowed, the employee receives the difference, pro-rated semi-monthly. Likewise if the dollar amount of the insurance coverage selected exceeds the allowed amount, the employee pays the difference, pro-rated semi-monthly. The City will deduct all applicable taxes.

Currently the City offers two health insurance plans through **Cigna** as follows:

- 1) **HMO High Option** - Standard Insurance Plan.
- 2) **HMO Low Option** - Lower tiered insurance plan with higher deductibles and co-payments.



## Employee Insurance Coverage Rates (Breakdown per Plan)

**March 1, 2016 – February 28, 2017**

<b>Cigna Low Medical Open Access</b>	<b>Bi-Weekly Premium</b>
Single Low	<b>\$ (19.22)*</b>
Children HMO Low	<b>\$ 104.38</b>
Spouse HMO Low	<b>\$ 132.19</b>
Family HMO Low	<b>\$ 257.39</b>

<b>Cigna High Medical Open Access</b>	<b>Bi-Weekly Premium</b>
Single HMO High	<b>\$ 0.00</b>
Children HMO High	<b>\$ 143.92</b>
Spouse HMO High	<b>\$ 175.90</b>
Family HMO High	<b>\$ 319.82</b>

<b>Humana Dental - HMO</b>	<b>Bi-Weekly Premium</b>
Single HMO	<b>\$ 0.00</b>
Children HMO	<b>\$ 4.35</b>
Spouse HMO	<b>\$ 3.48</b>
Family HMO	<b>\$ 9.11</b>

<b>Humana Dental - PPO</b>	<b>Bi-Weekly Premium</b>
Single PPO	<b>\$ 12.06</b>
Children PPO	<b>\$ 28.45</b>
Spouse PPO	<b>\$ 32.79</b>
Family PPO	<b>\$ 49.09</b>

<b>Humana Vision - PPO</b>	<b>Bi-Weekly Premium</b>
Single PPO	<b>\$ 0.00</b>
Children PPO	<b>\$ 1.27</b>
Spouse PPO	<b>\$ 1.14</b>
Family PPO	<b>\$ 2.47</b>

# 2016 Rates



## Cigna High Plan w/Standard (DHMO) Dental Plan

The City contributes to each employee's health insurance premium. Employees may opt-out of health insurance by providing proof of alternate qualified coverage. The City pays 100% of the cost for employee coverage for dental DMO plan and the vision plan and 50% of the cost for dependent coverage for dental DHMO plan and the vision plan. Dental and vision insurance are mandatory for employees.

### RATES

RATES PER MONTH	EMPLOYEE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY
Health Insurance	\$ 639.63	\$ 1,215.30	\$ 1,343.23	\$ 1,918.90
Dental Insurance	\$ 13.90	\$ 31.28	\$ 27.81	\$ 50.32
Vision Insurance	\$ 5.11	\$ 10.18	\$ 9.67	\$ 15.00

	EMPLOYEE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY	OPTED OUT
<b>Monthly City Insurance Contribution to Employee</b>	\$ 658.64	\$ 957.69	\$ 1,019.67	\$ 1,321.43	\$ 550.00
<b>Monthly Cost Health Insurance</b>	\$ 639.63	\$ 1,215.30	\$ 1,343.23	\$ 1,918.90	\$ -
<b>Monthly Cost Dental Insurance</b>	\$ 13.90	\$ 31.28	\$ 27.81	\$ 50.32	\$ -
<b>Monthly Cost Vision Insurance</b>	\$ 5.11	\$ 10.18	\$ 9.67	\$ 15.00	\$ -
<b>Total Monthly Cost of Insurance</b>	\$ 658.64	\$ 1,256.76	\$ 1,380.71	\$ 1,984.22	\$ -
<b>Monthly Subtotal (insurance contribution less insurance cost)</b>	\$ -	\$ (299.07)	\$ (361.04)	\$ (662.79)	\$ 550.00
<b>FICA / Medicare Tax (7.65%)</b>	\$ -	0	0	0	\$ 42.08
<b>Monthly Balance (Subtotal less FICA/Medicare Tax)</b>	0.00	299.07	361.04	662.79	507.92
<b>Pay Period Balance (Cost or Allowance to Employee)</b>					
<b>**Based on 24 paychecks</b>	0.00	149.54	180.52	331.40	253.96

\*Note: Amounts in **BLUE** represent monies **paid to employee**;  
Amounts in **RED** represent monies **paid by employee**.

\*\*Pay period balance is based on 24 paychecks; therefore employees will have two paychecks with NO insurance deductions.

# 2016 Rates



## Cigna HMO Low Plan w/Standard (DHMO) Dental Plan

The City contributes to each employee's health insurance premium. Employees may opt-out of health insurance by providing proof of alternate qualified coverage. The City pays 100% of the cost for employee coverage for dental DMO plan and the vision plan and 50% of the cost for dependent coverage for dental DHMO plan and the vision plan. Dental and vision insurance are mandatory for employees.

### RATES

RATES PER MONTH	EMPLOYEE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY
Health Insurance	\$ 598.01	\$ 1,136.22	\$ 1,255.81	\$ 1,794.03
Dental Insurance	\$ 13.90	\$ 31.28	\$ 27.81	\$ 50.32
Vision Insurance	\$ 5.11	\$ 10.18	\$ 9.67	\$ 15.00

	EMPLOYEE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY	EMPLOYEE
Monthly City Insurance Contribution to Employee	\$ 658.01	\$ 957.69	\$ 1,019.67	\$ 1,321.43	\$ 550.00
Monthly Cost Health Insurance	\$ 598.01	\$ 1,136.22	\$ 1,255.81	\$ 1,794.03	\$ -
Monthly Cost Dental Insurance	\$ 13.90	\$ 31.28	\$ 27.81	\$ 50.32	\$ -
Monthly Cost Vision Insurance	\$ 5.11	\$ 10.18	\$ 9.67	\$ 15.00	\$ -
<b>Total Monthly Cost of Insurance</b>	<b>\$ 617.02</b>	<b>\$ 1,177.68</b>	<b>\$ 1,293.29</b>	<b>\$ 1,859.35</b>	<b>\$ -</b>
Monthly Subtotal (insurance contribution less insurance cost)	\$ 41.62	\$ (219.99)	\$ (273.62)	\$ (537.92)	\$ 550.00
FICA / Medicare Tax (7.65%)	\$ 3.18	0	0	0	\$ 42.08
<b>Monthly Balance (Subtotal less FICA/Medicare Tax)</b>	<b>38.44</b>	<b>219.99</b>	<b>273.62</b>	<b>537.92</b>	<b>507.93</b>
<b>Pay Period Balance (Cost or Allowance to Employee)</b>					
<b>**Based on 24 paychecks</b>	<b>19.22</b>	<b>110.00</b>	<b>136.81</b>	<b>268.96</b>	<b>253.96</b>

\*Note: Amounts in **BLUE** represent monies **paid to employee**;  
Amounts in **RED** represent monies **paid by employee**.

\*\*Pay period balance is based on 24 paychecks; therefore employees will have two paychecks with NO insurance deductions.

# 2016 Rates

## Cigna HMO High Plan w/Premium (DPPO) Dental Plan

The City contributes to each employee's health insurance premium. Employees may opt-out of health insurance by providing proof of alternate qualified coverage. The City pays 100% of the cost for employee coverage for dental DMO plan and the vision plan and 50% of the cost for dependent coverage for dental DHMO plan and the vision plan. Dental and vision insurance are mandatory for employees.

### RATES

RATES PER MONTH	EMPLOYEE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY
Health Insurance	\$ 639.63	\$ 1,215.30	\$ 1,343.23	\$ 1,918.90
Dental Insurance	\$ 38.02	\$ 79.49	\$ 86.43	\$ 130.29
Vision Insurance	\$ 5.11	\$ 10.18	\$ 9.67	\$ 15.00

	EMPLOYEE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY	EMPLOYEE
<b>Monthly City Insurance Contribution to Employee</b>	\$ 658.64	\$ 957.69	\$ 1,019.67	\$ 1,321.43	\$ 550.00
<b>Monthly Cost Health Insurance</b>	\$ 639.63	\$ 1,215.30	\$ 1,343.23	\$ 1,918.90	\$ -
<b>Monthly Cost Dental Insurance</b>	\$ 38.02	\$ 79.49	\$ 86.43	\$ 130.29	\$ -
<b>Monthly Cost Vision Insurance</b>	\$ 5.11	\$ 10.18	\$ 9.67	\$ 15.00	\$ -
<b>Total Monthly Cost of Insurance</b>	\$ 682.76	\$ 1,304.97	\$ 1,439.33	\$ 2,064.19	\$ -
<b>Monthly Subtotal</b> (insurance contribution less insurance cost)	\$ (24.12)	\$ (347.28)	\$ (419.66)	\$ (742.76)	\$ 550.00
<b>FICA / Medicare Tax (7.65%)</b>	0	0	0	0	\$ 42.08
<b>Monthly Balance</b> (Subtotal less FICA/Medicare Tax)	<b>24.12</b>	<b>347.28</b>	<b>419.66</b>	<b>742.76</b>	<b>507.93</b>
<b>Pay Period Balance</b> (Cost or Allowance to Employee)	<b>12.06</b>	<b>173.64</b>	<b>209.83</b>	<b>371.38</b>	<b>253.96</b>

\*Note: Amounts in **BLUE** represent monies **paid to employee**;  
Amounts in **RED** represent monies **paid by employee**.

\*\*Pay period balance is based on 24 paychecks; therefore employees will have two paychecks with NO insurance deductions.

# 2016 Rates

## Cigna HMO Low Plan w/Premium (DPPO) Dental Plan

The City contributes to each employee's health insurance premium. Employees may opt-out of health insurance by providing proof of alternate qualified coverage. The City pays 100% of the cost for employee coverage for dental DMO plan and the vision plan and 50% of the cost for dependent coverage for dental DHMO plan and the vision plan. Dental and vision insurance are mandatory for employees.

### RATES

RATES PER MONTH	EMPLOYEE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY
Health Insurance	\$ 598.01	\$ 1,136.22	\$ 1,255.81	\$ 1,794.03
Dental Insurance	\$ 38.02	\$ 79.49	\$ 86.43	\$ 130.29
Vision Insurance	\$ 5.11	\$ 10.18	\$ 9.67	\$ 15.00

	EMPLOYEE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY	EMPLOYEE
Monthly City Insurance Contribution to Employee	\$ 658.64	\$ 957.69	\$ 1,019.67	\$ 1,321.43	\$ 550.00
Monthly Cost Health Insurance	\$ 598.01	\$ 1,136.22	\$ 1,255.81	\$ 1,794.03	\$ -
Monthly Cost Dental Insurance	\$ 38.02	\$ 79.49	\$ 86.43	\$ 130.29	\$ -
Monthly Cost Vision Insurance	\$ 5.11	\$ 10.18	\$ 9.67	\$ 15.00	\$ -
<b>Total Monthly Cost of Insurance</b>	<b>\$ 641.14</b>	<b>\$ 1,225.89</b>	<b>\$ 1,351.91</b>	<b>\$ 1,939.32</b>	<b>\$ -</b>
Monthly Subtotal (insurance contribution less insurance cost)	\$ 17.50	\$ (268.20)	\$ (332.24)	\$ (617.89)	\$ 550.00
FICA / Medicare Tax (7.65%)	\$ 3.81	0	0	0	\$ 42.08
<b>Monthly Balance (Subtotal less FICA/Medicare Tax)</b>	<b>14.32</b>	<b>268.20</b>	<b>332.24</b>	<b>617.89</b>	<b>507.93</b>
<b>Pay Period Balance (Cost or Allowance to Employee)</b>	<b>7.16</b>	<b>134.10</b>	<b>166.12</b>	<b>308.95</b>	<b>253.96</b>

\*Note: Amounts in **BLUE** represent monies **paid to employee**;  
Amounts in **RED** represent monies **paid by employee**.

\*\*Pay period balance is based on 24 paychecks; therefore employees will have two paychecks with NO insurance deductions.

# Medical Insurance



City of Sunny Isles Beach is pleased to announce that **Effective March 1, 2016** we are renewing our Medical coverage with **Cigna**. We will continue offering two medical plans options to choose from. During this time, you have the opportunity to enroll if you have previously declined coverage. You may also add any legal dependents that were previously not insured.

 <b>Plan Coverage</b>	<b>LOW OPTION</b>	<b>HIGH OPTION</b>	
	<b>In-Network Only</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Calendar Year Deductible (CYD)</b> Individual / Family	\$1,000 / \$2,000	\$250 / \$500	\$1,000 / \$2,000
Coinsurance	100%	100%	60% / 40%
<b>Provider Services</b>	<b>Open Access</b>	<b>Open Access</b>	
Primary Office Visit	\$15	\$15	40% After CYD
Specialist Office Visit	\$30	\$30	40% After CYD
Adult Wellness (Includes Preventive Lab)	\$0	\$0	40% After CYD
<b>Hospital Services</b>			
In-Patient Hospital	0% After CYD	\$250 per admission deductible	\$500 per admission 40% coinsurance
In-Patient Physician Services	0% After CYD	0% After CYD	40% After CYD
Out-Patient Surgery-Hospital	0% After CYD	0% After CYD	40% After CYD
Emergency Room	\$500	\$500	\$500
<b>Preventive Services</b>			
Ambulatory Surgery Center	0% After CYD	0% After CYD	40% After CYD
Lab / X- Ray	\$0	\$0	40% After CYD
Major Diagnostic (MRI, CAT, CT, PET)	\$150	\$150	40% After CYD
Urgent Care Facility	\$30	\$30	40% After CYD
<b>Annual Out-of-Pocket Maximum</b> Includes Deductible (Yes / No) Individual / Family	Yes \$6,850 / \$13,700	Yes \$6,850 / \$13,700	Yes \$13,700 / \$27,000
<b>Lifetime Maximum</b>	<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>
<b>Prescription Drugs</b> Included in Max OOP Generic / Brand/Non-Preferred/Level 4 Mail Order (90 Day Supply)	Yes \$5 / \$20 / \$50 / 20% \$15 / \$50 / \$140 / Specialty drugs limited to a 30 day supply (retail)	Yes \$5 / \$20 / \$50 / 20% \$15 / \$50 / \$140 / Specialty drugs limited to a 30 day supply (retail)	Not Covered



For detailed information on medical benefits see certificate of coverage.

# Dental Insurance



City of Sunny Isles Beach is pleased to announce that we are renewing our current DHMO & DPPO plans to meet you and your family's unique needs and budgets. We are pleased to announce that **Humana** will continue to be our Dental provider this year.

HUMANA®	DHMO HS195		DPPO	
	In-Network	In-Network	Out-of-Network	
<b>Plan Coverage</b>				
Preventive (Class I)	N/A	100%	100%	
Basic (Class II)	N/A	100%	80%	
Major (Class III)	N/A	60%	50%	
<b>Maximum Annual Benefit</b>	N/A	\$1,500	\$1,500	
<b>Extended Benefit</b> (Implants & Ortho Excluded)	N/A	30% unlimited	30% unlimited	
<b>Calendar Year Deductible</b> Individual / Family	N/A	\$50 / \$150	\$50 / \$150	
Orthodontia (coverage / lifetime max)	\$2,435 Child & Adult	\$1,000 Child Only	\$1,000 Child Only	
Reimbursement Schedule		Fee Schedule	90 <sup>th</sup> Percentile	
Routine Exams - 9430	No Charge	100%	100%	
Teeth Cleaning - 1110	No Charge	100%	100%	
Full Mouth/Panoramic X-rays - 0330	No Charge	100%	100%	
Simple Extractions - 7111	\$5	100%	80%	
Root Canal (Endodontic) - 3330	\$210	100%	80%	
Periodontal Scaling / Root Planning - 4341	\$50 per quad	100%	80%	
Full or Partial Dentures - 5110	\$325	60%	50%	
Crowns - 6752	\$245	60%	50%	
Resin Fillings - Anterior D2330 / D2331 D2332 / D2335	\$0	100%	80%	
Resin Fillings - Posterior D2391 / D2392 / D2393 / D2394	\$30 / \$45 / \$65 / \$65	100%	80%	

For detailed information on dental benefits see certificate of coverage.

**The City pays 100% of the cost of dental (DHMO), insurance coverage for employees and 50% of the cost (pre-tax) for dependent coverage.**



# Vision Insurance



**City of Sunny Isles Beach** is pleased to announce that we are renewing our current vision program with **Humana**. This plan allows you to improve your health through a routine exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the Humana network.

<b>HUMANA</b> <i>CompBenefits</i>	<b>In-Network</b>	<b>Out of Network Reimbursement</b>
Exam w/ Dilation as Necessary	\$10 Copay	Up to \$35
Selected Frames	\$50 wholesale allowance	\$45 retail allowance
Single Vision	\$15 Copay	Up to \$25
Bifocal	\$15 Copay	Up to \$40
Trifocal	\$15 Copay	Up to \$60
Elective Contacts	Covered in full up to \$150	Up to \$150
Medically Necessary	\$0 Copay, Paid in Full	Up to \$210
<b>Frequency</b>		
Eye Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	

For detailed information on vision benefits see certificate of coverage.

**The City pays 100% of the cost of vision insurance coverage for employees and 50% of the cost (pre-tax) for dependent coverage.**



# Basic Life & Accidental Death & Dismemberment



As an employee of the **City of Sunny Isles Beach**, you automatically have a Basic Life and AD&D Benefit paid for 100% by the City. Coverage is provided for all actively at work employees on the policy effective date working a minimum of 30 hours per week in the United States. The amount of your benefit is determined by your position. Please remember to update your Beneficiary when necessary.

## Employee Basic Life Insurance

- Life insurance helps protect your family from a sudden loss of income in the event of death.
- Employee Life Insurance will be paid to your beneficiary(s) if you should die.
- You will be required to complete an Evidence of Insurability form for any amounts over the guaranteed issue amount.

	Basic Life and AD&D Insurance		
	Class 1	Class 2	Class 3
Eligibility	Full-Time City Managers & City Attorney	Full-time Department Managers	All Full-Time Employees
Benefit Amount	\$300,000	2X annual salary	1X annual salary
Maximum Benefit	\$300,000	\$300,000	\$300,000
Minimum Benefit	\$300,000	\$25,000	\$25,000
Reduction Formula At Age 65 At Age 70 At Age 75	By 35% Additional 25% Additional 15%	By 35% Additional 25% Additional 15%	By 35% Additional 25% Additional 15%
Refer to Certificate of Coverage to review all limitations and exclusions			

The **City of Sunny Isles Beach** also provides Accidental Death & Dismemberment (AD&D) at no cost to you. This benefit pays in addition to the Basic Life Insurance when death occurs as a result of an accident. The AD&D benefit amount matches the Basic Life Benefit amount and a partial benefit is payable based on the schedule below:

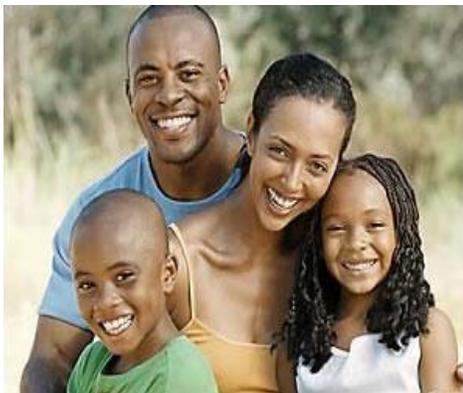
<b>25% of the AD&amp;D benefit will be paid for loss of:</b>
<ul style="list-style-type: none"> <li>• Thumb and index finger of the same hand</li> </ul>
<b>50% of the AD&amp;D benefit will be paid for loss of:</b>
<ul style="list-style-type: none"> <li>• 1 hand, or</li> <li>• 1 foot; or</li> <li>• Sight of 1 eye</li> </ul>
<b>100% of the AD&amp;D benefit will be paid for loss of:</b>
<ul style="list-style-type: none"> <li>• Life (accidental); or</li> <li>• Both hands or both feet; or</li> <li>• Sight of both eyes; or</li> <li>• Any 2 or more; 1 foot, 1 hand, or the sight of 1 eye.</li> </ul>

# Voluntary Life Insurance



As an eligible employee of the **City of Sunny Isles Beach**, you have the option of applying for Voluntary Life Insurance for yourself, your spouse and your children available through Lincoln. Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

	Voluntary Life Insurance		
Eligibility	All full-time Eligible Employees		
Benefit Amount	Increment of \$10,000 / 7x's annual up to \$500,000		
Spouse	50% of employee up to \$250,000, \$5000 Minimum		
Children	\$10,000 Benefit (6 months to age 19) age 25- full-time student		
Guarantee Issue	<b>Employee</b> \$150,000	<b>Spouse</b> \$50,000	<b>Child</b> \$10,000
Rates per \$10,000	<b>Age</b>		<b>Rate</b>
	Under 25		\$0.120
	25-29		\$0.120
	30-34		\$0.130
	35-39		\$0.190
	40-44		\$0.310
	45-49		\$0.510
	50-54		\$0.770
	55-59		\$1.140
	60-64		\$1.880
65-69		\$3.400	
70-74		\$4.800	
Refer to Certificate of Coverage to review all limitations and exclusions			



# Disability Insurance



The **City of Sunny Isles Beach** provides **Long Term Disability insurance (LTD)** through **Lincoln Financial Group** to all eligible employees at **no cost** to the employee. The LTD benefit pays you a percentage of monthly earnings if you become disabled due to an accident or injury.

		<b>Long Term Disability Benefits</b>	
Eligibility	Class 1	All Eligible City Managers, City Attorneys & Department Managers	
	Class 2	All other Eligible Employees	
Minimum Hours Per Week		30 Hours	
Benefit Percentage		60%	
Maximum Monthly Benefit		\$10,000	
Minimum Monthly Benefit		\$100	
Elimination Period		90 days of Disability due to the same or a related Sickness or Injury, this must be accumulated within a 180 day period.	
Maximum Benefit Period (For Sickness or Injury)		The Insured Employee's Social Security Normal Retirement Age, or the Maximum Benefit Period shown below (whichever is later)	
		Age at Disability	Maximum Benefit Period
		Less than Age 62	To Age 65 or 42 months
		62	42 months
		63	36 months
		64	30 months
		65	24 months
		66	21 months
		67	18 months
		68	15 months
69 and Over	12 months		
Class 1		Benefits are paid to SSNRA based on your ability to perform your regular occupation.	
Class 2		Benefits are paid for a period of 24 months based on your inability to perform your regular occupation.	
Refer to Lincoln Financial Certificate of Coverage to review all limitations and exclusions			

# Voluntary Disability Insurance



As an eligible employee of the **City of Sunny Isles Beach**, you have the option of applying for a **Short Term Disability (STD) Plan** provided by **Lincoln Financial Group**. Short Term Disability Insurance gives you the security of knowing that if you become disabled, replacement income is available to help carry you through that period before the LTD plan takes effect without seriously affecting your present lifestyle or jeopardizing you and your family's financial security. Employees who want to supplement their disability insurance benefits may purchase this coverage. When you enroll yourself in this benefit, you pay the full cost through payroll deductions

	Voluntary STD Insurance
Eligibility	All Full-time Eligible Employees
Elimination Period Injury Illness	14 Days 14 Days
Maximum Benefit Weekly Maximum Benefit Percentage of Weekly Salary Benefit Duration in Weeks	\$1,000 60% 11 Weeks
Refer to Lincoln Financial Group Certificate of Coverage to review all limitations and exclusions.	



# Law Enforcement Officers Life & Accident Insurance



The **City of Sunny Isles Beach** offers their Law Enforcement Officers the following benefit:

Life Insurance			
Eligibility	All sworn Law Enforcement Officers		
Benefit	Description	Hazard	Amount
AD	Accidental Death Benefit - Loss Period: 365 days <i>(not applicable to residents of Pennsylvania)</i>	C-31 VL118	\$198,272.66
		C-64	\$66,041.74
ADD	Accidental Death & Dismemberment Benefit – Loss Period: 365 days <i>(For residents of Pennsylvania, the 365 days loss period is not applicable for loss of life only.)</i>	C-62	\$66,041.74
ATD	Accident Total Disability Benefit - Max. Pay Period- 52 weeks	-	\$100
ED	Education Benefit	-	\$2,000
SPOED	Spouse Education Benefit	-	\$2,000
DCARE	Day Care Benefit	-	\$2,000
Refer to The Hartford Certificate of Coverage to review all limitations and exclusions			

\* The ATD Benefit Amount is subject to 80% salary.



# Retirement



Employees are automatically enrolled in one of two retirement plans, depending upon hire date and position. The plans are as follows:

- **Florida Retirement System (“FRS”):** All eligible employees hired after November 2002 are automatically enrolled in the FRS. Under this plan, employees and the City make a contribution to the retirement plan in an amount specified according to the employee’s classification. The current contribution rates are as follows:

Class	Employee Contribution Rate	City Contribution Rate	Total Contribution Rate
Regular Class	3.00%	7.26%	10.26%
Special Risk Class:	3.00%	22.04%	25.04%
Senior Management Class	3.00%	21.43%	24.43%

Employees have the option of choosing the Pension Plan or the Investment Plan.

Under the Pension Plan, employees enrolled in the FRS prior to July 1, 2011, need to have 6 years of service to be vested. Employees enrolled in the FRS on or after July 1, 2011, must have 8 years of service to be vested.

Under the Investment Plan, employees need to have 1 year of service to be vested.



- **ICMA 401A Money Management Plan:**

**General Employees:** All eligible employees hired before November 2002 were enrolled in the ICMA Plan. This plan is not open to newly hired employees. Under this plan, the City contributes 11% and the employee 4% to a retirement investment plan. Employees are fully vested after 3 years.

**Senior Management Employees:** All eligible employees hired before November 2002 were enrolled in the ICMA Plan. This plan is only open to certain positions which are not designated and/or classified under FRS. Under this plan, the City contributes 11% and the employee 6% to a retirement investment plan. Employees are fully vested after 3 years.





# Match a Roth IRA with Your 457 Plan

## Deferred Compensation

An optional Section 457 tax deferred savings program is available, through ICMA, for employees who wish to supplement future retirement income. The plan allows employees to put aside a portion of their earnings pre-tax each pay period, through payroll deduction, into an account for their retirement and reduce the amount of earnings that is currently taxable.

**A Roth IRA and 457 deferred compensation plan can both help you reach your saving 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 save to your 457 plan and a tax benefit later when you withdraw from your Roth IRA. And if you retire early, you can withdraw from your 457 plan without penalties.

## Roth IRA .....

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.

And there are no IRS required minimum distributions, so loved ones can receive money you don't need tax free.

## ▶ 2016 tax year contributions – up to \$5,500,

or \$6,500 if age 50 or over as of year-end, if your IRS Modified Adjusted Gross Income is less than:

- \$117,000 for Individual filer (\$116,000-\$132,000 to make partial contributions)
- \$184,000 for Married joint filer (\$183,000-\$194,000 to make partial contributions)

## 457 Deferred Compensation Plan .....

**Pre-tax contributions lower current year taxes** and all taxes are deferred until you withdraw.

**Penalty-free withdrawals** – distributions upon separation from service and not subject to the 10% IRS penalty tax, regardless of your age. <sup>2</sup>

## ▶ 2016 tax year contributions <sup>1</sup> – up to

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

<sup>1</sup> 2015 tax-year contributions may be made up until the tax-filing deadline in April 2016. Income eligibility rules differ slightly. Visit [www.icmarc.org/ira](http://www.icmarc.org/ira) for more information.

<sup>2</sup> A 10% penalty tax never applies to withdrawals of original 457 plan contributions and associated earnings but may apply to non-457 plan assets rolled into a 457 plan and then withdrawn prior to age 59½.

ICMR-RC does not provide specific tax advice.

## Learn More

- **IRA – [www.icmarc.org/ira](http://www.icmarc.org/ira)**
- **457 plan – [www.icmarc.org/457](http://www.icmarc.org/457)**
- **Contact your ICMA-RC representative**



# Get to Know Your 457 Plan

Your pension and Social Security may go far, but you will likely need more income for a truly comfortable future. That's where your 457 deferred compensation plan comes in – see why it matters to you!

## 1 It's easy to contribute

- Make automatic paycheck contributions.
- Change your contributions any time.

## 2 Get tax benefits along the way

- Pre-tax contributions lower your tax bill, lessening the impact to your take-home pay.
- Delay all taxes, until you take money out.

## 3 A wide range of investments are available

- You control investment decision, choosing from available options.
- Consider a diversified target-date fund or build your own portfolio. Get help with Guided Pathways® – [www.icmarc.org/guidedpathways](http://www.icmarc.org/guidedpathways)

## 4 Take out what you need

- You control withdrawals upon separation from service with your employer.\*
- Only 457 plans have no early withdrawal penalty regardless of your age.\*\*

\* Depending on your plan's rules, withdrawal and loan options may be available while you're still working.

\*\* The penalty may apply to non-457 plan assets rolled into a 457 plan and subsequently withdrawn prior to age 59½

### HOW MUCH CAN I CONTRIBUTE?

For 2016, you can save as much as:

- \$18,000
- \$24,000 if age 50 or over
- \$36,000 if you qualify for pre-retirement catch-up contributions.

**Reminder:** you may be able to contribute accrued sick or vacation leave.

**Can't save that much?** Even small savings can really add up – start with as little as \$10 per paycheck.

**The sooner you save,** the more your money can grow – see how at [www.icmarc.org/costofdelay](http://www.icmarc.org/costofdelay).

**Already enrolled?** Aim to save more – see how at [www.icmarc.org/savingsboost](http://www.icmarc.org/savingsboost)

### GET HELP ONLINE

- Manage your account – [www.icmarc.org/login](http://www.icmarc.org/login)
- Tips and tools to help you save, invest, and retire – [www.icmarc.org/realize](http://www.icmarc.org/realize)

# Employee Assistance Program



There are times when we all need a little help in life's personal challenges. **City of Sunny Isles Beach** has purchased the services of EmployeeConnect (EAP), providing confidential assistance you and your immediate family members.

	<b>Employee Assistance Program - EAP</b>
<b>Program Overview</b>	Confidential assistance for problems and work/life concerns, including <ul style="list-style-type: none"> <li>• Addictions • Depression • Stress/Anxiety • Legal Matters</li> <li>• Financial Issues • Elder or Childcare needs • Marital &amp; Family Problems</li> </ul>
<b>Contact Information</b>	<ul style="list-style-type: none"> <li>• Completely Confidential</li> <li>• 1-888-628-4824 anytime, 24 hours a day, 365 days a year.</li> <li>• Web-site: <a href="http://www.Lincoln4Benefits.com">www.Lincoln4Benefits.com</a> / <a href="http://www.GuidanceResources.com">www.GuidanceResources.com</a></li> </ul> <p><b>User name = LFGsupport / Password = LFGsupport1</b></p>

## Questions & Answers Regarding Your Employee Assistance Program

### What is an Employee Assistance Program (EAP)?

An EAP is a confidential work-based program designed to assist employees, their family members and significant others with personal and job-related concerns.

### Why would your company purchase this program for their employees?

The health and well-being of employees plays a major role in the success of any company. An understanding of this relationship has resulted in more and more companies making EAP services available to their employees in the interest of maintaining optimum health and productivity in the workplace.

### Why do people call the EAP?

Thousands of employees and family members call their EAP each year for assistance with a wide range of issues. Certainly, any concern would be a reason to contact the EAP. In many situations, employees and their family members have financial, relationship, stress, parenting, substance abuse, and/or emotional concerns.

### Who will know that I have used the EAP?

Contacts with the EAP are confidential and EAP Professionals are strictly bound by ethical and legal considerations in this regard. If you have any questions when you call, please discuss them with your EAP Professional.

### Who can use the EAP?

As an employee with your company, you, your immediate dependent family members and significant others are eligible.

### Is there a cost for using the EAP?

The EAP service is **free of charge**. You have **5 face-to-face visits** available to you. If additional help is needed, your EAP will work with you to locate needed resources to include health insurance benefits.

### Who will answer my call to the EAP?

A valuable service of your EAP is immediate access to our Employee Assistance Professionals at any time, day or night, 365 days a year.

### What do our customers have to say about the EAP?

Over 95% of clients surveyed said they were very likely to recommend the EAP to co-workers and family members. Furthermore, over 95% said they would not hesitate to contact our EAP again.

### What can I expect when I call the EAP?

- To speak directly to our EAP Professional immediately
- To receive support and guidance from a trained professional
- To have a better understanding of the issues you are concerned about
- To work with our EAP Professionals to develop a plan which meets your needs

# Additional Benefits



The City offers the following additional benefits:

<b>Sick Leave</b>	Employee earn twelve (12) sick days per calendar year on a prorated basis (1.846 per week).
<b>Vacation Leave</b>	<p>Employees earn vacation leave on a pro-rated basis as follows:</p> <ul style="list-style-type: none"> <li>• General Employees: Ten (10) days per year (1.539 hours per week).</li> <li>• Department Heads: Fifteen (15) days per year (2.308 hours per week)</li> </ul> <p>Vacation accruals are increased incrementally thereafter, as per City policy.</p>
<b>Holidays</b>	<p>Employees are compensated for ten (10) Federal holidays per year. These include: <b>New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, and Christmas Day.</b></p> <p>Please note: If the holiday falls on a Saturday, the City observes it on the preceding Friday. If the holiday falls on a Sunday, the City observes it on the following Monday.</p>
<b>Floating Holiday</b>	<p>Employees earn floating holidays as follows:</p> <ul style="list-style-type: none"> <li>• General Employees - Two (2) days per calendar year</li> <li>• Department Heads/Managers - Seven (7) days per calendar year</li> </ul> <p>Floating Holidays are pro-rated dependent upon hire date.</p>
<b>Direct Deposit</b>	The City offers direct deposit of your paycheck to the financial institution(s) of your choice.
<b>Credit Union</b>	The City offers memberships in Space Coast, Peoples and Dade County Federal credit unions.



# Educational Reimbursement Program



The City provides educational assistance to full-time employees voluntarily participating in training of educational programs designed to maintain or increase knowledge, skills, and/or abilities.

This program is open to all full-time employees of the City, and any other employees deemed qualified, as may be designated by the City Manager.

The City of Sunny Isles Beach will reimburse employees for educational development expenses provided (1) the courses are job-related, (2) the courses are pre-approved by the Department Head, the Human Resources Director, and the City Manager, and (3) the Employee receives a grade of "B" or better. Employees will be eligible to receive reimbursement of up to Fifteen Hundred Dollars (\$1,500.00), per fiscal year, for the cost of tuition, books, materials, supplies and activity fees.

If less than one-half (1/2) of the educational funds budgeted for the fiscal year are expended or encumbered at the end of the fiscal year, a participating employee may be entitled to receive an additional reimbursement amount, not to exceed Fifteen Hundred Dollars (\$1,500.00). The maximum benefit amount shall be Three Thousand Dollars (\$3,000.00), per fiscal year.

Senior Staff employees as determined by the City Manager (e.g. Department Heads, Deputies etc.) and general employees who are seeking a Master's degree or higher will be eligible to receive reimbursement of up to Three Thousand Dollars (\$3,000.00), per fiscal year, for the cost of tuition, books, materials, supplies and activity fees.

Participants may be required to reimburse the City should they leave, voluntarily or not, within twelve (12) months of receiving program money.

## Flexible Spending Accounts



### What is a Flexible Spending Account (FSA)?

An FSA is a Flexible Spending Account, which is authorized by the IRS and available through your employer. There are two types of Flexible Spending Accounts available - a healthcare account and a dependent day care account. Both accounts allow you to set aside money for eligible expenses on a pre-tax basis.

### Types of FSAs:

**Healthcare Account** - Eligible healthcare expenses include deductibles, co-pays, coinsurance and certain over-the-counter (OTC) items, which are not covered by your medical, dental, prescription or vision programs. Starting January 1, 2012, certain OTC medicines and drugs will be considered ineligible unless you have a written prescription from your doctor.

**Dependant Day Care Account** - Eligible dependent day care expenses include day care, before and after school programs, nursery school or preschool, summer day camp and even adult day care. A dependent day care account reimburses you for expenses that allow you and your spouse, if married, to work while your dependents are being cared for.

FSA Contribution Limits	
Healthcare or Limited Purpose FSA	\$100/Min; \$2,500/Max
Dependent Day Care FSA	\$100/Min; \$5,000/Max if Married filing joint tax returns or \$2,500/Max if Single or Married filing separate federal tax returns.

*The Healthcare and Limited Purpose FSA 2 ½ month grace period allows you to submit for reimbursement under the 2012 Plan Year expenses which are incurred through 3/15/13. However, all eligible expenses for Plan Year 2012, including expenses incurred during the 2 ½ month grace period, must be filed prior to 3/31/13. If you do not use all the money in your account during the Plan Year or grace period, you will forfeit any remaining amount unused.*

# Voluntary Supplemental Insurance



The **City of Sunny Isles Beach** is offering the following voluntary plans through **Aflac**:

- **Personal Accident Indemnity Plan** - Benefits are payable for a covered person's death, dismemberment, or injury caused by a covered accident that occurs on or off the job.
- **Personal Sickness Indemnity Plan** - Benefits are payable for a covered sickness that occurs while coverage is in force. Hospital Confinement Benefit, Hospitalization, Major Diagnostic Exams, Surgical Benefit, and Ambulance Benefits are all included in the plan. Limitations exclusions may apply.
- **Personal Cancer Indemnity Plan** - Benefits are payable on First-Occurrence, Hospital Confinement, Medical Imaging, Radiation and Chemotherapy, Immunotherapy, Cancer Screening Wellness and much more.
- **Personal Disability Income Protector** - If you are working at a full-time job while coverage is in-force and a covered sickness or covered off-the-job injury causes you to become totally disabled, Aflac will pay you one thirtieth of the benefit shown in the Policy Schedule for each day you remain totally disabled. A full-time job is defined as a job at which you work 30 or more hours per week for pay or benefits.
- **Specified Health Event Protection** - Policy provides hospital intensive care coverage for sickness and injury, and provides specified health event coverage for critical illness. Some benefits are payable for both hospital intensive care and specified health events, and some benefits apply only to specified health events. Some benefits reduce at age 70. Read each benefit carefully.
- **Hospital Protection Plan – Level 3** - Policy provides annual hospitalization Confinement, Daily Hospital Confinement, Invasive Diagnostic Exams, Wellness, plus much more.
- **Hospital Intensive Care Protection** – Policy provides Hospital Intensive Care Unit Benefit, Step-Down Intensive Care Unit Benefit, Major Human Organ Transplant Benefit and a Progressive Benefit.
- **Life Protector** – Life insurance is not “what if” insurance, but “when”. Protect your loved ones with the money they will need in your absence. 10, 20, and 30 Year Term and Whole Life policies are available. Face amounts are now available for up to \$200,000. You can also provide policies for your spouse and child(ren).

# Voluntary Supplemental Insurance



The **City of Sunny Isles Beach** is offering the following voluntary plans through:  **KANAWHA**

## Humana Accident

**Accident Plus** provides off-the-job coverage for accidental injuries, ambulance, hospital care, and accidental death benefits. There is no coverage for sickness.

Base Plan Benefits per covered person:		Level 1	Level 2	Level 3	Level 4
<b>Accident Medical Expense Benefit</b>	Pays the actual expenses up to the amount selected for diagnosis or treatment by a Physician or in an Emergency Room. Emergency Room service subject to a \$50 deductible.	\$500	\$1000	\$1500	\$2000
<b>Ambulance Benefit</b>	Pays the actual charges up to the amount selected if injury requires ground or air ambulance transportation.	\$250	\$500	\$750	\$1000
<b>Hospital Indemnity Benefit</b>	Pays a benefit up to the amount selected if an injury requires inpatient hospital confinement for a maximum of 30 days per accident.	\$75	\$150	\$225	\$300
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>		\$5000	\$10,000	\$15,000	\$20,000
<b>Optional Riders</b>	<b>Bone Fracture &amp; Dislocation Benefit Rider</b> Pays a benefit when a covered person suffers one of the fractures or dislocation listed. One unit of \$750 or two units equal to \$1,500 may be selected. The Benefit payable will equal the percentage shown (of the unit selected) for the injury. See Summary of Benefits for listing and details.				
<b>Plan Features</b>	<ul style="list-style-type: none"> <li>• Policy is guaranteed renewable to age 70</li> <li>• No pre-existing condition limitations</li> <li>• Benefits are paid directly to the insured</li> <li>• Provides benefits beginning with the first day</li> <li>• If you have family coverage, newborn children are covered from birth provided they are added to the policy within 31 days</li> <li>• No waiting period</li> <li>• Unisex rates for ages 18 to 67</li> <li>• Coverage is fully portable</li> <li>• All children covered for one rate</li> </ul>				

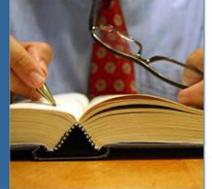
## Cash Cancer Plus

**Cash Cancer Plus** is a supplemental cancer insurance policy which pays one-time lump sum cash benefit upon first diagnosis of internal cancer or malignant melanoma.

- You select a benefit amount of \$10,000 to a maximum of \$50,000
- The policy pays in addition to any other insurance coverage you may have.
- No hospitalization or treatment is required to receive payment of cash benefit.
- You may use the cash benefit for any purpose you choose

<b>Plan Features</b>	<ul style="list-style-type: none"> <li>• Policy is guaranteed renewable for life if premiums are paid on time. Policy will terminate once claims have been paid for all covered persons.</li> <li>• Cancer first diagnosed during the 30 days following the date of policy will not be covered</li> <li>• Policy has no deductible</li> <li>• Simplified Issue underwriting</li> <li>• Issue ages 18-69</li> <li>• Premiums do not increase with advancing age</li> </ul>
----------------------	---

# LegalShield



**LegalShield** services offers members the following benefits on a voluntary basis. Members are served by a Provider Law Firm which has been carefully screened and selected by Pre-Paid Legal. To use the plan, members simply call their Provider Law Firm directly at the toll-free number on their membership card when they have a legal question or problem.

List of items available with pre-paid legal services:

- Call Toll Free
- Access quality law firms
- Phone Consultations on Unlimited Matters,
- Resolution of legal disputes through phone calls and correspondence
- Contract & Document Review
  - Purchase of a home
  - Signed lease
- Unfair Bills
- Credit report analysis and repair
- Identity Theft
- Preparation of simple wills
  - civil, family, probate
  - other legal representation at reduced fees



Employee will receive the following:

- New Member Packet at home
- Brochure explaining how to use their membership
- A contract outlining their benefits
- Welcome Letter from CEO
- Membership Cards
- Plan is fully Portable

# Workers' Compensation



The City provides, at no cost to you, Workers' Compensation coverage for health care services for on-the-job injuries and occupational diseases. This coverage is provided through a managed care arrangement as outlined in Section 440.134 of the Florida Statutes.

The City may provide full salary to employees injured on the job for a period of up to 13 weeks, in lieu of the 2/3 salary provided for by state statutes. Therefore, you must turn in any Workers Comp checks received to Human Resources.

Under the Workers' Compensation law, it is mandatory that any on-the-job injury or accident be immediately reported to your supervisor so that the proper documentation can be filed. A report is filed with the State of Florida to ensure that any benefits the injured may be entitled to are not jeopardized by failure to report. Failure to file within seven days may result in a fine to the City and a loss of benefits to you.

## The Third Party Administrator for the City of Sunny Isles Beach is:

Preferred Governmental Claims Solutions (PGCS)  
PO Box 958456, Lake Mary, FL 32795  
Phone: 321-832-1400  
Toll Free: 800-237-6617 Ext 4100 / Fax: 321-832-1448

# Workers' Comp Works For You

## If you are injured on the job:

1. Notify your employer immediately to get the name of an approved physician. Workers' comp insurance may not pay the medical bills if you don't report your injury promptly to your employer.
2. Notify the doctor and medical staff that you were injured on the job so that bills may be properly filed.
3. If you have any problems with your claim or suffer excessive delays in treatment, contact the State of Florida's Division of Workers' Compensation at 1-800-342-1741.

Employer: City of Sunny Isles Beach  
18070 Collins Avenue, Sunny Isles Beach, FL 33160  
is providing Workers' Compensation coverage through:

Preferred Governmental Claims Solutions (PGCS)

Policy #: WCFL301320261001  
Effective Date: 10/01/2015 to 10/01/2016

Report Claim To: Preferred Governmental Claim Solutions 32  
PO Box 958456, Lake Mary, FL 32795-8456

Phone: 1-866-237-6617

Workers' compensation pays for all authorized medically necessary care and treatment related to your injury or illness.

If you are unable to work or your earnings are lower because of a work related injury or illness, and you have been disabled for more than seven calendar days, you may be eligible for some wage replacement benefits.

### \$25,000 Reward

#### ANTIFRAUD REWARD PROGRAM

Rewards of up to \$25,000 may be paid to persons providing information to the Department of Financial Services leading to the arrest and conviction of persons committing insurance fraud, including employers who illegally fail to obtain workers' compensation coverage. Persons may report suspected fraud to the department at

1-800-378-0445 or online at

<http://www.myfloridacfo.com/fraudpage.asp>

A person is not subject to civil liability for furnishing such information, if such person acts without malice, fraud or bad faith.

This notice of compliance must be posted by the employer and maintained conspicuously in and about the employer's place or places of employment.  
State of Florida  
Division of Workers' Compensation

89L-8.007, F.A.C. Compensation Notice  
DFD-F4-1548  
Revised March 2010

# Family Medical Leave Act



## Employee Rights & Responsibilities

### Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

### Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of "serious injury or illness" for current service members and veterans are distinct from the FMLA definition of "serious health condition".**

### Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

**\*Special hours of service eligibility requirements apply to airline flight crew employees.**

### Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment,

or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

### Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

### Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

### Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.**

**For additional information:**

**1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627**

**[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)**

**33**

**U.S. Department of Labor Wage and Hour Division**

# Enrollment Notice - WHCRA



**KNOW  
YOUR  
BENEFITS.**



## **Women's Health and Cancer Rights Act of 1998**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your plan administrator.



# Medicare Part D Notice of Creditable Coverage



## For Medicare-Eligible employees enrolled in the Cigna HMO & POS plan(s)

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.
2. **City of Sunny Isles Beach** has determined that the prescription drug coverage offered by **Cigna HMO & POS plan(s)** are, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

**Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

You can join a Medicare drug plan when you become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>. This may mean that you have to wait to join a Medicare drug plan and that you may pay a higher rate (a penalty) if you join later. You may pay the higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

In addition, if you lose or decide to leave employer/union-sponsored coverage, you will be eligible to join a Part D plan at the time using an Employer Group Special Enrollment Period.

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.

**If you decide to join a Medicare drug plan, your City of Sunny Isles Beach coverage will not be affected. If you decide to join a Medicare drug plan and drop your employer sponsored prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.**

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

**Note:** You'll get this notice each year. You may also request a copy.

### For more information about your option under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will be mailed a copy from Medicare each year. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (or see "Medicare & You" Guide)
- 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 Medicare prescription drug coverage is available. For more information, contact Social Security at 1-800-772-1213 or [www.socialsecurity.gov](http://www.socialsecurity.gov).

Date:	February 18, 2016
Name of Entity/Sender:	City of Sunny Isles Beach
Contact / Position:	Yael Londoño, PHR – Human Resources Director
Address:	18070 Collins Avenue, Sunny Isles Beach, FL 33160
Phone Number:	305-792-1708

# Healthcare Reform



## NOTICE OF HEALTH CARE REFORM CHANGES

Effective March 1, 2012, the following changes affected our **City of Sunny Isles Beach** Medical Plans and are still valid for the 2016 plan year.

- The lifetime benefit limit will be unlimited on essential services. There will be no annual limit on essential benefits. Essential benefits may include:
  - Ambulatory Patient Services
  - Emergency Services
  - Hospitalization
  - Maternity and Newborn Care
  - Mental Health and Substance Abuse Disorders
  - Prescription Drugs
  - Rehabilitative and Facilitative Services and Devices (including durable medical equipment)
  - Laboratory Services
  - Prevention and Wellness Services
  - Chronic Disease Management
  - Pediatric Services, including oral and vision care
- Certain Preventive services are now covered 100% at no charge when you use **CIGNA** network providers. These include:
  - Routine adult physical
  - Routine Well child Exams
  - Routine Gynecological exams (includes pap and related fees)
  - Colorectal Cancer Screening
  - Routine mammograms
- Most Generic Oral Contraceptive Medications & Products for \$0 cost-share. (FDA Approved Contraceptive Methods for women). Items available without a prescription are not covered under the Health Care Reform law.
- Pre-existing Condition exclusions do not apply
- Dependents may be covered until age 26. Dependents under the age of 26 may enroll within 30 days of renewal for coverage effective March 1, 2016.
- Primary care physicians: a participating physician specializing in pediatrics may be selected as the primary care physician for a covered dependent child.
- Gynecological and obstetric services: Authorization or referral for gynecologic or obstetric care will not be required.
- Appeals: Covered persons will have the right to an internal appeal and external review for coverage determinations or claims.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(Expires 11-30-2013)

## 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 Human Resources.

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.

## 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 Sunny Isles Beach		4. Employer Identification Number (EIN) 65-0784647	
5. Employer address 18070 Collins Avenue		6. Employer phone number 305-947-0606	
7. City Sunny Isles Beach		8. State FL	9. ZIP code 33160
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above) 305-792-1708		12. Email address <a href="mailto:humanresources@sibfl.net">humanresources@sibfl.net</a>	

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 and part-time Eligible Employees; COBRA Participants, Retirees
  
  - With respect to dependents:
    - We do offer coverage. Eligible dependents are:  
  
Spouse/Domestic Partners (Registered). Dependents of employees and domestic partners up to age 26; and dependents who are age 26+ under the guidelines of the State of Florida (FSS 627.6562)
    - 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.



# Medicaid and the Children's Health Insurance Program



## Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2016. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0964
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562

<p align="center"><b>FLORIDA – Medicaid</b></p> <p>Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a></p> <p>Phone: 1-877-357-3268</p>	<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a></p> <p>Phone: 1-785-296-3512</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></p> <p>Phone: 1-800-635-2570</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a></p> <p>Phone: 603-271-5218</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a></p> <p>Phone: 1-888-695-2447</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></p> <p>CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a></p> <p>Phone: 1-800-977-6003</p> <p>TTY: Maine relay 711</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a></p> <p>Phone: 1-800-541-2831</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></p> <p>Phone: 1-800-462-1120</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a></p> <p>Phone: 919-855-4100</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a></p> <p>Phone: 1-800-657-3739</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></p> <p>Phone: 1-844-854-4825</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>	<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></p> <p>Phone: 1-888-365-3742</p>
<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a></p> <p>Phone: 1-800-699-9075</p>
<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a></p> <p>Phone: 1-855-632-7633</p>	<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a></p> <p>Phone: 1-800-692-7462</p>

<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a></p> <p>Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a></p> <p>Phone: 401-462-5300</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></p> <p>Phone: 1-888-549-0820</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></p> <p>Medicaid Phone: 1-800-432-5924</p> <p>CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></p> <p>CHIP Phone: 1-855-242-8282</p>
<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></p> <p>Phone: 1-888-828-0059</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a></p> <p>Phone: 1-800-562-3022 ext. 15473</p>
<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a></p> <p>Phone: 1-800-440-0493</p>	<p align="center"><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a></p> <p>Phone: 1-877-598-5820, HMS Third Party Liability</p>
<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Website:</p> <p>Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a></p> <p>CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a></p> <p>Phone: 1-877-543-7669</p>	<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:</p> <p><a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a></p> <p>Phone: 1-800-362-3002</p>
<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></p> <p>Phone: 1-800-250-8427</p>	<p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a></p> <p>Phone: 307-777-7531</p>

To see if any other states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

# Notes



*Benefit plans are subject to change. **City of Sunny Isles Beach** reserves the right at any time, in its sole discretion, to amend, modify, reduce the benefits provided by, or terminate any of its plans. Any amendment, modification, reduction or termination may be made without prior notice to participants, except as required by law.*

*This Benefit Booklet is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this benefit booklet conflicts in any way with the Certificate of Coverage, the COC shall prevail. It is recommended that you review your COC for an exact description of the services, and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.*

*The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.*

