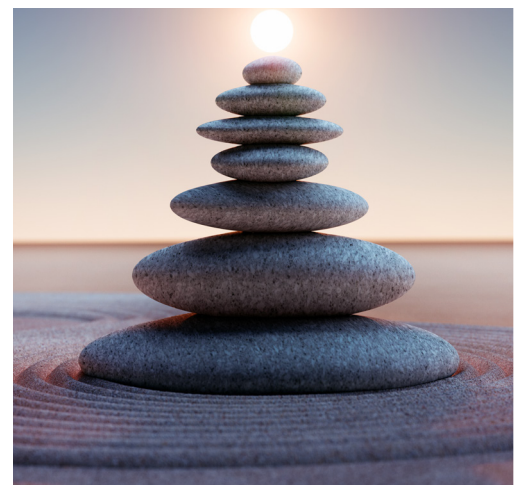


Palm Beach

2023 RETIREE BENEFIT HIGHLIGHTS





Contact Information







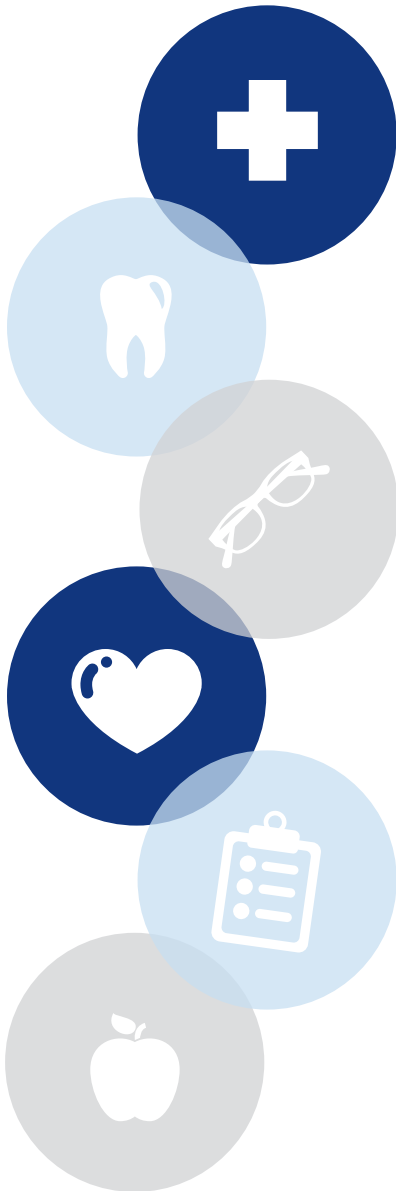
	People and Culture Department		Phone: (561) 838-5450 Option 2
	Online Benefit Enrollment	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) Email: support@mybentek.com www.mybentek.com/townofpalmbeach
	Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
	Prescription Drug Coverage & Mail-Order Program	Cigna/Express Scripts Pharmacy	Customer Service: (800) 835-3784 www.mycigna.com
	Telehealth	MDLIVE through Cigna	Customer Service: (888) 726-3171 www.mycigna.com
	Dental Insurance	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
	Voluntary Retiree Life Insurance	The Hartford	Customer Service: (800) 523-2233 www.thehartford.com



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



Introduction

The Town of Palm Beach provides group insurance benefits to eligible retiree and pension plan participants. The Retiree 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 and retiree benefit programs and stipulations therein. If retiree 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 People and Culture Department.

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 retirees during the Open Enrollment period. The summary is an important item in understanding retiree's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

From:	People and Culture Department
Address:	360 S. County Rd. Palm Beach, FL 33480
Phone:	(561) 838-5450, Option 2
Website URL:	www.mybentek.com/townofpalmbeach

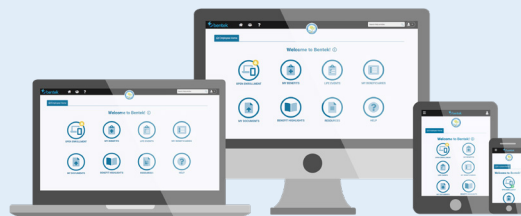
The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting the People and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

If there are any questions about the plan offerings or coverage options, please contact the People and Culture Department at (561) 838-5450, Option 2.

Online Benefit Enrollment

The Town provides retirees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible retirees the ability to select or change insurance benefits online during the annual Open Enrollment Period.

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



To Access the Employee Benefits Center:

- ✓ Log on to www.mybentek.com/townofpalmbeach
Please Note: Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If retiree has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

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



To access Bentek using a mobile device, scan code.



Group Insurance Eligibility



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

Retiree Eligibility

An eligible retiree must elect the Town's insurance coverage at the time of retirement from the Town or at the time retiree begins to receive retirement benefits; but no later than 30 days after beginning to receive retirement benefits from any Town retirement plan.

Retirees are eligible to participate in The Town's medical and dental plans if they elect to receive Town retirement benefits immediately following termination of Town employment; or if the retiree leaves Town employment prior to the normal retirement date, retiree must have at least 10 years of service with the Town, and reach the normal retirement date under the Town Retirement Plan or the age at which distribution from the defined contribution plan is allowed in accordance with Section 72(t)(2)(A) of the Internal Revenue Code.

Retirees who leave Town employment prior to the normal retirement date must notify the People and Culture Department no later than 30 days after beginning to receive retirement benefits from any Town retirement plan and must elect Town insurance coverage at that time to be eligible for coverage. Retirees who do not elect Town insurance coverage by the time they begin to receive Town retirement benefits are not eligible to enroll in the Town's insurance program during any subsequent Open Enrollment period.

Cancellation of Coverage

Retiree may cancel coverage with the Town at any time. Cancellation notice must be provided in writing to the People and Culture Department. Coverage will terminate on the last day of the month in which notice was provided. Retiree who cancels coverage will not be permitted to re-enroll during any subsequent Open Enrollment period.

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

Disabled Dependents

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

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the retiree for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plans; and
- The dependent has been continuously insured.

Proof of disability will be required upon request. Please contact the People and Culture Department if further clarification is needed.



Group Insurance Eligibility *(Continued)*

Domestic Partner Coverage

Domestic partner benefits are extended to either same or opposite-sex domestic partners of Town retirees. All retirees seeking domestic partner benefit coverage must complete and submit the Town's Affidavit of Domestic Partnership to the People and Culture Department prior to receipt of the designated benefits. In addition to the affidavit, retirees who reside within Palm Beach County must register their domestic partnership with the Palm Beach County Clerk and Comptroller's office and provide proof of registration to the People and Culture Department. Retirees who reside outside of Palm Beach County must complete the Town's Declaration of Domestic Partnership form. All forms, including a link to the Palm Beach County Clerk and Comptroller's office can be found on the Employee and Supervisor Forms page of the Town's Intranet.

Domestic Partners Who Become Married: Opposite or Same Sex Domestic Partners (IRS Revenue Ruling 2013-17) who legally marry must submit a Life Event in Bentek within 30 days of the marriage and provide supporting documentation.

Qualifying Events

Retirees may drop coverage at any time. Under certain circumstances, retiree may be allowed to make other changes to benefit elections during the plan year, if the event affects the retiree, spouse, or dependent's coverage eligibility. Any requested changes must be consistent with and on account of the qualifying event.

The following are examples of Qualifying Events:

- Death of retiree or a retiree's spouse; (Surviving Spouse may be offered COBRA coverage)
- Divorce - Retiree may terminate spouse from plan (Spouse may be offered COBRA coverage)
- Marriage - Retiree wishes to enroll new spouse on plan
- Gain or loss of Medicare coverage (Spouse may be offered COBRA coverage)
- Adoption or Birth of a child

Retirees who experience a Qualifying Event must contact the People and Culture Department within 30 days of the Qualifying Event to make the appropriate changes to coverage. If approved, changes will take place on the date of the qualifying event. Retirees will be required to furnish valid documentation to support a change in status or "Qualifying Event".



IMPORTANT NOTES

Cigna will process medical claims for all retirees and dependents who are age 65 or over and eligible to enroll with Medicare, as if Medicare Part A and Part B have been elected. If retiree and/or dependent is 65 years of age or over and has not enrolled in Medicare Part A and B, retiree and/or dependent may be responsible for paying some or all of the medical claims.



Medical Insurance

The Town offers medical insurance through Cigna to benefit-eligible retirees. A brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medicare Coverage and Discounted Premiums

If enrolled in Medicare Part A and Part B, retiree and eligible spouse qualify for reduced premium. A copy of the participants Medicare card must be submitted to the People and Culture Department. The reduced medical insurance premium will take effect the first of the month following receipt of the card. For more information, please contact the People and Culture Department.

Cigna | Customer Service: (800) 244-6224 | www.mycigna.com

Telehealth

Cigna provides access to telehealth services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

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

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

Telehealth doctors do not replace retiree's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact MDLIVE through Cigna.

MDLIVE | Customer Service: (888) 726-3171 | www.mycigna.com

Other Available Plan Resources

Cigna offers all enrolled retirees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact Cigna's customer service at (800) 244-6224 or visit www.mycigna.com.

24-Hour Health Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Hotline provides access to helpful, reliable information and assistance from qualified health information nurses on a wide range of health topics 24 hours a day, any day of the year. Not sure what to do for a child who has a fever in the middle of the night? Not sure if treatment from a doctor is necessary for an injury? There are over 1,000 topics in the Health Information Library to help weigh the risks and advantages of treatment options. The call is free and is strictly confidential.

Healthy Rewards

Cigna's Healthy Rewards is provided automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Members can register on www.mycigna.com and select Healthy Rewards to learn more about these programs or call (800) 870-3470.

- ✓ Vision Care
- ✓ Lasik Vision Correction Services
- ✓ Fitness Club Discounts
- ✓ Nutrition Discounts
- ✓ Hearing Care

The myCigna Mobile App

The myCigna mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App StoreSM or Google PlayTM. With the myCigna mobile app, members can:

- ✓ Find a doctor, dentist or health care facility
- ✓ Access maps for instant driving directions
- ✓ View ID cards for the entire family
- ✓ Review deductibles, account balances and claims
- ✓ Compare prescription drug costs
- ✓ Speed-dial Cigna Home Delivery PharmacyTM
- ✓ Add health care professionals to contact list right from a claim or directory search

Prescription Drugs - Cigna 90 Now

Retirees taking maintenance medications which are prescribed for chronic long-term conditions and are taken on a regular recurring basis, must now fill these prescriptions at a Cigna 90 Now pharmacy or through Cigna Home Delivery. Retirees may choose a different pharmacy, but the prescription will not be covered by the Town's sponsored insurance. To find a Cigna 90 Now pharmacy, log on to www.mycigna.com.



Cigna Open Access Plus In-Network Only Seaview Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus network.



Plan References

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

**Pharmacy Deductible: The plan has a separate calendar year pharmacy deductible of \$100 per member. This deductible applies only to brand name prescriptions.



Important Notes

Services received by providers or facilities **not** in the Open Access Plus network, will not be covered.

Network	Open Access Plus
Calendar Year Deductible (CYD)	
Single	Does Not Apply
Family	Does Not Apply
Coinsurance	
Member Responsibility	Does Not Apply
Calendar Year Out-of-Pocket Limit	
Single	\$1,500
Family	\$3,000
What Applies to the Out-of-Pocket Limit?	Copays
Physician Services	
Primary Care Physician (PCP) Office Visit/Virtual Care (PCP Election Required)	\$20 Copay
Specialist Office Visit/Virtual Care (No Referral Required)	\$40 Copay
Telehealth Services	No Charge
Non-Hospital Services; Freestanding Facility	
Clinical Lab (Bloodwork)*	No Charge
X-rays	No Charge
Advanced Imaging (MRI, PET, CT)	No Charge
Outpatient Surgery in Surgical Center	\$100 Copay
Physician Services at Surgical Center	No Charge
Urgent Care (Per Visit)	\$30 Copay
Hospital Services	
Inpatient Hospital (Per Admission)	\$500 Copay
Outpatient Hospital (Per Visit)	\$100 Copay
Physician Services at Hospital	No Charge
Emergency Room (Per Visit; Waived if Admitted)	\$115 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services (Per Admission)	\$500 Copay
Outpatient Services (Per Visit)	No Charge
Outpatient Office Visit	\$40 Copay
Prescription Drugs (Rx)	
Pharmacy Deductible**	\$100 Individual / \$200 Family
Pharmacy Out-of-Pocket Limit	\$5,100 Individual / \$8,700 Family
Generic	\$10 Copay
Preferred Brand Name	\$30 Copay After CYD
Non-Preferred Brand Name	50% After CYD
Mail Order Drug (90-Day Supply)	2x Retail Copay



Cigna Open Access Plus Seabreeze Plan At-A-Glance

Network	Open Access Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Single	\$500	\$1,000
Family	\$1,500	\$3,000
Coinsurance		
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Limit		
Single	\$1,500	\$3,000
Family	\$4,500	\$9,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance and Copays	
Physician Services		
Primary Care Physician (PCP) Office Visit/Virtual Care	\$25 Copay	30% After CYD
Specialist Office Visit/Virtual Care	\$40 Copay	30% After CYD
Telehealth Services	No Charge	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)**	10% Coinsurance	30% After CYD
X-rays	10% Coinsurance	30% After CYD
Advanced Imaging (MRI, PET, CT)	10% Coinsurance	30% After CYD
Outpatient Surgery in Surgical Center	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care (Per Visit)	\$30 Copay	\$30 Copay After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	10% After CYD	\$300 PAD*** + 30% After CYD
Outpatient Hospital (Per Visit)	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	10% After CYD
Emergency Room (Per Visit)	10% After CYD	10% After CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	10% After CYD	\$300 PAD*** + 30% After CYD
Outpatient Services (Per Visit)	10% Coinsurance	30% After CYD
Outpatient Office Visit	\$40 Copay	30% After CYD
Prescription Drugs (Rx)		
Pharmacy Deductible****	\$100 Individual / \$200 Family	Not Covered
Pharmacy Out-of-Pocket Limit	\$5,100 Individual / \$8,700 Family	
Generic	\$10 Copay	
Preferred Brand Name	\$30 Copay After CYD	
Non-Preferred Brand Name	50% After CYD	
Mail Order Drug (90-Day Supply)	2x Retail Copay	



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus network.



Plan References

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

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

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

***PAD: Per Admission Deductible

****Pharmacy Deductible: The plan has a separate calendar year pharmacy deductible of \$100 per member. This deductible applies only to brand name prescriptions



Dental Insurance

Cigna Total DPPO Plan

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

Dental Insurance – Cigna Total DPPO Plan

Monthly Cost

Tier of Coverage	Retiree Cost
Retiree Only	\$41.74
Retiree + 1 Dependent	\$78.31
Retiree + 2 or More Dependents	\$102.13

In-Network Benefits

The Cigna Total 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 Total Cigna DPPO network. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

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

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Cigna provider. Cigna 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 Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

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

Cigna | Customer Service: (800) 244-6224 | www.mycigna.com



Cigna Total DPPPO Plan At-A-Glance

Network	Total Cigna DPPPO	
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 Calendar Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 90% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Calendar Year)		
Complete X-rays (1 Per 36 Months)		
Bitewing X-rays (2 Per Calendar Year)		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 60% After CYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Periodontal Services		
Endodontics (Root Canal Therapy)		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 40% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum		\$1,500
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Total Cigna DPPPO (Cigna DPPPO Advantage and Cigna DPPPO) 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 retiree have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



Notes

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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