

City of Fellsmere



Open Enrollment

2008 / 2009



Group Insurance Eligibility

The City of Fellsmere's group insurance plan year is October 1st through September 30th. Employees who work a minimum of 30 hours a week are eligible to participate in the City's group insurance plans. For eligible new employees, coverage will be effective the first of the month following 30 days of employment. Example: if you are hired on January 11th, your coverage will be effective on May 1st. If you separate employment with the City, your insurance will continue through the end of the month in which the separation occurred.

Dependent Eligibility Requirements

A dependent is defined as the participant's legal spouse or an unmarried dependent child of the participant or the participant's spouse. The term "child" includes any of the following:

- ◆ A natural child.
- ◆ A stepchild.
- ◆ A legally adopted child.
- ◆ A foster child.
- ◆ A child for whom legal guardianship has been awarded to the participant or the participant's spouse.

***NEW!* Dependent children may now be covered to the end of the calendar year in which the child reaches the age of 25 if meeting ALL of the following:**

1. The child is dependent upon the policyholder for support, and
2. The child is living in the household of the policyholder, or the child is a full-time or part-time student.

***NEW!* Dependent children may be covered from the age of 25 to the end of the calendar year in which the child reaches the age of 30 if meeting ALL of the following:**

1. The child is unmarried with no dependents, and
2. The child is a resident of Florida or a full-time or part-time student, and
3. The child is otherwise uninsured and not entitled to Medicare.

Eligible employees who previously dropped coverage for a dependent because that dependent exceeded the previous age requirement (age 19 or 25) may elect to reinstate that dependent if he/she currently meets the new age requirement. You have until April 1, 2009 to make a written election to reinstate coverage, without proof of insurability. The plan may require the payment of a premium, as appropriate, subject to approval, for any period of coverage relating to a dependent's written election for coverage.

Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 30 if the dependent:

1. Is physically or mentally disabled, and
2. Coverage began prior to age 30, and
3. The dependent has continuously been insured on the group's plan.

Proof of disability will be required upon request.

Questions regarding the eligibility requirements for participation in the City's group insurance plans may be directed to Doris Lee in the Finance Department at (772) 571-1616.

Qualifying Events

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's, or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Doris Lee in the Finance Department at (772) 571-1616 within 30 days of the event. Beyond 30 days, additions will be denied and the employee may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent who continues to be enrolled but no longer meet the City's eligibility requirements. If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month in which the event occurred.

Examples of Qualifying Events Include:

- ◆ The birth / adoption / legal custody of a child
- ◆ A marriage
- ◆ A divorce
- ◆ A covered dependent is no longer eligible for coverage
- ◆ A dependent returns to full-time student status
- ◆ A spouse or dependent child dies
- ◆ An increase in your work hours from part-time to full-time
- ◆ A decrease in your work hours
- ◆ A spouse obtains / loses employment
- ◆ A child gains or loses coverage with an ex-spouse

Health Reimbursement Accounts

Eagles Benefits by Design
Customer Service: (800) 726-5603
Fax Number: (772) 334-7059
www.eaglesbenefits.com

Mailing Address:
2336 East Ocean Boulevard
Suite 301
Stuart, Florida 34996

The City will continue to provide each employee with a Health Reimbursement Account (HRA) for the 2008-2009 plan year. The City will fund each HRA in the amount of \$1,500 for all benefit eligible employees, whether enrolled in a group insurance plan or not, and \$750 for part-time employees. The HRA amounts are pro-rated for new hires becoming eligible for the City's employee benefits program outside of annual open enrollment. HRA funding is automatic and the accounts are administered by Eagles Benefits by Design.

2008 - 2009 HRA Funding
\$1,500 per Benefit Eligible Employee
\$750 per Part-Time Employee

The HRA funding allocations are not taxable to the employee and can be used to offset the cost of a wide variety of health related expenses incurred under the medical, dental, or vision insurance plans. Examples of these expenses include deductibles incurred for physician office visits, inpatient hospital stays, prescription drugs and other expenses that generate an out-of-pocket cost to the employee. Employees can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic). Generally, these expenses include any item allowable as a medical deduction on their Federal Income Tax Returns (except insurance premiums). However, participants may not claim these expenses as a medical deduction on their Federal Income Tax Returns if they elect reimbursement through their HRA.

How the HRA Works

- ◆ Employees are required to pay the cost (or copay) for the incurred expense at the time of service and then claim reimbursement from the employer funded HRA. Claim forms can be found in the Finance Department or printed online at www.myflexonline.com. Just download the form, complete all required information and attach the applicable receipts or explanation of benefits (EOB). You can either fax or mail your claim to Eagles Benefits by Design.
- ◆ Reimbursement checks will be issued to the employee throughout the year for incurred expenses up to the maximum annual benefit amount. You also have the option of having your reimbursement deposited directly to your checking account. The ACH direct deposit form is online at www.myflexonline.com with the claims form for your convenience.
- ◆ All claims must be filed within 90 days after the end of the plan year (September 30, 2009) or 30 days from the date you become ineligible to file for expenses incurred while you were a participant during the plan year.
- ◆ Any unclaimed funds in the participant's HRA 90 days after the close of the 2008-2009 Plan Year will be transferred into a Retirement Health Savings (RHS) account for the employee. RHS plan information is available in the Finance Department.



Health Insurance

BlueCross BlueShield of Florida
Customer Service: (800) 322-2808
www.bcbsfl.com

The City will be offering the BlueOptions PPO Plan 3068/3069 through BCBS for the 2008/2009 Plan Year. The BlueOptions plan does not require you to select or coordinate your care through a primary care physician. For services received in- or out-of-network, you are first required to satisfy a deductible before plan benefits begin. However, the deductible is waived and coverage is provided at 100% for preventative services (see your BCBS enrollment materials for a listing of preventative services).

2008-2009 Health Insurance Premiums	
Coverage Tier	Per Pay Period
Employee	\$0.00
Employee + Spouse	\$64.31
Employee + Child(ren)	\$50.57
Employee + Family	\$144.20

Once your deductible is satisfied, your coinsurance responsibility will depend on whether the services you receive are from in- or out-of-network providers. The BlueOptions Plan 3068/3069 provides 100% coverage for in-network services once your calendar year deductible is met. For out-of-network services, the percentage of coinsurance the plan pays will be based on BCBS' discounted fee for that particular service. However, out-of-network services may also be subject to balance billing which is the difference above BCBS' negotiated fee and that provider's own fee for any particular service. Payments you make toward your in-network deductible do not apply towards your out-of-network deductible; they are two separate deductibles.

MyBlueService

MyBlueService is BCBS' member self-service website. This website provides you with 24-hour access to many self-service choices and other health related information. Log on to www.bcbsfl.com and select MyBlueService to:

- ◆ Verify your personal information
- ◆ Review your coverage
- ◆ View your claims
- ◆ Request information
- ◆ Download forms
- ◆ Search frequently asked questions
- ◆ Find a provider
- ◆ Learn about BCBS discount programs such as vision, hearing, etc.

BlueComplements

BCBS has included a program of discounted products and value-added services called BlueComplements. As a BCBS member, BlueComplements is available to you automatically at no additional cost. Members can log on to www.bcbsfl.com and select Discount Programs, BlueComplements to learn more about a variety of discount programs including:

- ◆ **EyeMed: Discounts on Vision Care:** Receive comprehensive vision care with significant savings on eye exams and eyewear. For more information, call toll-free at (800) 793-8622.
- ◆ **HEARx: Discounts on Hearing Products:** Receive free hearing examinations and a savings of 25% off the retail price of any hearing aid purchased at HEARx centers, or special promotional prices that provide even greater savings. For more information, call toll-free at (800) 731-3277.
- ◆ **TruVision: Contact Lens Mail Order Service:** Prices on average are 15% lower than other national contact lens mail-order programs. For more information, call toll-free at (877) 793-8622.

Health Dialog

Looking for answers to general health and prevention questions? Interested in education and support for significant medical issues and available treatment option? Members can log on to www.bcbsfl.com and select Health & Wellness to obtain health and wellness related information and support through:

- ◆ **Health Coaches:** Speak privately with experienced, licensed health care professionals, including registered nurses, dieticians and respiratory therapists, 24 hours a day, 7 days a week.
- ◆ **Web-based Information Tools:** Operated and maintained by Health Dialog with over 27,000 pages of up-to-date, in-depth information on more than 1,900 clinical topics including medical tests and medications.
- ◆ **Free Audio, Video, and Printed Information:** A Variety of information on specific health conditions to help you weigh the risks and advantages of treatment options.



Health Insurance

Summary of Benefits	BlueOptions PPO Plan 3068/3069	
Calendar Year Deductibles (CYD)	In-Network	Out-of-Network
Single	\$2,100	\$4,200
Family	\$4,200	\$8,400
Additional Hospital Deductible	\$0	\$0
The CYD Must be Satisfied for Coverage to Begin		
Out-of-Pocket Calendar Year Maximum	In-Network	Out-of-Network
Single	\$2,100	\$8,400
Family	\$4,200	\$16,800
Physician Services	In-Network	Out-of-Network
Primary Care Physician (per visit)	100% After CYD	80% After CYD
Specialist (per visit)	100% After CYD	80% After CYD
Allergy Injections	100% After CYD	80% After CYD
Well Child Examination	No Charge	80% After CYD
Adult Wellness Benefit	No Benefit Maximum Limitation	
Laboratory Services	100% After CYD	80% After CYD
Hospital Services	In-Network	Out-of-Network
Inpatient Hospital/Mental Health	100% After CYD	80% After CYD
Physician Services Rendered @ Hospital	100% After CYD	80% After CYD
Outpatient Hospital	100% After CYD	80% After CYD
Emergency Room	100% After CYD	80% After CYD
Ambulance	100% After CYD	80% After CYD
Outpatient Therapy	100% After CYD	80% After CYD
Prescription Drugs	In-Network	Out-of-Network
Generic	100% After CYD	Not Covered
Preferred Brand	100% After CYD	Not Covered
Non Preferred Brand	100% After CYD	Not Covered
Lifetime Maximum	\$5 million	



Dental Insurance

BlueCross BlueShield

Customer Service: (877) 203-9921

www.bcbsfl.com

The City offers the BlueDental PPO dental plan through BCBS as administered by Florida Combined Life (a subsidiary of BCBS). The PPO plan combines the freedom of choice with the savings of managed care. Once you satisfy your deductible, the plan then pays coinsurance for services received in-network based on BCBS' negotiated fee schedule (deductibles are waived for Preventative Services). The type of dental service you receive will determine your coinsurance responsibility percentage as listed in the Summary of Benefits table below. To obtain a complete list of covered services and your coinsurance responsibility, contact BCBS' customer service.

2008-2009 Dental Insurance Premiums	
Coverage Tier	Per Pay Period
Employee	\$0.00
Employee + Spouse	\$15.90
Employee + Child(ren)	\$15.19
Employee + Family	\$31.09

The PPO plan also provides a benefit if you visit a dentist not in the BCBS network. Your out-of-network coinsurance responsibility will also be based on BCBS' negotiated fee schedule but out-of-network providers may also "balance bill" which is the difference above BCBS' negotiated fee and that provider's own fee for any particular service.

Summary of Benefits	BlueDental PPO Plan	
Calendar Year Maximum	In-Network	Out-of-Network
Per Covered Member	\$1,000	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network
Per Covered Member	\$50	\$100
Per Family	\$150	\$300
Waived for Preventative Services?	Yes	Yes
Preventive Services	In-Network	Out-of-Network
Oral Exams	100%, No Deductible Required	80% After CYD, Subject to Balance Billing
Cleanings		
Bitewing X-rays		
Basic Services	In-Network	Out-of-Network
X-rays (Intraoral / Complete Series / Panoramic)	80% After CYD	50% After CYD, Subject to Balance Billing
Sealants		
Amalgam Restorations (Silver Fillings)		
Resin-Based Restorations		
Root Canal Therapy		
Periodontic Treatment		
Extractions: Routine & Surgical		
Major Services	In-Network	Out-of-Network
Crowns: Single Restorations	50% After CYD	40% After CYD, Subject to Balance Billing
Dentures		

Always be sure to consult with your dental provider PRIOR to receiving services to ensure your services are covered and to obtain a cost estimation.



Vision Insurance

VisionCare Plan

Customer Service: (800) 865-3676

www.visioncare.com

The City offers the VisionCare vision plan. The VisionCare plan offers you and your family a benefit option that covers all routine eye care, including eye exams and eyeglasses (lenses and frames) or contact lenses. As one of the nation's largest prepaid vision programs, VisionCare has a national network of thousands of eye doctors.

2008-2009 Vision Insurance Premiums	
Coverage Tier	Per Pay Period
Employee	\$0.00
Employee + 1 or More Dependents	\$6.18

Seeing a network eye doctor offers you the convenience of having your eye exam and materials (frames and lenses) paid in full by the plan, except for your deductibles: **\$15 for an eye exam** and **\$25 for materials**. You have no out-of-pocket expenses (except for copays) unless you also choose cosmetic options.

If you prefer, you may visit a non-network doctor. If you do, you will pay the doctor's regular charges and the plan will reimburse you according to the plan's non-network benefit schedule. However, you should know that there is no guarantee that the scheduled benefit will cover the full cost of your eye exam or glasses.

Using your Network Doctor

Before you make an eye appointment you can request a Benefit Form in a number of ways: by calling customer service, accessing the website, or by faxing a request to (800) 421-0100. You will be sent a personalized Benefit Form that outlines your VisionCare benefits, along with a list of network doctors for your area. Then schedule an appointment with the doctor of your choice. Give the Benefit Form to the doctor during your visit. The doctor will provide all the services listed on your Benefit Form and bill VisionCare directly. You will be responsible for the applicable copay at the time of your visit as well.

Service Frequency	
Vision Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 24 months



Life Insurance

Assurant

Customer Service: (800) 733-7879

www.assurantemployeebenefits.com

Basic Term Life

At no cost to the employee, the City provides basic term life insurance for all eligible employees through Assurant. Employees are provided a benefit amount equal to one times annual salary not to exceed \$150,000.

Accidental Death & Dismemberment

Also at no cost to the employee, the City provides Accidental Death & Dismemberment (AD&D) insurance which pays in addition to the basic life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the basic term life benefit amount and a partial benefit is also payable based on the schedule below.

<p>100% of the AD&D benefit will be paid for the loss of:</p> <ul style="list-style-type: none"> ◆ Life (accidental); or ◆ Both hands or both feet; or ◆ Sight of both eyes; or ◆ Any two or more; one foot, one hand, or the sight of one eye.
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<p>One half the AD&D benefit will be paid for the loss of:</p> <ul style="list-style-type: none"> ◆ One hand; or ◆ One foot; or ◆ Sight of one eye; or ◆ Thumb and index finger of the same hand.
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Beneficiary forms are available in the Finance Department.



Supplemental Insurance - AFLAC

AFLAC

Agent: John Martin

Telephone: (772) 532-1362

www.aflac.com

(claims assistance: www.myclaimhelp.com)

The City offers a variety of supplement insurances through AFLAC. AFLAC plans may be purchased separately on a voluntary basis and premiums payroll deducted. AFLAC pays money directly to you, regardless of what other insurance plans you may have. A description of each available plan has been provided by AFLAC below.

- ◆ **Personal Cancer Indemnity Plan:** When a covered person is diagnosed with internal cancer, this plan provides benefits for hospital confinement, radiation, and chemotherapy, Cancer Screening Wellness benefit, plus much more. In addition, AFLAC will pay a First-Occurrence Benefit when a covered person is first diagnosed with internal cancer.
- ◆ **Personal Accident Indemnity Plan:** AFLAC will pay emergency treatment, follow-up treatments, initial hospitalization, hospital confinement, physical therapy, accidental death, wellness benefit plus....much more to help cover the expenses associated with an accidental injury.
- ◆ **Personal Disability Income Protector:** AFLAC's Short Term Disability plan helps you with lost income if you become disabled due to off-the-job accidents or sickness, including maternity. You have the choice of monthly benefit amount (based on your annual income), elimination period, and how long the benefit pays (from 3 months to 24 months).
- ◆ **Life Protector:** Life insurance is not "what if" insurance, but "when." Protect your loved ones with the money they will need in your absence. 10, 20 and 30-Year Term, Whole Life and Term to 25 policies are now available. Face amounts are now available for up to \$200,000. You can also provide policies for your spouse, child(ren) and grandchildren.

To learn more about these AFLAC plans and/or schedule a personal appointment, contact the City's AFLAC Agent, John Martin, at (772) 334-3995.



11505 Fairchild Gardens Avenue, Suite 202

Palm Beach Gardens, FL 33410

Telephone: (561) 626-6797

Toll Free: (800) 244-3696

Fax: (561) 626-6970

www.gehringgroup.com