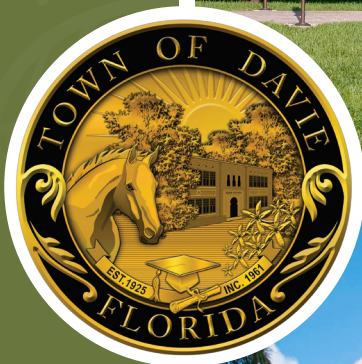


2020  
**EMPLOYEE  
BENEFIT  
HIGHLIGHTS**

*The Town of Davie strives to be the preeminent community in South Florida to live, work, learn, and play while treasuring our preserved natural settings.*





## Contact Information

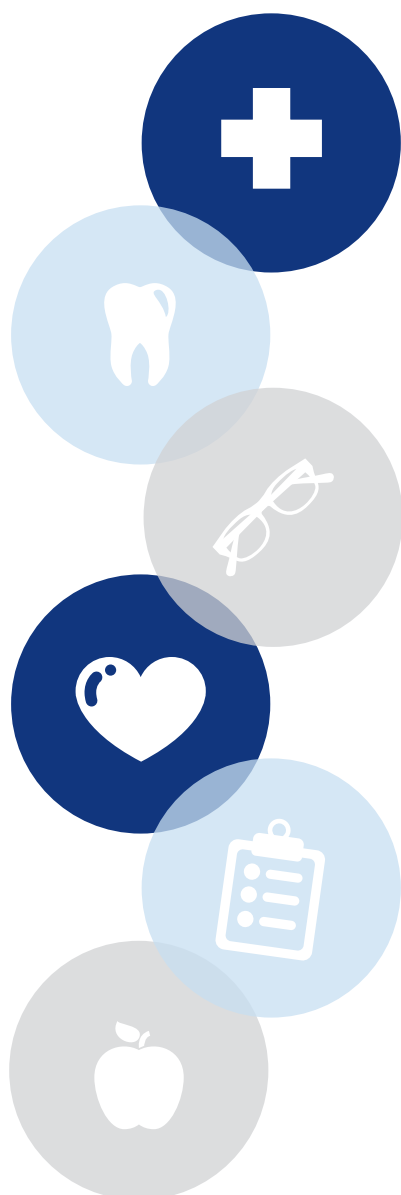
	<b>Human Resources Department</b>		Phone: (954) 797-1100
	<b>Claims, Billing &amp; Benefit Assistance</b>	Gehring Group	Phone: (561) 626-6797
	<b>Online Benefit Enrollment</b>	Bentek Support	(888) 5-Bentek (523-6835) <a href="http://www.mybentek.com/davie">www.mybentek.com/davie</a>
	<b>Medical Insurance</b>	United Healthcare	Customer Service: (866) 633-2646 <a href="http://www.myuhc.com">www.myuhc.com</a>
	<b>Prescription Drug Coverage &amp; Mail-Order Program</b>	Optum Rx	Customer Service: (888) 739-5820 <a href="http://www.optumrx.com">www.optumrx.com</a>
	<b>Health Savings Account</b>	United Healthcare	Customer Service: (866) 633-2446 <a href="http://www.myuhc.com">www.myuhc.com</a>
	<b>Virtual Visits</b>	United Healthcare	Customer Service: (866) 633-2446 <a href="http://www.myuhc.com">www.myuhc.com</a>
	<b>Dental Insurance</b>	Humana	Customer Service: (800) 233-4013 <a href="http://www.humana.com">www.humana.com</a>
	<b>Vision Insurance</b>	Humana	Customer Service: (800) 233-4013 <a href="http://www.humana.com">www.humana.com</a>
	<b>Flexible Spending Accounts</b>	WageWorks	Customer Service: (800) 950-0105 <a href="http://www.takecarewageworks.com">www.takecarewageworks.com</a>
	<b>Basic Life and AD&amp;D Insurance</b>	The Standard	Customer Service: (800) 628-8600 <a href="http://www.standard.com">www.standard.com</a>
	<b>Voluntary Life and AD&amp;D Insurance</b>	The Standard	Customer Service: (800) 628-8600 <a href="http://www.standard.com">www.standard.com</a>
	<b>Short Term Disability Insurance</b>	The Standard	Customer Service: (800) 368-2859 <a href="http://www.standard.com">www.standard.com</a>
	<b>Long Term Disability Insurance</b>	The Standard	Customer Service: (800) 368-1135 <a href="http://www.standard.com">www.standard.com</a>
	<b>Employee Assistance Program</b>	United Healthcare	Customer Service: (888) 887-4114 <a href="http://www.myuhc.com">www.myuhc.com</a>
	<b>Supplemental Insurance</b>	Aflac	Agent: Gene Villa   Phone: (561) 714-4224 Customer Service: (800) 992-3522   <a href="http://www.aflac.com">www.aflac.com</a>
		Colonial Life	Agent: Donna Tilton   Phone: (954) 968-6799 Customer Service: (800) 325-4368   <a href="http://www.coloniallife.com">www.coloniallife.com</a>
	<b>Pet Insurance</b>	Nationwide	Customer Service: (877) 738-7874 <a href="http://www.petinsurance.com/davie">www.petinsurance.com/davie</a>
	<b>Legal Insurance</b>	LegalShield	Agent: Yvette Mayo   Phone: (407) 719-4897 <a href="http://www.legalshield.com/info/townofdavie">www.legalshield.com/info/townofdavie</a> Customer Service: (877) 825-3797
		U.S. Legal	Agent: Dixie Kuehn   Phone: (321) 799-2986 <a href="http://uslprotects.com">uslprotects.com</a>

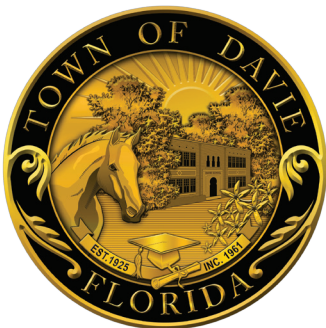




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## Introduction

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

## Online Benefit Enrollment

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

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



### To Access the Employee Benefits Center:

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

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

To access group insurance benefits online, log onto:  
**[www.mybentek.com/davie](http://www.mybentek.com/davie)**

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



## Group Insurance Eligibility



The Town's group insurance plan year is January 1 through December 31.

### Employee Eligibility

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

### Separation of Employment

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

### Dependent Eligibility

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

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

### Dependent Age Requirements

**Medical Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

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

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

### Disabled Dependents

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

- The dependent is physically or mentally disabled and incapable of self-sustaining employment; and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured; and
- Coverage with the Town began prior to age 19.

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

### Taxable Dependents

Employee covering adult child(ren) under employee's medical insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year. Imputed income is the dollar value of insurance coverage attributable to covering the adult dependent child. Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return. Contact Human Resources Department for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.



## Qualifying Events and Section 125

### Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to an employee's pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the qualifying event.

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

#### Examples of Qualifying Events:

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



### IMPORTANT NOTES

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

### Summary of Benefits and Coverage

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

<b>From:</b>	Human Resources Department
<b>Address:</b>	6591 Orange Drive Davie, FL 33314
<b>Phone:</b>	(954) 797-1100
<b>Website URL:</b>	<a href="http://www.mybentek.com/davie">www.mybentek.com/davie</a>

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

If there are any questions about the plan offerings or coverage options, please contact the Human Resources Department at (954) 797-1100.



## Medical Insurance

The Town offers medical insurance through United Healthcare to benefit-eligible employees. A brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please contact United Healthcare's customer service.

### Medical Insurance – United Healthcare EPO Plan

24 Payroll Deductions - Per Pay Period Premium

Tier of Coverage	Employee Cost
Employee Only	Please see page 26 for plan cost and benefit choice dollars allowance.
Employee + Spouse	
Employee + Child(ren)	
Employee + Family	

### Medical Insurance – United Healthcare POS Plan

24 Payroll Deductions - Per Pay Period Premium

Tier of Coverage	Employee Cost
Employee Only	Please see page 26 for plan cost and benefit choice dollars allowance.
Employee + Spouse	
Employee + Child(ren)	
Employee + Family	

### Medical Insurance – United Healthcare HDHP Plan

24 Payroll Deductions - Per Pay Period Premium

Tier of Coverage	Employee Cost
Employee Only	Please see page 26 for plan cost and benefit choice dollars allowance.
Employee + Spouse	
Employee + Child(ren)	
Employee + Family	

**United Healthcare** | Customer Service: (866) 633-2446 | [www.myuhc.com](http://www.myuhc.com)

## Benefit Choice Dollars

The Town offers funding through "Benefit Choice Dollars" to all benefit eligible employees. These Benefit Dollars are to be used to contribute to the cost of insurance premiums each employee incurs. The employee may choose which plans they would like them to be applied.

## Other Available Plan Resources

United Healthcare offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact United Healthcare's customer service at (866) 633-2446, or visit [www.myuhc.com](http://www.myuhc.com).

### UHC Health4me Mobile App

The UHC "Health4me" mobile app gives users access to ID cards (which can be directly emailed or faxed to a doctor), providers within the UHC Network (locator works with a phone's GPS), "Easy Connect" for claims and benefit questions, registered nurses and the ability to check status of deductible and out-of-pocket limit. Health4me is available on iPhone® and Android®. Find more information on [www.uhc.com](http://www.uhc.com) and select Health4me.

## Real Appeal

Real Appeal is a comprehensive online weight loss program that teaches members how to take small, manageable steps that lead to a healthier body and lifestyle. This program is free for qualified employees who are on the medical plan. Members can enroll at [we.realappeal.com](http://we.realappeal.com).

## Virtual Visits

United Healthcare provides access to virtual visits as part of the medical plan. Virtual Visits are a video consultation that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Virtual Visits should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with Virtual Visits, such as:

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

Virtual Visit doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact United Healthcare.

**United Healthcare** | Customer Service: (866) 633-2446 | [www.myuhc.com](http://www.myuhc.com)



## United Healthcare Choice Plus EPO Plan At-A-Glance



### Locate a Provider

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



### Plan References

#### **\*Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage document.

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

**\*\*\*Utilizing a Tier 1 provider allows for greater cost savings.**

Network	Choice Plus	
Calendar Year Deductible (CYD)	In-Network	Out of Network*
Single	\$0	\$7,500
Family	\$0	\$15,000
Coinsurance		
Member Responsibility	0%	50%
Calendar Year Out-of-Pocket Limit		
Single	\$2,600	\$10,000
Family	\$5,200	\$20,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible, Copays, and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$15 Copay	50% After CYD
Specialist Office Visit***	Tier 1: \$30 / Non-Tier 1: \$40 Copay	50% After CYD
Virtual Visits	\$15 Copay	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work)**	No Charge	50% After CYD
X-rays	No Charge	50% After CYD
Advanced Imaging (MRI, PET, CT)	\$100 Copay	50% After CYD
Outpatient Surgery in Surgical Center	\$200 Copay	50% After CYD
Physician Services at Surgical Center	No Charge	50% After CYD
Urgent Care (Per Visit)	\$30 Copay	50% After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	\$100 Copay Per Day (Up To Max \$300)	50% After CYD
Outpatient Hospital (Per Visit)	\$200 Copay	50% After CYD
Physician Services at Hospital	No Charge	50% After CYD
Emergency Room (Per Visit)	\$200 Copay	\$200 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	\$100 Copay Per Day (Up To Max \$300)	50% After CYD
Outpatient Services (Per Visit)	\$15 Copay	50% After CYD
Prescription Drugs (Rx)		
Generic	\$10 Retail Copay	\$10 Retail Copay
Preferred Brand Name	\$30 Retail Copay	\$30 Retail Copay
Non-Preferred Brand Name	\$50 Retail Copay	\$50 Retail Copay
Mail Order Drug (90-Day Supply)	2x Retail Copay	Not Covered





## United Healthcare Choice Plus POS Plan At-A-Glance

Network	Choice Plus	
Calendar Year Deductible (CYD)	In-Network	Out of Network*
Single	\$200	\$500
Family	\$400	\$1,000
Coinsurance		
Member Responsibility	20%	40%
Calendar Year Out-of-Pocket Limit		
Single	\$2,600	\$3,000
Family	\$5,200	\$6,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible, Copays, and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$15 Copay	40% After CYD
Specialist Office Visit***	Tier 1: \$30 / Non-Tier 1:\$40 Copay	40% After CYD
Virtual Visits	\$15 Copay	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work)**	20% After CYD	40% After CYD
X-rays	20% After CYD	40% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD	40% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	40% After CYD
Physician Services at Surgical Center	20% After CYD	40% After CYD
Urgent Care (Per Visit)	\$30 Copay	40% After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	20% After CYD	40% After CYD
Outpatient Hospital (Per Visit)	20% After CYD	40% After CYD
Physician Services at Hospital	20% After CYD	40% After CYD
Emergency Room (Per Visit)	\$200 Copay	\$200 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	20% After CYD	40% After CYD
Outpatient Services (Per Visit)	\$15 Copay	40% After CYD
Prescription Drugs (Rx)		
Generic	\$10 Retail Copay	\$10 Retail Copay
Preferred Brand Name	\$30 Retail Copay	\$30 Retail Copay
Non-Preferred Brand Name	\$50 Retail Copay	\$50 Retail Copay
Mail Order Drug (90-Day Supply)	2x Retail Copay	Not Covered



### Locate a Provider

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



### Plan References

#### \*Out-Of-Network Balance Billing:

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage document.

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

\*\*\*Utilizing a Tier 1 provider allows for greater cost savings.



## United Healthcare Choice Plus HDHP Plan At-A-Glance



### Locate a Provider

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



### Plan References

#### **\*Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage document.

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

Network	Choice Plus	
Calendar Year Deductible (CYD)	In-Network	Out of Network*
Single	\$1,400	\$3,300
Family	\$2,800	\$6,600
Coinsurance		
Member Responsibility	20%	40%
Calendar Year Out-of-Pocket Limit		
Single	\$2,700	\$5,000
Family	\$5,400	\$10,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible, Copays, and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	20% After CYD	40% After CYD
Specialist Office Visit	20% After CYD	40% After CYD
Virtual Visits	20% After CYD	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work)**	20% After CYD	40% After CYD
X-rays	20% After CYD	40% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD	40% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	40% After CYD
Physician Services at Surgical Center	20% After CYD	40% After CYD
Urgent Care (Per Visit)	20% After CYD	40% After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	20% After CYD	40% After CYD
Outpatient Hospital (Per Visit)	20% After CYD	40% After CYD
Physician Services at Hospital	20% After CYD	40% After CYD
Emergency Room (Per Visit)	0% After CYD	0% After In-Network CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	20% After CYD	40% After CYD
Outpatient Services (Per Visit)	20% After CYD	40% After CYD
Prescription Drugs (Rx)		
Generic	\$10 Retail Copay	\$10 Retail Copay
Preferred Brand Name	\$30 Retail Copay	\$30 Retail Copay
Non-Preferred Brand Name	\$50 Retail Copay	\$50 Retail Copay
Mail Order Drug (90-Day Supply)	2x Retail Copay	Not Covered

## Health Savings Account

The United Healthcare High Deductible Health Plan (HDHP) complies with the Internal Revenue Service (IRS) requirements and qualifies enrollee to open a Health Savings Account (HSA). An HSA is an interest-bearing account where funds may be used to help pay employee and dependent(s) deductible, coinsurance and any qualified health care expenses not covered by the plan.

### 2020 Plan Year Funding:

- \$1,000
- \$41.67 Deposited Each Pay Period

Employee may opt to fund an HSA via pre-tax evenly dispersed payroll deductions or in a lump sum payroll deduction; this decision must be made during Open Enrollment. Employee contributions to an HSA may also be made on an after-tax basis and taken as an above-the-line deduction on employee's tax return (making such contributions tax-free).

- **2019 IRS Contribution Limitations:**  
\$3,500 (Individual Coverage) \$7,000 (Family Coverage)
- **2020 IRS Contribution Limitations:**  
\$3,550 (Individual Coverage) \$7,100 (Family Coverage)

Guidelines regarding the HSAs are established by the IRS.

### What To Know About An HSA

- Employee owns the HSA funds from day one and decides how and when to spend the money.
- No use-it-or-lose-it rules; funds are in the account when needed, now or in the future. Participant cannot fund a traditional Health Care FSA.
- HSA funds earn interest.
- The HSA will be funded with employer contributions. If employee desires to fund the remaining deductible balance they may do so with pre-tax payroll deductions.
- HSA dollars may be used tax-free for all eligible health care expenses.
- HSA funds are portable from one employer to another. Accumulated funds can help employee plan for retirement.
- An account holder may write a check or withdraw funds with a Health Savings Account Debit Card.
- Some account service fees, determined by the bank, may apply.
- Account holder can access HSA statement at any time to track account balance and activity online at [www.myuhc.com](http://www.myuhc.com).

- To be eligible to open an HSA, employees must be covered by a high deductible health plan. Employee may not be covered under another medical plan that is not a high deductible health plan including a plan the employee's spouse may have selected where he/she has family coverage. Please Note: Eligibility status to qualify for an HSA is specifically driven by employee and NOT dependents.
- HSA funds can be used for dependent(s) even if dependent is not enrolled in the employee's group insurance benefits as long as the dependent is a qualified tax dependent.
- Over-age dependent is not able to use HSA funds for qualified expenses, even if dependent is covered under the medical plan as federal law does not recognize them as a qualified dependent.
- If employee is enrolled in Medicare, TRICARE or TRICARE for Life, employee is not eligible to contribute funds into an HSA. In addition, the IRS prohibits the Town from contributing HSA funds into the account. If employee is not enrolled in Medicare, TRICARE or TRICARE for Life, then employee is eligible to enroll and contribute into the HSA up to the maximum contribution amounts.
- Active employee NOT on Medicare but with a spouse enrolled in Medicare: Any active employee who is covering a spouse that is enrolled in Medicare is eligible to enroll and contribute into the HSA up to the maximum contribution amounts. These funds can be utilized for the active employee and spouse expenses.
- Active employee ON Medicare and with a spouse NOT enrolled in Medicare: Any active employee who is enrolled in Medicare and covering a spouse may not contribute or receive HSA funding. Any remaining balance in the HSA can be utilized until there are no funds remaining.

*\*Please contact the Human Resources Department for further information regarding funding variations towards employer HSA contributions.*

**United Healthcare** | Customer Service: (866) 633-2446 | [www.myuhc.com](http://www.myuhc.com)



## Dental Insurance

### Humana DHMO HS205 Plan

The Town offers dental insurance through Humana to benefit-eligible employees. A brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Dental Insurance – Humana DHMO HS205 Plan

24 Payroll Deductions - Per Pay Period Premium

Tier of Coverage	Employee Cost
Employee Only	Please see page 26 for plan cost and benefit choice dollars allowance.
Employee + Spouse	
Employee + Child(ren)	
Employee + Family	

#### In-Network Benefits

The DHMO plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Humana HS205 network to receive covered services. There is no coverage for services received out-of-network.

The DHMO plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the summary plan document for a detailed listing of charges and benefits.

#### Out-of-Network Benefits

The DHMO plan does not cover any services rendered by out-of-network facilities or providers.

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Benefit Maximum

There is no benefit maximum.



#### IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per plan year covered under the preventive benefit.
- Prior authorization is not required for specialty referrals for Endodontic, Orthodontic and Pediatric Services.
- Waiting periods and age limitations may apply.

**Humana** | Customer Service: (800) 233-4013 | [www.humanadental.com](http://www.humanadental.com)





## Humana DHMO HS205 Plan At-A-Glance

Network		HS205
<b>Calendar Year Deductible (CYD)</b>		<b>In-Network</b>
Per Member		Does Not Apply
Per Family		
Waived for Class I Services?		
<b>Calendar Year Benefit Maximum</b>		<b>In-Network</b>
Per Member		Does Not Apply
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		<b>In-Network</b>
Routine Oral Exam (2 Per Year)	0120	\$0
Routine Cleanings (2 Per Year)	1110	\$0
Complete X-rays (1 Every 3 Years)	0210	\$0
Bitewing X-rays (2 Per Year)	0274	\$0
<b>Class II Services: Basic Restorative Care</b>		
Fillings (Amalgam)	2160	\$5 Copay
Fillings (Resin, 3 Surface Posterior)	2393	\$80 Copay
Simple Extractions (Erupted Tooth or Exposed Root)	7210	\$40 Copay
Root Canal Therapy (Molar)*	3330	\$250 Copay
Surgical Removal of Tooth (Impacted)	7240	\$85 Copay
Full Mouth Debridement	4355	\$50 Copay
<b>Class III Services: Major Restorative Care</b>		
Crowns (Porcelain Fused to Metal)	2750	\$270 Copay
Bridges (Porcelain Fused to Metal)	6240	\$270 Copay
Dentures (Upper or Lower)	5110/20	\$375 Copay
<b>Class IV Services: Orthodontia</b>		
Benefit - Child/Adult	8070/8090	\$1,900 Copay
Evaluation	8070/8090	\$45 Copay
Treatment Planning/Records	8070/8090	\$250 Copay
Retention	8680	\$455 Copay



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.humana.com](http://www.humana.com). When completing the necessary search criteria, select HS205 network.



### Plan References

\* Excluding final restoration



## Dental Insurance

### Humana DHMO Advantage Plus Plan

The Town offers dental insurance through Humana to benefit-eligible employees. A brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Dental Insurance – Humana DHMO Advantage Plus Plan

24 Payroll Deductions - Per Pay Period Premium

Tier of Coverage	Employee Cost
Employee Only	Please see page 26 for plan cost and benefit choice dollars allowance.
Employee + Spouse	
Employee + Child(ren)	
Employee + Family	

#### In-Network Benefits

The DHMO plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Humana Advantage network to receive covered services. There is no coverage for services received out-of-network.

The DHMO plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the summary plan document for a detailed listing of charges and benefits.

#### Out-of-Network Benefits

The DHMO plan does not cover any services rendered by out-of-network facilities or providers.

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Benefit Maximum

There is no benefit maximum.



#### IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per plan year covered under the preventive benefit.
- Prior authorization is not required for specialty referrals for Endodontic, Orthodontic and Pediatric Services.
- Waiting periods and age limitations may apply.

**Humana** | Customer Service: (800) 979-4760 | [www.humana.com](http://www.humana.com)



## Humana DHMO Advantage Plus Plan At-A-Glance

Network		Advantage
<b>Calendar Year Deductible (CYD)</b>		<b>In-Network</b>
Per Member		Does Not Apply
Per Family		
Waived for Class I Services?		
<b>Calendar Year Benefit Maximum</b>		
Per Member		Does Not Apply
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		<b>In-Network</b>
Office Visit	0120	\$5/\$15 Copay
Routine Oral Exam (2 Per Year)	0120	\$0 Copay
Routine Cleanings (2 Per Year)	1110	\$0 Copay
Complete X-rays (1 Every 3 Years)	0210	\$0 Copay
Bitewing X-rays (2 Per Year)	0274	\$0 Copay
<b>Class II Services: Basic Restorative Care</b>		
Fillings (Amalgam)	2160	\$37 Copay
Fillings (Resin, 3 Surface Posterior)	2393	\$46 Copay
Simple Extractions (Erupted Tooth or Exposed Root)	7210	\$43 Copay
Root Canal Therapy (Molar)*	3330	\$199 Copay
Surgical Removal of Tooth (Impacted)	7240	\$84 Copay
Full Mouth Debridement	4355	\$26 Copay
<b>Class III Services: Major Restorative Care</b>		
Crowns (Porcelain Fused to Metal)	2750	\$466 Copay
Bridges (Porcelain Fused to Metal)	6240	\$426 Copay
Dentures	5110/20	\$642 Copay
<b>Class IV Services: Orthodontia</b>		
Benefit - Child/Adult	8070/8080	\$2,100 Copay
Treatment Planning/Records	8070/8080/8090	\$250 Copay
Retention	8680	\$450 Copay



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.humana.com](http://www.humana.com). When completing the necessary search criteria, select HS205 network.



### Plan References

\* Excluding final restoration



## Dental Insurance

### Humana DPPO Low Plan

The Town offers dental insurance through Humana to benefit-eligible employees. A brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Dental Insurance – Humana DPPO Low Plan

24 Payroll Deductions - Per Pay Period Premium

Tier of Coverage	Employee Cost
Employee Only	Please see page 26 for plan cost and benefit choice dollars allowance.
Employee + Spouse	
Employee + Child(ren)	
Employee + Family	

#### In-Network Benefits

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

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

The DPPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

#### Calendar Year Benefit Maximum

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

**Humana** | Customer Service: (800) 233-4013 | [www.humana.com](http://www.humana.com)





## Humana DPP0 Low Plan At-A-Glance

Network		PPO	
Calendar Year Deductible (CYD)		In-Network	Out-of-Network*
Per Member			\$50
Per Family			\$150
Waived for Class I Services?			Yes
Calendar Year Benefit Maximum			
Per Member			\$1,000
Class I Services: Diagnostic & Preventive Care			
Routine Oral Exam (2 Per Year)		Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Year)			
Complete X-rays (1 Every 5 Years)			
Bitewing X-rays (1 Set Per Year)			
Class II Services: Basic Restorative Care			
Fillings		Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions			
Oral Surgery			
Periodontal Services			
Anesthetics			
Class III Services: Major Restorative Care			
Crowns		Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Bridges			
Dentures			
Class IV Services: Orthodontia			
Lifetime Maximum			\$1,000
Benefit (Dependent Children Age 18 and Under)		Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



### Locate a Provider

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



### Plan References

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



### Important Notes

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



## Dental Insurance

### Humana DPPO High Plan

The Town offers dental insurance through Humana to benefit-eligible employees. A brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Dental Insurance – Humana DPPO High Plan

24 Payroll Deductions - Per Pay Period Premium

Tier of Coverage	Employee Cost
Employee Only	Please see page 26 for plan cost and benefit choice dollars allowance.
Employee + Spouse	
Employee + Child(ren)	
Employee + Family	

#### In-Network Benefits

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

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

The DPPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

#### Calendar Year Benefit Maximum

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

**Humana** | Customer Service: (800) 233-4013 | [www.humana.com](http://www.humana.com)



## Humana DPPO High Plan At-A-Glance

Network		PPO	
Calendar Year Deductible (CYD)		In-Network	Out-of-Network*
Per Member			\$50
Per Family			\$150
Waived for Class I Services?			Yes
Calendar Year Benefit Maximum			
Per Member			\$2,000
Class I Services: Diagnostic & Preventive Care			
Routine Oral Exam (2 Per Year)		Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Year)			
Complete X-rays (1 Every 5 Years)			
Bitewing X-rays (1 Set Per Year)			
Class II Services: Basic Restorative Care			
Fillings		Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions			
Oral Surgery			
Periodontal Services			
Anesthetics			
Class III Services: Major Restorative Care			
Crowns		Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Bridges			
Dentures			
Class IV Services: Orthodontia			
Lifetime Maximum		\$1,000	
Benefit (Dependent Children Age 18 and Under)		Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



### Locate a Provider

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



### Plan References

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



### Important Notes

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



## Vision Insurance

### Humana Vision 130 Plan

The Town offers vision insurance through Humana to benefit-eligible employees. A brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Vision Insurance - Humana Vision 130 Plan

24 Payroll Deductions - Per Pay Period Premium

Tier of Coverage	Employee Cost
Employee Only	Please see page 26 for plan cost and benefit choice dollars allowance.
Employee + Family	

#### In-Network Benefits

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

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

There is no calendar year deductible.

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

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

#### Humana

Customer Service: (800) 233-4013 | [www.humana.com](http://www.humana.com)





## Humana Vision 130 Plan At-A-Glance

Network	Vision Care	
Services	In-Network	Out-of-Network
Eye Exam	\$10 Copay	Up to \$30 Allowance
Contact Lens Exam	Standard - \$55 Allowance Premium - 10% Off Retail	Not Covered
Frequency of Services		
Examination	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contact Lenses	12 Months	
Lenses		
Single	\$15 Copay	Up to \$25 Reimbursement
Bifocal	\$15 Copay	Up to \$40 Reimbursement
Trifocal	\$15 Copay	Up to \$60 Reimbursement
Frames		
Allowance	\$130 Allowance 20% Off Over \$130 Allowance	\$65 Retail Allowance
Contact Lenses*		
Non-Elective (Medically Necessary)	Covered at 100%	\$200 Allowance
Elective (Fitting, Follow-up & Lenses)	\$130 Allowance 15% Off Over \$130 Allowance	\$104 Allowance
LASIK		
Discount Programs	15% Off Retail	Discount Programs Not Available Out-of-Network



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.humana.com](http://www.humana.com).



### Plan References

\* Contact lenses are in lieu of spectacle lenses.



### Important Notes

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



## Flexible Spending Accounts

The Town offers Flexible Spending Accounts (FSA) administered through WageWorks. The FSA plan year is from January 1 to December 31.

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

### Health Care FSA

This account allows participant to set aside up to an annual maximum of \$2,700. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

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

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

### Dependent Care FSA

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

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

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

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

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

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

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

## Flexible Spending Accounts *(Continued)*

### FSA Guidelines

- Employee may carry over up to \$500 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed (only if the employee re-enrolls the next year). Dependent Care funds cannot be carried over.
- The Health Care FSA has a run out period at the end of the plan year (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year.
- When a plan year ends and all claims have been filed with the exception of the \$500 rollover for the Health Care FSA, all unused funds will be forfeited and not returned.
- Employee can enroll in either or both of the FSAs only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as federal law does not recognize them as a qualified dependent.

### Filing a Claim

#### Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail or fax. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

#### Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. WageWorks may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the Town. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

### HERE'S HOW IT WORKS!

Employee earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.67 based on a 24 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$227.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$30,000	\$30,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$29,000	\$30,000
Estimated Tax $22.65\% = 15\% + 7.65\% \text{ FICA}$	-\$6,568	\$6,795
After Tax Expenses	-\$0	\$1,000
Spendable Income	\$22,432	\$22,205
<b>Tax Savings</b>	<b>\$227</b>	

**Please Note:** Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year with the exception of the \$500 carry over that may be allowed for the Health Care FSA. **This rule is known as "use it or lose it."**

**WageWorks** | Phone: (800) 950-0105 | Claims Fax: (877) 782-8889  
[www.takecarewageworks.com](http://www.takecarewageworks.com)



## Employee Assistance Program

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

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

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes telephonic consultation and online material/tools. Care 24 offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Minor Injuries
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Help Finding A Doctor
- ✓ Medication Information
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Legal Resources

### Are Services Confidential?

Yes. Receipt of Care 24 services are completely confidential. If, however, participation is the direct result of a Management Referral (a referral initiated by a supervisor), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor. The referring supervisor will not receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

#### Care 24

**United Healthcare** | Customer Service: (888) 887-4114 | [www.myuhc.com](http://www.myuhc.com)

## Basic Life and AD&D Insurance

### Basic Term Life

The Town provides Basic Term Life insurance for all eligible employees, at no cost, through The Standard. Eligible employees will receive a benefit amount of:

- > Class 1 (Police) - \$100,000
- > Class 2 - \$50,000

### Accidental Death & Dismemberment

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

### Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- > Reduces to 50% of the benefit amount at age 70

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.***

**The Standard** | Customer Service: (800) 628-8600 | [www.standard.com](http://www.standard.com)





## Voluntary Life and AD&D Insurance

### Voluntary Employee Life and AD&D Insurance

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

New Hires may purchase Voluntary Employee Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$100,000.**

- Units can be purchased in increments of \$10,000 to the maximum of \$400,000, not to exceed five (5) times annual salary.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces to 50% of the benefit amount at age 70

### Voluntary Spouse Life and AD&D Insurance

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Employee may elect coverage in the amount of \$10,000.
- Cost for Voluntary Spouse Life coverage is \$1.27 semi-monthly.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces to 50% of the benefit amount at age 70

### Voluntary Employee Life and AD&D Insurance Rate Table

Monthly Premium

Age Bracket (Based on Employee Age)	Employee (Rate Per \$1,000 of Benefit)
< 30	\$0.088
30-34	\$0.096
35-39	\$0.104
40-44	\$0.144
45-49	\$0.224
50-54	\$0.336
55-59	\$0.504
60-64	\$0.768
65-69	\$1.344
> 69	\$2.168

### Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- Employee may elect coverage in the amount of \$10,000.
- Cost for Voluntary Dependent Child Life is \$1.00 semi-monthly, for all children, birth through age 20 (age 24 if full-time student)

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.***

**The Standard** | Customer Service: (800) 628-8600 | [www.standard.com](http://www.standard.com)



## Short Term Disability

The Town provides Short Term Disability (STD) insurance to all eligible employees through The Standard. The STD benefit pays employee a percentage of the weekly earnings if employee becomes disabled due to an illness or non-work related injury.

### Short Term Disability (STD) Benefits

- STD provides a benefit of 50% of employee's weekly earnings up to a benefit maximum of \$1,500 per week.
- Employee must be disabled for 20 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 21st day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 90 days.
- Employee deemed unable to return to work after the STD 90 day maximum period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefit may be reduced by other income.
- Disability benefits are taxable.

**The Standard** | Customer Service: (800) 368-2859 | [www.standard.com](http://www.standard.com)

## Long Term Disability

The Town offers Basic and Buy-Up Long Term Disability (LTD) insurance to all eligible employees through The Standard. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or non-work related injury.

### Long Term Disability (LTD) Benefits

- LTD provides a benefit of 50% of employee's monthly earnings up to a benefit maximum of \$7,500 per month.
- Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will commence on the 91st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.

### Optional Buy-Up Long Term Disability

Employees have the option to purchase additional LTD benefits for a premium.

- LTD provides a benefit of 60% of employees monthly earnings up to a benefit maximum of \$7,500 per month.
- Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will commence on the 91st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.
- Premium Calculation:  
$$\text{Monthly Earnings} \times \$0.18 \div 100 = \text{Estimated Monthly Premium}$$

**The Standard** | Customer Service: (800) 368-1135 | [www.standard.com](http://www.standard.com)



## Supplemental Insurance

### Aflac

Aflac offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction. Aflac pays money directly to employee, regardless of what other insurance plans they may have. Available Aflac plans include:

- ✓ Cancer Care Plan (*Select or Classic Plan*)
- ✓ Accident Off the Job
- ✓ Choice Hospital Confinement Indemnity

To learn more about these Aflac plans and/or to schedule a personal appointment, contact the Town's Aflac Agent.

**Aflac** | Customer Service: (800) 992-3522 | [www.aflac.com](http://www.aflac.com)  
 Agent: Gene Villa | Phone: (561) 714-4224 | Email: [gene@definovilla.com](mailto:gene@definovilla.com)

### Colonial Life

Colonial Life offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction. Colonial Life pays money directly to employee, regardless of what other insurance plans they may have. Available Colonial Life plans include:

- ✓ Accident On & Off the Job
- ✓ Whole Life (*Guaranteed Issue*)
- ✓ Universal Life with Long Term Care
- ✓ Juvenile Universal Life
- ✓ Critical Illness (*Guaranteed Issue*)
- ✓ Term Life Insurance (*10, 20, or 30 Year Term*)

**Colonial Life** | Customer Service: (800) 325-4368 | [www.coloniallife.com](http://www.coloniallife.com)  
 Agent: Donna Tilton | Phone: (954) 968-6799  
 Email: [Donnal.Tilton@coloniallifesales.com](mailto:Donnal.Tilton@coloniallifesales.com)

## Pet Insurance

### Nationwide

The Town offers employees the opportunity to purchase pet insurance on a voluntary basis through Nationwide. Participating members receive up to 90% reimbursement from Nationwide on vet bills. Participating providers cover medical treatments and surgeries for accidents, illnesses, and medical conditions. Also, included at no additional cost is Nationwide's 24/7/365 vet helpline that helps pet owners with any pet questions. Members can sign up multiple pets with individual plans and receive a discount for even more savings. See policy document for a complete list of exclusions.

#### Nationwide: Enrollment Options

1. Go directly to: [www.petinsurance.com/davie](http://www.petinsurance.com/davie); or
2. Visit [petsnationwide.com](http://petsnationwide.com) and enter your company name; or
3. Call (877) 738-7874 and mention you are an employee of the Town of Davie

#### Pet Insurance – Nationwide

	My Pet Protection with Wellness	My Pet Protection
Common Illnesses	✓	✓
Surgeries & Hospitalization	✓	✓
X-rays, MRIs and CT Scans	✓	✓
Prescription Medications	✓	✓
Wellness Exams	✓	
Preventive Dental Cleaning	✓	
Spay/Neuter	✓	
Routine Blood Tests	✓	
Heartworm Testing & Prevention	✓	

#### Nationwide

Customer Service: (877) 738-7874 | [www.petinsurance.com/davie](http://www.petinsurance.com/davie)



## Legal Plan and Identity Theft

### LegalShield

The Town offers employees the opportunity to participate in a voluntary legal and/or identity theft plan(s) through LegalShield. By enrolling in the legal plan, participant and family have direct access to a nationwide network of attorneys who will provide legal assistance, for a variety of situations. The plan provides assistance, but is not limited to the following benefits:

- ✓ Child Support Concerns
- ✓ Adoption
- ✓ Bankruptcy
- ✓ Traffic Tickets
- ✓ Wills & Living Trusts
- ✓ Real Estate
- ✓ Contract Review

The Town also offers employees the opportunity to participate in an identity theft plan through IDShield, which protects participant spouse and children. IDShield can assist in consultations with licensed fraud investigators, privacy and security monitoring, credit monitoring. Many additional features are available with the plan benefits.

The costs per pay period for coverage are listed in the premium table below:

#### Legal & Identity Theft Plan - LegalShield

24 Payroll Deductions - Per Pay Period Cost

Type of Coverage	Employee Cost
Legal Plan (Individual/Family)	\$7.98
Identity Theft Protection Plan (Family)	\$6.98
Identity Theft Protection Plan (Individual)	\$6.48
Legal Plan & Identity Theft Protection Plan (Individual/Family)	\$12.95

**LegalShield** | [www.legalshield.com/info/townofdavie](http://www.legalshield.com/info/townofdavie)

Agent: Yvette Mayo | Phone: (407) 719-4897

Email: [mayogroupbenefits@msn.com](mailto:mayogroupbenefits@msn.com)

For Legal and/or Identity Theft Emergencies: (877) 825-3797

### U.S. Legal

By enrolling in this plan, participants will have direct access to attorneys who will provide services for a variety of issues that include, but are not limited to:

- ✓ Divorce
- ✓ Child Custody & Support
- ✓ Domestic Adoption
- ✓ Consumer Law
- ✓ Bankruptcy
- ✓ Foreclosure Assistance
- ✓ Criminal Law
- ✓ Real Estate
- ✓ Traffic Tickets, DUI
- ✓ Debt Collection Defense
- ✓ Estate Planning
- ✓ Wills & Trusts

The optional Identity Defender program assists at the inception of a fraud-related emergency, helps restore identity and good credit, helps with ID theft, and educates on preventive steps to protect identity.

The costs per pay period for coverage are listed in the premium table below:

#### Legal & Identity Theft Plan - U.S. Legal

24 Payroll Deductions - Per Pay Period Cost

Type of Coverage	Employee Cost
Legal Only	\$9.38
Identity Defender Only	\$4.98
Legal and Identity Defender	\$11.35

**U.S. Legal** | [uslprotects.com](http://uslprotects.com)

Agent: Dixie Kuehn | Phone: (321) 799-2986 | Email: [dixiekuehn@clf.rr.com](mailto:dixiekuehn@clf.rr.com)

### *I. Benefit Choice Dollars*

**\$745**

**\$710**

**\$980**

*per pay period*

***R1***

R2

B3

**R4**

**All premiums are per pay period**

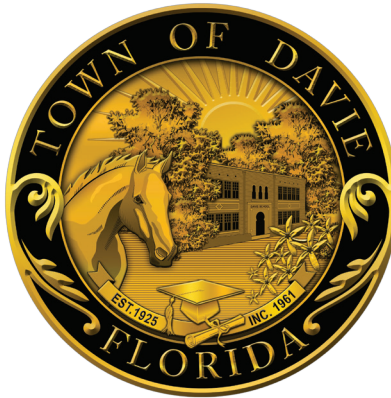
### III. Optional Insurance Selections

TOTAL \$





Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.



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Palm Beach Gardens, Florida 33410  
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[www.gehringgroup.com](http://www.gehringgroup.com)

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