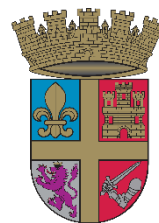




# 2025 - 2026 Benefits Guide

Effective 10/1/2025 – 9/30/2026



CITY OF  
**ST AUGUSTINE**  
— EST. 1565 —



# Benefits to Support You and Your Families

We offer a comprehensive health care program to meet the needs of you and your family. This guide provides information to help you make your enrollment decisions. During benefits enrollment, you have the opportunity to review your coverage needs, consider the benefits plans available to you and select those that will provide the most value to you and your family.

This guide also helps in identifying ways you can save money. Be sure to review the plans in this guide to ensure you select the plans that will best meet your needs and financial goals.





# Table of Contents

4	Employee Benefit Summary
6	Benefit Enrollment Checklist
7	Enrollment Basics
9	Medical and Prescription Drugs
14	Plan Premiums
15	Vital Medication Program
17	Health & Well-Being Resources
19	Health Savings Account (HSA)
20	Dental Benefits
22	Vision Benefits
23	Life and AD&D
24	Optional Life
25	Voluntary Benefits
27	Long-Term Disability
28	Employee Assistance Program
29	Legal Shield & Identity Theft
30	Key Terms to Know
31	Federal Notices
34	Key Contacts

# Employee Benefit Summary

All full-time employees are eligible for the following benefits:

## MEDICAL

- **Medical** coverage is offered through UnitedHealthcare.
- **24/7 Virtual Visits** are offered at a \$0 cost share.
- **Vital Medication** program includes preferred brand and generic medications at \$0 cost share.
- **Earn up to \$1,000** through UHC Rewards by reaching daily goals and completing one-time well-being activities. Available for the high-deductible plan.

## HEALTH SAVINGS ACCOUNT

- If you choose to enroll in the high-deductible medical plan, you will be offered an HSA through Optum Bank.
- The City will match up to \$300 of wellness earned through UHC and contribute the funds to your HSA.

## DENTAL & VISION

- **Dental** coverage is provided through UnitedHealthcare, at no cost to you for employee-only coverage. You also have the option to buy up for additional dental coverage including orthodontics.
- **Vision** coverage is provided through UnitedHealthcare, at no cost to you for employee-only coverage.
- Receive discounts across various products, including electric toothbrushes, blue-light screen filters, and laser vision correction procedures.

## LIFE

- **\$50,000** of life insurance coverage is provided through Sun Life, at no cost to you.
- Employees at Pay Grade 20 & above are also eligible for coverage of annual salary plus \$10,000, at no cost to you.
- Coverage is effective the first of the month following 60 days of employment.

## LONG-TERM DISABILITY

- Long-term disability coverage is offered through United Healthcare, at no cost to you for employee-only coverage.
- Receive 60% of covered monthly compensation, at the time the disability commenced, less Social Security, worker's compensation, pension and all other income from general sources.
- Benefits begin after 3 months of disability.
- Coverage ends when you enter DROP.

## VOLUNTARY BENEFITS

- You can elect the following voluntary benefits, offered through American Fidelity: Accident, Cancer, Critical Illness, GAP, Short-Term Disability.
- Additionally, you can elect additional Term or Whole Life insurance through American Fidelity.

# Employee Benefit Summary

In addition to the benefits listed, the following are provided to **full-time employees**:

HOLIDAYS	VACATION
<ul style="list-style-type: none"><li>• Employees are eligible for thirteen paid holidays per year.<ul style="list-style-type: none"><li>• New Year's Day</li><li>• Martin Luther King Day</li><li>• Presidents Day</li><li>• Good Friday</li><li>• Memorial Day</li><li>• Juneteenth</li><li>• Independence Day</li><li>• Labor Day</li><li>• Veterans Day</li><li>• Thanksgiving Day</li><li>• Day after Thanksgiving</li><li>• Christmas Eve</li><li>• Christmas Day</li></ul></li><li>• The City reserves the right to schedule work on holidays.</li><li>• Holidays worked by employees can be saved and added to your vacation accrual bank (see Vacation).</li></ul>	<ul style="list-style-type: none"><li>• Accrued on a biweekly basis, starting at 3.077 hours per bi-weekly pay period. Accruals are different for Police and Fire.</li><li>• Employees cannot use vacation leave until they have completed their probation period or at least 3 months of employment or per union contract.</li><li>• The maximum accrual allowed is 400 hours plus the employee's current year accrual. When an employee has reached the maximum hours, the payroll system will not allow any accrual to exceed that maximum. Police and Fire accrual maximums are higher, please refer to your union contract.</li><li>• NOTE: Holiday saved hours are added to vacation-hour balances.</li></ul>
	SICK LEAVE
	<ul style="list-style-type: none"><li>• Accrued on a bi-weekly basis at the rate of 3.1 hours per biweekly pay period.</li><li>• Employees cannot use sick leave until they have completed their probation period or at least 3 months of employment or per union contract.</li><li>• At resignation with two week notice or retirement from employment, non-probationary employees is paid for any accrued vacation and sick leave not used, per City policy.</li></ul>

The preceding information is intended as a general summary of the benefits currently available to City employees. Actual application and interpretation of the benefits provided are subject to the current practice, City policies, insurance and plan documents.

The City of St. Augustine reserves the right to modify, change, terminate or add to these plans, policies and programs based on periodic review and in accordance with collective bargaining requirements, if any.

# Benefits Enrollment Checklist

## BEFORE ENROLLING

- Take the time to educate yourself on all of the benefit options that are available to you by reviewing this benefits guide carefully as you consider your plan choices.
- Prepare a list of your doctors and prescriptions.

## DURING ENROLLMENT

- Make your elections **prior to 45 days before** your eligibility date.
- If you do not make elections, then you may not be able to enroll and/or make changes to your benefits until the next Open Enrollment period.

## AFTER ENROLLMENT

- Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you **or enroll on the UnitedHealthcare app to always have a digital card** so you can present it when receiving health care services or supplies.
- Medical coverage: If you elect coverage, you will receive an ID card in the mail that you should use for all medical and prescription services.
- Dental & Vision coverage: If you elect coverage, you will not receive a physical ID card, but you always have access via the mobile UnitedHealthcare app. Furthermore, coverage will be tied to the employee's social security number. Be sure to give this to your provider at time of service.

For more helpful benefit resources visit:  
<https://benefits.mbaileygroup.com/cityofstaug>

# Enrollment Basics

## WHO YOU CAN COVER

In order to be eligible to enroll in the benefits we provide, you or your dependents must meet the following eligibility criteria:

### Employees

Must be a regular, full-time employee.

### Spouse

The person to whom you are legally married. Under no circumstances may ex-spouses be covered by an employee. Spouses are eligible for coverage until age 65.

### Dependent child(ren)

Children up to age 26 (eligible through December 31 following the child's 26th birthday).

Over-age dependents ages 26-30 (eligible only for medical, dental and vision coverage, through December 31 following the child's 30th birthday) who are:

- Unmarried AND have no dependents of their own AND are dependent on the employee for financial support; and
- Not offered coverage through another group or individual plan; and
- Not entitled to benefits under Title XVIII of Social Security Act; and
- Resident of Florida or are full or part-time students

### Newborn children of covered dependent children (under the age of 26)

A newborn child of a covered dependent child (under the age of 26) is eligible for medical coverage for the first 18 months, as long as the newborn's parent also remains covered.

### Disabled dependents

Dependents who become disabled before age 26 and rely on you for support may be eligible.

## WHEN YOU CAN ENROLL

### After you are hired

Your coverage begins the first day of the month, following **60 days of employment**. You must submit your benefits elections and upload all required documentation 45 days prior to your coverage effective date.

### During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective October 1, 2025 - September 30, 2026.

## Mid-year changes

You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of and consistent with the qualified life event that occurred.

Mid-year change requests and supporting documentation must be submitted within 30-days of the date of the event. It is best to request changes 30 days prior to coverage date change, so payroll deductions can be updated.

### EXAMPLES OF QUALIFIED LIFE EVENTS:

- Birth, adoption, legal guardianship or placement for adoption
- Marriage, divorce or annulment
- Death of a dependent
- Gain or loss of other creditable coverage
- Dependent no longer eligible based on aged or eligibility as outlined above.

### How to make mid-year changes to your benefits if you've experienced a qualified life event

- **Contact Human Resources and complete and submit an insurance change form.**
- Supporting documentation should be submitted to human resources at the time the change is requested
- **If you do not request the change and provide the necessary documentation within 30 days, you will have to wait until the next Open Enrollment to make the change, and it will not be effective until October of 2026**





# Medical and Prescription Drugs

Your medical coverage is administered through **UnitedHealthcare**. You'll have access to a broad network of doctors and hospitals, providing you with quality care and significant savings in comparison to receiving services out-of-network.

Your pharmacy benefits are provided through **UnitedHealthcare**. You may purchase up to a 30-day supply of covered drugs when you fill your prescription at a participating retail pharmacy. You can use the mail order pharmacy program if you use a maintenance medication, such as those for blood pressure or cholesterol. The mail order pharmacy program offers up to a 90-day supply at a reduced cost to you.

## HIGHLIGHTS

- **Medical Insurance now includes two options to choose from:**
  - **Option A – High-Deductible Health Plan with a Health Savings Account**
  - **Option B – NO Deductible Health Plan, called “Surest” with copays**
- **Vital Medication** program includes preferred brand and generic medications at **\$0 cost share**.
- **24/7 Virtual Visits** provide a quick and convenient way to receive care with a **\$0 cost share**.
- **On the High-Deductible plan: Earn up to \$1,000 through UHC Rewards** by reaching daily goals and completing one-time activities – from tracking daily steps, active minutes and sleep, completing a biometric screening, health survey and more.
- Access many digital tools, including [www.myuhc.com](http://www.myuhc.com) and mobile applications.



## Option A

### Summary of Benefits

High deductible – HSA Plan	MEDICAL PLAN	
MEDICAL BENEFITS	In-Network	Out-of- Network
<b>Calendar Year Deductible</b> Per Individual Family (Embedded)	\$3,500 \$7,000	\$5,000 \$10,000
<b>Out-of-Pocket Maximum</b> Per Individual Family Aggregate	\$7,000 \$14,000	\$10,000 \$20,000
<b>Coinsurance (% the plan pays / you pay)</b>	80% / 20%	50% / 50%
<b>Preventive Services</b>	\$0	\$0
<b>Office Visits</b> Virtual Visits Primary Care Physician Specialist	\$0 Ded + Coinsurance Ded + Coinsurance	Not Covered Ded + Coinsurance Ded + Coinsurance
<b>Urgent Care</b>	Ded + Coinsurance	Ded + Coinsurance
<b>Emergency Room</b>	Ded + Coinsurance	In-Network Ded + Coinsurance
<b>Inpatient Hospital</b>	Ded + Coinsurance	Ded + Coinsurance
<b>Outpatient Hospital</b>	Ded + Coinsurance	Ded + Coinsurance
<b>Outpatient Diagnostic Tests</b> DDP Non-DDP	Ded + Coinsurance Ded + 50%	Ded + Coinsurance Ded + Coinsurance
PRESCRIPTION BENEFITS		
<b>Retail Pharmacy</b> Generic / Preferred Brand / Non-Preferred Brand / Specialty	CYD, then \$4 / \$30 / \$75 / \$150	CYD, then \$4 / \$30 / \$75 / \$150
<b>Mail Order (90-day supply)</b> Generic / Preferred Brand / Non-Preferred Brand / Specialty	CYD, then \$10 / \$75 / \$187.50 / \$375	Not Covered

## Option B

### Summary of Benefits

#### SUREST NO-DEDUCTIBLE/COPAY PLAN NOT Compatible with HSA

#### MEDICAL PLAN

MEDICAL BENEFITS	In-Network	Out-of- Network
<b>Calendar Year Deductible</b>	<b>\$0 Deductible</b>	
<b>Out-of-Pocket Maximum</b> Per Individual Family Aggregate	\$9,000 \$18,000	\$18,000 \$36,000
<b>Coinsurance (Plan Paid)</b>	100%	
<b>Preventive Services</b>	\$0	\$0
<b>Office Visits</b> Virtual Visits Primary Care Physician Specialist	\$0 \$50 - \$160 \$50 - \$160	Up to \$340 \$215 \$215
<b>Urgent Care</b>	\$110	\$200
<b>Emergency Room</b>	\$1,000	\$1,000
<b>Inpatient Hospital</b>	\$400 - \$5,500	Up to \$13,000
<b>Outpatient Hospital</b>	\$80 - \$5,500	Up to \$13,000
<b>Outpatient Diagnostic Tests</b> Routine Diagnostic Test (X-ray, Lab, Ultrasound) Advanced Tests Complex Imaging (MRI, CT, etc.)	\$0 \$40 - \$1,600 \$200 - \$1,300	\$0 Up to \$2,850 Up to \$1,650
<b>PRESCRIPTION BENEFITS</b>		
<b>Retail Pharmacy</b> Generic / Preferred-Brand / Non-Preferred Brand / Specialty	\$20 / \$90 / \$150 / \$200-\$500	Not Covered
<b>Mail Order (90-day supply)</b> Generic / Preferred Brand / Non-Preferred Brand / Specialty	\$50 / \$225 / \$375 / \$500	Not Covered



NEW!

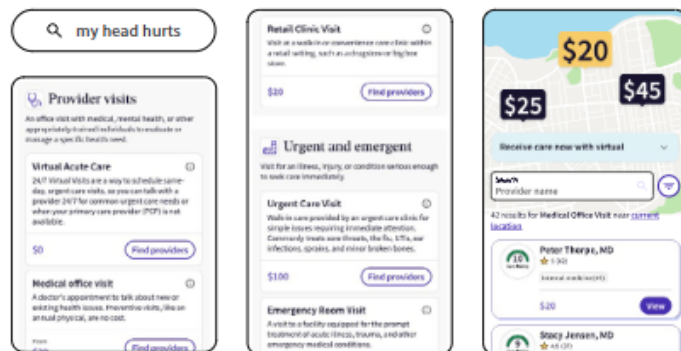


## Shop for care with the Surest Medical Plan.

Download the Surest app, or visit **Benefits.Surest.com** to search for care and supplies, and see the prices before you get them.

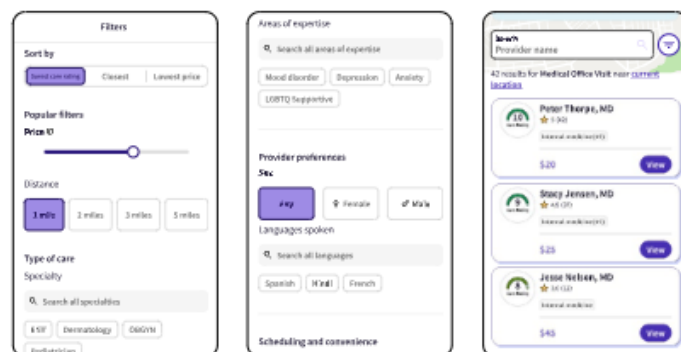
### 1 Search

- From the search bar, type in your condition, or symptoms like “my head hurts”
- Results will show care options for you to consider
- Select a doctor or location to see the copay
- You can also search by provider name to see prices and if they’re in-network



### 2 Compare

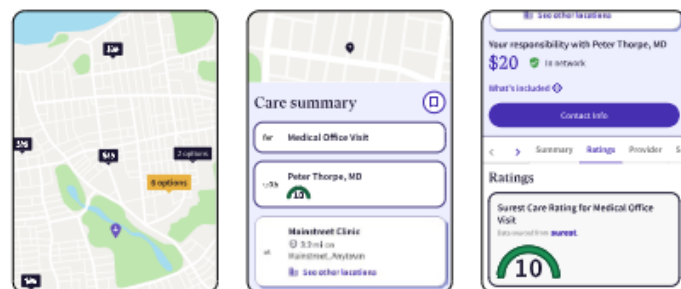
Turn on filters like specialty, gender, and distance to find care that suits you. With Surest Care Ratings, we evaluate providers based on their past performance and give them a higher rating—and lower copay—to help you find high-value care.



### 3 Decide

By seeing providers, locations, and costs in advance, you can make more informed decisions about care that fits your lifestyle and budget.

- View a map of provider listings to see upfront prices and nearby locations.
- Select the provider you want and see scheduling info.



Illustrative example only. Costs and coverage may vary.

Before you choose, you may preview the Surest plan offered to you by the City with your providers with the link here



## Check prices

[surest.com/plan?accesscode=FIFL252517Alt3](https://www.surest.com/plan?accesscode=FIFL252517Alt3)

<https://www.surest.com/plan?accesscode=FIFL252517Alt3&slide=1>

# If you Enroll in Surest



If you enroll in Surest, you need to download the Surest app and register for your account. See instructions below! In the app, you can see cost and care options, resources, and claims.

1

## First things first:

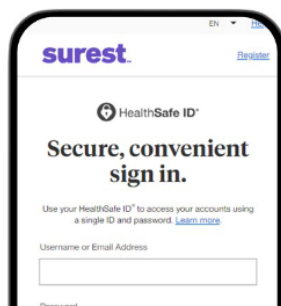
Download the free Surest app below or go to [Benefits.Surest.com](https://Benefits.Surest.com).



2

**Next**, register your Surest account using HealthSafe ID® (HSID). If you already have an HSID you don't need to create a new one.

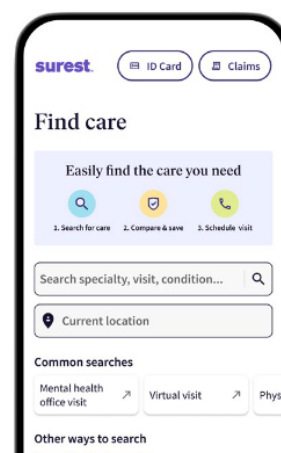
1. Provide your first and last name, date of birth, Surest member ID number, or Social Security number.
2. Create sign-in credentials.
3. Set up a recovery device.



3

## Finally, the fun part:

Log in to your Surest account using your HSID credentials to shop and compare health care options—and find ways to save.

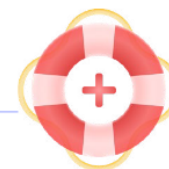


**Pro tip:** Once your account is created, you'll be prompted to set up communication preferences to get timely updates and information about your health plan and claims.

## Get to know HealthSafe ID.

HealthSafe ID® (HSID) adds another layer of security to your account by using dual-factor authentication.

For added convenience and simplicity, **your HSID username and password are the same across UnitedHealthcare, Surest, and Optum benefits.** If you already have an HSID through any of these benefits, you don't need to create a new one. If you forgot your password—we can help you with that. Just reach out.



## Questions?

Member Services is available online via chat and email or by calling the number on the back of your Surest member ID card.

## IMPORTANT TO KNOW

### What it means to stay "in-network" and why it saves you money

Think of it this way: in-network is about getting health care from the broad range of providers who are part of your health plan. So, for in-network, that means a group of doctors, hospitals, and other health care providers have agreed to give you discounted rates because you're a **UnitedHealthcare** member.

They negotiate for you, so, you'll have less out-of-pocket costs when you get care. And they can't send you a bill for more than what has been agreed to - this is called balance billing and you're safe from it, as long as you stay in-network.

If you are already enrolled, please log into [www.myuhc.com](http://www.myuhc.com) or visit the United Healthcare app for information on in-network providers. If you are not currently enrolled, you may search for providers by visiting [www.myuhc.com](http://www.myuhc.com), then select Find a Doctor. **Plan type = Choice Plus.**

Your employee contributions for this plan year are based on your choice of plan and coverage tier. Listed below are per-pay-period costs for you and your dependents effective October 1, 2025 - September 30, 2026:

#### HIGH-DEDUCTIBLE HSA MEDICAL PLAN PREMIUMS

PER-PAY-PERIOD COSTS (bi-monthly)		
	City Paid	Employee Paid
Employee Only	\$251.56	\$0
Employee + Child(ren)	\$393.50	\$60.83
Employee + Spouse	\$501.61	\$107.17
Employee + Family	\$662.13	\$175.96

#### SUREST NO-DEDUCTIBLE/COPAY MEDICAL PLAN PREMIUMS

PER-PAY-PERIOD COSTS (bi-monthly)		
	City Paid	Employee Paid
Employee Only	\$253.88	\$0
Employee + Child(ren)	\$397.12	\$61.39
Employee + Spouse	\$506.24	\$108.15
Employee + Family	\$668.24	\$177.58



# Vital Medication Program

If you are enrolled in either of the City's medical plans, the following drugs will be a **\$0 cost share**.

Please note, this list may not be all-inclusive and is subject to change throughout the year. Visit the website listed on your plan's member ID card for the most up-to-date coverage or talk to your doctor about ordering through Optum.

Therapeutic Drug Classes	Requirements & Limits
<b>Asthma</b>	
albuterol HFA (generic ProAir HFA, generic Proventil HFA, Ventolin HFA)	QL
albuterol nebulized solution (generic Proventil)	QL
<b>Diabetes - Insulin<sup>1</sup></b>	
<b>Humalog cartridge, KwikPen</b>	QL
<b>Humalog Junior KwikPen</b>	QL
<b>Humalog mix 50/50 KwikPen, vials</b>	QL
<b>Humalog mix 75/25 KwikPen, vials</b>	QL
<b>Humulin 70/30 KwikPen, vials</b>	QL
<b>Humulin N KwikPen, vials</b>	QL
<b>Humulin R KwikPen, vials</b>	QL
<b>Insulin Lispro Junior KwikPen (unbranded Humalog Junior KwikPen)</b>	QL
<b>Insulin Lispro KwikPen, vials (unbranded Humalog)</b>	QL
<b>Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded Humalog Mix 75/25 KwikPen)</b>	QL
<b>Lantus SoloStar, vials</b>	QL
<b>Lyumjev KwikPen, vials</b>	QL
<b>Toujeo Max SoloStar</b>	QL
<b>Toujeo SoloStar</b>	QL

Therapeutic Drug Classes	Requirements & Limits
<b>Hypoglycemia</b>	
<b>Baqsimi</b>	QL
glucagon (generic Glucagon Kit)	QL
<b>Gvoke</b>	QL
<b>Zeglogue</b>	QL
<b>Opioid overuse</b>	
<b>Kloxxado nasal spray</b>	QL
naloxone nasal spray (generic Narcan) <sup>2</sup>	QL
naloxone injection (generic Narcan) <sup>1</sup>	QL
<b>Narcan nasal spray<sup>2</sup></b>	QL
<b>Opvee</b>	QL
<b>Rextovy</b>	QL
<b>RiVive<sup>2</sup></b>	
<b>Zimhi</b>	QL
<b>Allergic reactions</b>	
<b>Auvi-Q</b>	QL
epinephrine (generic Adrenaclick, generic EpiPen)	QL
epinephrine (generic EpiPen Jr)	QL

<sup>1</sup>Syringes and needles used for the administration of these Vital Medications may also be covered at \$0.

<sup>2</sup>Includes over-the-counter when processed through the pharmacy benefit at a participating pharmacy.

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**QL = Quantity Limits**—Specifies the largest quantity of medication covered per copayment or in a defined period of time.

WHERE TO GO WHEN YOU NEED CARE

It can be hard to know where to go for medical care – especially in the heat of the moment. But not every situation calls for a trip to the emergency room.

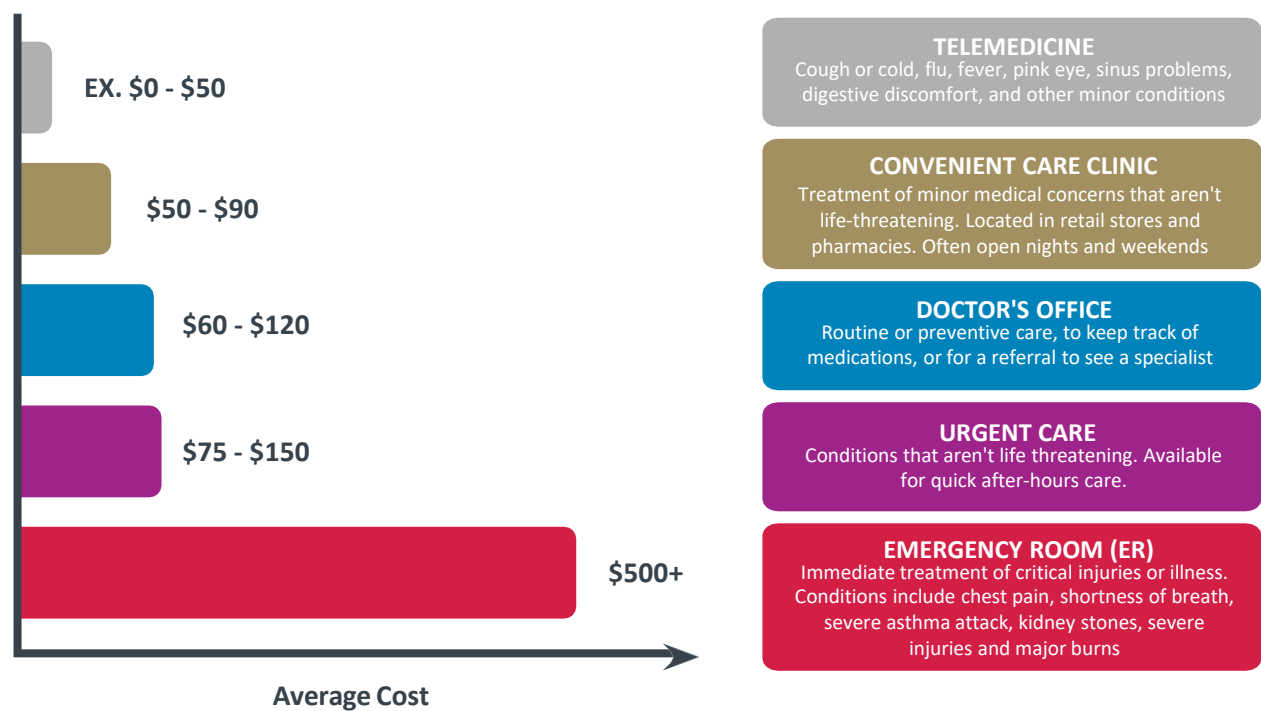
Telemedicine is a great first option

When you need care (and it isn't a true emergency like one of the conditions listed below), call **UnitedHealthcare 24/7 Virtual Visits**. Their doctors can advise you on what to do next. They may even be able to help you resolve or stabilize the situation right there on the spot.

Nobody knows you better than your physician

Your physician has access to your records, knows the bigger picture of your health and may even offer same-day appointments to meet your needs.

When seeing your physician isn't possible, however, it's important to know your options for care that fits your specific needs or situation.



Services rendered will be subject to the deductible or copay depending on the plan you choose. The charges will reflect negotiated rates between UnitedHealthcare and the provider.

# Health and Well-Being Resources

We are dedicated to helping you and your family be healthy and fit. As a covered member, you and your covered dependents have access to the following benefits and resources.

## PREVENTIVE CARE

One of the best ways to stay healthy and mitigate health risks is to follow established guidelines around preventive care, including check-ups, screenings, and immunizations. Your medical, dental, and vision plans cover in-network **eligible well care visits**, screenings and immunizations at **no cost** for you and your covered family members.

If you use out-of-network providers, deductibles and coinsurance apply.

## VIRTUAL VISIT

If you have a cold, sore throat, sinus problem or other benign condition, you may be able to skip the doctor's office and receive expert care from the comfort of home. This virtual visit benefit allows you to video conference with a doctor using either your mobile device or computer. If a prescription is needed, the doctor will send the script to the pharmacy of your choice. And best of all – **there is no charge for a 24/7 Virtual Visit** through the myuhc.com website or app.

To learn more, visit [www.myuhc.com](http://www.myuhc.com) online or the UnitedHealthcare app. Please note that visits with your private doctor through their webservices are NOT considered a “virtual visit” and may incur a fee.

## ONLINE AND MOBILE RESOURCES

You can stay on top of your benefits anywhere you go thanks to the mobile apps and websites our benefit carriers provide. These tools give you the ability to:

- Find a provider and care
- Download an ID card
- Check your benefits and review your claims
- Compare costs and access discounts
- Contact customer support

## VITAL MEDICATION PROGRAM

**Preferred brand and generic medications are delivered at a \$0 cost share.**

Categories of medications include Allergic reactions, Asthma, Hypoglycemia, Insulins, and Opioid overuse. The medications may need to be ordered through Optum. Talk to your health care provider who can assist you with this process.

## ONE PASS SELECT

Access thousands of gym locations without long-term contracts or annual gym registration fees with the One Pass Select subscription-based program.

You can choose between 5 different tier levels and cancel at any time (30 days notice required). The digital tier starts at \$10/month to access over 23,000 classes. Visit [www.onepassselect.com](http://www.onepassselect.com) to view the full network of available gyms and studios.

## REAL APPEAL

Real Appeal is a personalized program designed to help employees achieve their weight goals.

Receive a success kit and then tap into a health coach, group classes, and digital support and tracking.



## UHC REWARDS – High-Deductible Plan

UnitedHealthcare Rewards is a program where employees can earn dollars for reaching daily goals and completing one-time activities.

- You can start earning rewards by activating UHC Rewards from the UnitedHealthcare app or your [www.myuhc.com](http://www.myuhc.com) account.
- Choose activities that are right for you – from tracking daily steps, active minutes, and sleep to getting a flu shot, completing a biometric screening, health survey and more.
- Earn up to \$1,000 with multiple redemption options.
- **The City will match up to \$300 earned in UHC Rewards to put in your HSA Account.**

## EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is designed to help remove barriers to care by helping empower employees with appropriate resources. It provides:

- Unlimited, 24/7 access to an EAP specialist who can help in the moment.
- Access to over 299,000 network clinicians nationwide for in-person or virtual support.
- Legal assistance and financial coaching.

Call the member phone number on your health plan ID card and ask to speak to an EAP consultant or contact EAP directly 24/7 at 1-888-887-4114



Connect a Tracker	\$65
Take a Health Survey	\$25
Get a Biometric Screening	\$75
Complete a 24/7 Virtual Visit	\$30
Get your Annual Flu Shot	\$30
Complete your Annual Check up	\$50
Go Paperless	\$5
Daily Activity – Goal 1	\$0.75
Daily Activity – Goal 2	\$1.25
Fitness Challenge – Weekly Goal	\$5
Track Your Sleep Habits	\$10
Sleep Challenge – Weekly Goal	\$5

One-Time Actions    Repeating Actions

Earn up to  
**\$1,000!**

These rewardable activities that are available to you and your covered spouse.

# Health Savings Account (HSA)

If you enroll in the high-deductible medical plan, you should consider contributing to the HSA administered by **Optum Bank**. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged.

The **HSA contribution limits** for 2025 are \$4,300 for self-only coverage and \$8,550 for family coverage. The 2026 limits are \$4,400 for self-only coverage and \$8,750 for family coverage. **Those 55 and older can contribute an additional \$1,000 as a catch-up contribution.**

## WHY HAVE AN HSA?

- Contributions are tax deductible – both federal and social security and Medicare, which the latter two = 7.65%
- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax deferred, and if used to pay eligible expenses, are tax free
- Money not used at year end ‘rolls over’ for use the next year
- The balance in your HSA account can be invested

## ELIGIBILITY REQUIREMENTS

- Must be enrolled in a HDHP
- Must not be enrolled in Medicare or Tricare
- Must not be covered by other medical insurance(s) such as a Health Care FSA, HRA and other ‘first dollar’ coverage
- Must not have received VA medical benefits at any time in the past three months
- May not be claimed as a dependent on another individual’s tax return
- Spouse not contributing to/participating in a Health Care FSA through his/her employer

## DEBIT CARD

All HSA participants will receive an HSA debit card from **Optum Bank**. Your HSA card can be used to pay for qualified medical expenses billed from an insurance company, a physician’s office and pharmacies. Transactions with your HSA debit card are secure and will only work to purchase eligible and authorized items.

A full list of qualified expenses can be found in IRS Publication 502, at [www.irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

## EMPLOYER CONTRIBUTIONS

- You can put your wellness reimbursement money offered by the City directly into your account – no receipts, use the money as you need for medical expenses or save for future use.
- **The City will match up to \$300 in rewards dollars earned by UHC.**

# Dental Benefits

Your dental coverage is provided through **UnitedHealthcare**.

You may view your benefits, print an ID card and locate in-network dental providers by visiting [www.myuhc.com](http://www.myuhc.com).

## KEY FEATURES AND DETAILS

- There is no waiting period before services can be covered.
- Earn award dollars for visiting your dentist that help you pay for claims that go beyond your annual maximum. Unused award dollars can roll over each year (up to \$350!)



### IMPORTANT TO KNOW

#### Reimbursement schedule for your out-of-network benefits

Reimbursement for out-of-network dental providers allows **maximum allowable charge**.

Note that you can be balance billed from dental provider for any amount not reimbursed.

## IN-NETWORK

### General Provisions

Deductible (Individual / Family)  
Annual Maximum

\$50 / \$100  
\$1,000

### Diagnostic & Preventive

Dental Prophylaxis (Cleaning),  
Fluoride Treatment, Sealants,  
Space Maintainers, Lab and Other  
Diagnostic Tests

Covered 100%

### Basic Services

Restorations, Simple Extractions,  
Oral Surgery, Periodontics,  
Endodontics

Covered 80%

### Major Services

Inlays, Onlays, Crowns, Dentures,  
Bridges

Covered 50%

## OUT-OF-NETWORK

### General Provisions

Deductible (Individual / Family)  
Annual Maximum

\$50 / \$100  
\$1,000

### Diagnostic & Preventive

Dental Prophylaxis (Cleaning),  
Fluoride Treatment, Sealants,  
Space Maintainers, Lab and Other  
Diagnostic Tests

Covered 100%

### Basic Services

Restorations, Simple Extractions,  
Oral Surgery, Periodontics,  
Endodontics

Covered 80%

### Major Services

Inlays, Onlays, Crowns, Dentures,  
Bridges

Covered 50%

## EMPLOYEE COST PER-PAY-PERIOD

### Coverage Level

### City Paid

### Employee Paid

### Employee Only

\$11.50

\$0

### Employee & Child(ren)

\$20.85

\$4.01

### Employee & Spouse

\$20.27

\$3.76

### Employee & Family

\$29.62

\$7.77



# Dental Benefits Enhanced

Your dental coverage is provided through **UnitedHealthcare**.

You may view your benefits, print an ID card and locate in-network dental providers by visiting [www.myuhc.com](http://www.myuhc.com).

## KEY FEATURES AND DETAILS

- There is no waiting period before services can be covered.
- Orthodontic services are covered at 50%, up to a \$1,000 lifetime maximum, for all children, up to age 19.
- Earn award dollars for visiting your dentist that help you pay for claims that go beyond your annual maximum. Unused award dollars can roll over each year (up to \$350!)



**IMPORTANT TO KNOW**

### Reimbursement schedule for your out-of-network benefits

Reimbursement for out-of-network dental providers allows for 90<sup>th</sup> percentile of **Usual, Customary and Reasonable (UCR)**.

Note that you can be balance billed from dental provider for any amount not reimbursed.

IN-NETWORK			
General Provisions			
Deductible (Individual / Family)	\$50 / \$100		
Annual Maximum	\$1,500		
Lifetime Ortho Maximum	\$1,000		
Diagnostic & Preventive			
Dental Prophylaxis (Cleaning), Fluoride Treatment, Sealants, Space Maintainers, Lab and Other Diagnostic Tests	Covered 100%		
Basic Services			
Restorations, Simple Extractions, Oral Surgery, Periodontics, Endodontics	Covered 80%		
Major Services			
Inlays, Onlays, Crowns, Dentures, Bridges	Covered 50%		
Orthodontic Services			
Child Only (up to age 19)	Covered 50%		
OUT-OF-NETWORK			
General Provisions			
Deductible (Individual / Family)	\$50 / \$100		
Annual Maximum	\$1,250		
Lifetime Ortho Maximum	\$1,000		
Diagnostic & Preventive			
Dental Prophylaxis (Cleaning), Fluoride Treatment, Sealants, Space Maintainers, Lab and Other Diagnostic Tests	Covered 100%		
Basic Services			
Restorations, Simple Extractions, Oral Surgery, Periodontics, Endodontics	Covered 80%		
Major Services			
Inlays, Onlays, Crowns, Dentures, Bridges	Covered 50%		
Orthodontic Services			
Child Only (up to age 19)	Covered 50%		
EMPLOYEE COST PER-PAY-PERIOD			
Coverage Level		City Paid	Employee Paid
Employee Only		\$11.50	\$6.39
Employee & Child(ren)		\$20.85	\$17.83
Employee & Spouse		\$20.27	\$17.11
Employee & Family		\$29.62	\$28.55

# Vision Benefits

Your vision coverage is provided through **UnitedHealthcare**. When you utilize a provider that participates in the network, discounts will be greater and there are no claim forms necessary. Plan participants also have access to discounted lens upgrade options and Lasik eye surgery.

You may view benefits, print an ID card and search for in-network vision providers at [www.myuhc.com](http://www.myuhc.com).

## KEY FEATURES AND DETAILS

- Additional eye exam for ages 0 – 12 and pregnant or breastfeeding women.
- 20% discount on blue-light screen filters for devices through Eyesafe.
- Discounted laser vision correction procedures through LASIK, the largest LASIK manager QualSight in the US.

### IMPORTANT TO KNOW

#### Frequently asked questions

##### What is a benefit allowance?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%. If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

##### Can I get contacts AND glasses in the same calendar year?

No. You can only get contacts OR glasses in the same calendar year, not both.

IN-NETWORK		
<b>Eye Exams</b>		
Routine Eye Exam		\$10 copay
<i>Benefits may be redeemed every 12 months</i>		
<b>Lenses</b>		
Single Vision		Covered 100%
Lined Bifocal		Covered 100%
Lined Trifocal		Covered 100%
Lenticular		Covered 100%
<i>Benefits may be redeemed every 12 months</i>		
<b>Frames</b>		
<i>Benefits may be redeemed every 24 months</i>		
<b>Contact Lenses</b>		
Covered Formulary Contacts		Up to 8 boxes
Non-Formulary Contacts		Up to \$200
Necessary Contact Lenses		\$0
<i>Benefits may be redeemed every 12 months</i>		
OUT-OF-NETWORK		
<b>Eye Exams</b>		
Routine Eye Exam		N/A
<i>Benefits may be redeemed every 12 months</i>		
<b>Lenses</b>		
Single Vision		Up to \$40
Lined Bifocal		Up to \$60
Lined Trifocal		Up to \$80
Lenticular		Up to \$80
<i>Benefits may be redeemed every 12 months</i>		
<b>Frames</b>		
<i>Benefits may be redeemed every 24 months</i>		
<b>Contact Lenses</b>		
Covered Formulary Contacts		Up to \$200
Non-Formulary Contacts		Up to \$200
Necessary Contact Lenses		Up to \$210
<i>Benefits may be redeemed every 12 months</i>		
EMPLOYEE COST PER-PAY-PERIOD		
Coverage Level	City Paid	Employee Paid
Employee Only	\$4.75	\$0
Employee & Spouse	\$7.74	\$1.28
Employee & Child(ren)	\$8.83	\$1.75
Employee & Family	\$11.85	\$3.04

# Life and AD&D

We provide Basic Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. Employees receive a generous benefit of \$50,000 through **United Healthcare**.

## WHAT IS AD&D?

Your coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident. For example, the plan will pay 50% for the loss of a limb.

## DOES THE COVERAGE AMOUNT CHANGE BASED ON MY AGE?

The amount of coverage will reduce to 65% at age 65 and 50% at age 70.

## CAN I CONTINUE THIS COVERAGE IF MY EMPLOYMENT ENDS?

Coverage may be continued through Portability or Conversion if certain criteria is met. If you would like to continue coverage after your employment ends with us, please reach out to United Healthcare.

## WHAT IS PORTABILITY?

Employees may “port” (or buy) group life insurance coverage when they are losing coverage because their employment is being voluntarily or involuntarily terminated. **You cannot port life insurance through United Healthcare when you retire.**

You must:

- Be under the age of 65
- Have been insured for at least 12 consecutive months
- Be able to perform the material duties of at least one gainful occupation

## WHAT IS CONVERSION?

Conversion allows eligible insured employees to convert some, or all, of their group life coverage to an individual whole life insurance policy when their coverage is reduced or terminated for any reason other than non-payment of premiums.



# Optional Life

Employees have the option to purchase additional life insurance coverage through **United Healthcare**.

## EMPLOYEE COVERAGE

You may elect to purchase \$5,000 coverage increments, up to \$500,000, not to exceed 5x basic annual earnings. The guaranteed issue amount is \$120,000 and you will be able to elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

## SPOUSE COVERAGE

### THIS BENEFIT IS ONLY AVAILABLE IF ENROLLED IN EMPLOYEE OPTIONAL LIFE COVERAGE

Those enrolling in employee optional life coverage may also elect to purchase \$5,000 increments of life insurance coverage for their spouse, up to \$50,000, not to exceed 50% of the employee amount of coverage.

You may elect a coverage amount for your spouse up to the guaranteed issue amount (\$25,000) when you are first eligible for the plan, without submitting evidence of insurability. The cost of coverage is based on the age of the spouse.

## CHILD COVERAGE

### THIS BENEFIT IS ONLY AVAILABLE IF ENROLLED IN EMPLOYEE OPTIONAL LIFE COVERAGE

Those enrolling in employee optional life coverage may also elect to purchase \$2,500 increments of life insurance coverage for their child(ren), up to \$10,000 for \$0.62 per pay period.

All child life amounts are guaranteed issue and no evidence of insurability is required.

**DURING OPEN ENROLLMENT, YOU CAN ENROLL IN OPTIONAL LIFE UP TO THE GUARANTEED ISSUE AMOUNT, EVEN IF YOU PREVIOUSLY DECLINED, OR YOU CAN CANCEL OR CHANGE YOUR COVERAGE.**

## IMPORTANT TO KNOW

### Frequently asked questions

#### Does the coverage amount change based on my age?

The amount of coverage will reduce to 65% at age 65, 50% at age 70 and to 25% at age 75.

#### Can I continue this coverage if my employment ends?

You may only port this optional life as an active employee leaving employment, but NOT as a retiree. Please see American Fidelity life insurance for retiree portability.

#### Do I have to fill out a medical questionnaire?

Initial elections in excess of the guaranteed issue amounts and late enrollees must complete evidence of insurability. Download the evidence of insurability form, complete it, and return it to HR.

Coverage will be effective on the first day of the month following the date your medical questionnaire is approved by the insurance company.

### Monthly Cost per \$1,000 of Coverage

Age	Employee/Spouse
19-24	\$0.10
25-29	\$0.12
30-34	\$0.16
35-39	\$0.18
40-44	\$0.20
45-49	\$0.31
50-54	\$0.47
55-59	\$0.87
60-64	\$1.34
65-69	\$2.58
70+	\$4.18

# Voluntary Benefits

Supplemental plans are offered through **American Fidelity** and provide benefits which pay directly to you regardless of any other insurance you may have. These plans help with the medical and personal expenses incurred when a person is undergoing treatment. Costs of the plans will vary by employee.

## ACCIDENT

- Accident coverage provides 24-hour coverage for accidents that occur both on and off the job. In addition, it pays according to a wide-ranging schedule of benefits.
- Highlights include 3 coverage options, an annual wellness benefit, and Accidental Death and Dismemberment Benefit.

## CANCER

- Cancer coverage is specially designed to cover both the direct and indirect costs of cancer, with over 25 plan benefits available for the treatment of cancer.
- Highlights include an annual benefit for undergoing a routine cancer screening test and 3 coverage options.
- Two plan enhancements are available to add – a Critical Illness Rider and a Hospital Intensive Care Unit Rider.

## CRITICAL ILLNESS

- Critical illness coverage can help cover your out-of-pocket medical expenses and allow your family to focus on recovery. The plan is designed to pay a lump sum benefit amount to help cover expenses.
- Highlights include a \$50 wellness screening benefit. In addition, certain specified Critical Illnesses that reoccur will allow for an additional benefit.

## HOSPITAL GAP

- Hospital GAP plan coverage is a supplemental, limited benefit medical expense policy that is designed to help with your share of unforeseen medical expenses.
- Inpatient hospital benefit amounts can be up to \$5,000 per confinement.
- Outpatient benefit amounts can be covered up to \$500.
- Physician outpatient treatment benefit reimbursements can be up to \$50/visit, up to 5 visits per family per calendar year.
- **Not compatible with an HSA.**

## SHORT-TERM DISABILITY

- STD provides an income when you are Disabled due to a covered injury or sickness that keeps you away from work for an extended period of time.
- Benefits can begin on the 8<sup>th</sup>, 15<sup>th</sup>, or 31<sup>st</sup> day, dependent on the plan selected at the time of application.
- Receive up to 60% of your gross monthly income to a maximum of \$7,500 per week once you have satisfied the elimination period.

## VOLUNTARY LIFE INSURANCE

In addition to the guaranteed and optional life insurance offered through United Healthcare, additional coverage options are available through **American Fidelity**.

### TERM LIFE

A term life policy can help supplement your existing coverage should you need it.

Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

Plan Highlights include:

- Choose from a 10, 20, or 30-year period.
- The employee issue maximum is \$200,000 for ages 17 – 49 and \$100,000 for ages 50 – 65.
- The spouse issue maximum is \$50,000 for ages 17 – 49 and \$25,000 for ages 50 – 60.
- Premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.
- **Policy is portable and rates do NOT increase based on age.** This means you can keep the policy when you retire.

### WHOLE LIFE

By choosing a Whole Life Policy, you have flexibility to adjust your benefits when needed.

- Cash or Partial Surrender – you can end or withdraw a portion of your policy’s cash value in the form of cash. The available cash value and face amount of your policy will be reduced.
- Loans – you can borrow against your cash value at a competitive 8% loan interest rate.

Plan Highlights include:

- The employee issue maximum is \$200,000 for ages 17 – 49, \$100,000 for ages 50 – 65, and \$10,000 for ages 66 - 70.
- The spouse issue maximum is \$50,000 for ages 17 – 49 and \$25,000 for ages 50 – 60.
- The child/grandchild maximum is \$50,000 for ages 1 month – 26.
- Premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.

# Long-Term Disability

We provide long-term disability benefits at no cost to you through **United Healthcare**.

## LONG-TERM DISABILITY INCOME BENEFITS

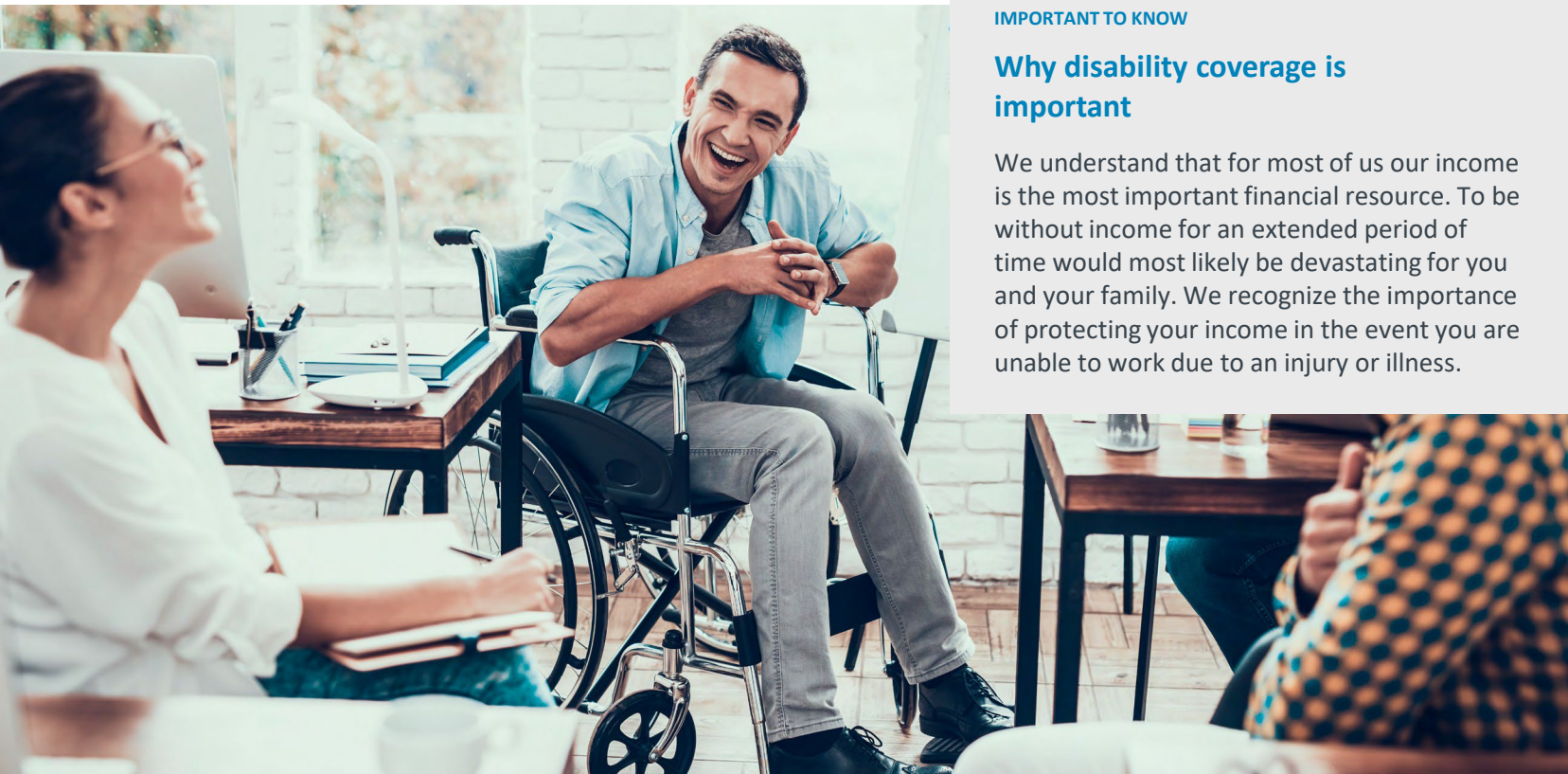
LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job.

LONG-TERM DISABILITY	
<b>Elimination Period</b> The amount of time you must wait between an illness or disability beginning and when you are eligible for long-term disability benefits.	90 days
<b>Benefits Payable Duration</b>	Until you reach the Social Security Normal Retirement Age—as long as you are still unable to work due to a covered disability.
<b>% of Income Replaced</b>	60% of your Total Monthly Earnings (maximum salary \$72,000)
<b>Maximum Benefit Amount</b>	\$3,600 monthly benefit, less any other income benefit

### IMPORTANT TO KNOW

#### Why disability coverage is important

We understand that for most of us our income is the most important financial resource. To be without income for an extended period of time would most likely be devastating for you and your family. We recognize the importance of protecting your income in the event you are unable to work due to an injury or illness.





# Member Assistance Program (MAP)

## The help you may need, at no extra cost

- **Unlimited phone access to master's-level specialists, 24/7**
- **Up to 3 referrals for face-to-face counseling sessions\*** – Our national network includes access to over 340,800 network clinicians nationwide for in-person support, including more than 182,800 for virtual support.<sup>1</sup>
- **Help dial down possible symptoms of stress, anxiety and depression –** Calm is an app that offers techniques and coping tools, community support and guided journeys
- **One legal consultation for 30 minutes** – Meet with an attorney by phone or in person, and you can retain an attorney for ongoing services at a 25% discounted rate\*\*
- **Two 30-minute financial consultations** – Discuss estate taxes and other financial matters with credentialed financial professionals – 2 calls per issue per year
- **Access to [liveandworkwell.com](https://liveandworkwell.com)** – Easily, securely find a provider and work-life resources, confidentially connect to expert guidance and explore thousands of articles
- **Fraud resolution** – Help is available to help protect your identity and lend a hand if it's stolen. Services include:
  - A credit report review
  - Suppression of the credit report or freezing/closing the account
  - Full-service resolution assistance, including affidavit assistance, credit bureau and fraud department notification, help to file a police report and creditor follow-up

Maintaining your privacy and confidentiality is of the utmost importance. All records, referrals and evaluations are kept private and confidential in accordance with federal and state laws.

### Access your MAP benefit today

Call **1-877-660-3806**, TTY **711**.

Translators are available for non-English speakers.

Visit [liveandworkwell.com](https://liveandworkwell.com).

Enter anonymously using access code **FP3EAP**.

### Join Calm

Go to [liveandworkwell.com](https://liveandworkwell.com) and select the Calm tile to get started.



Call **1-877-660-3806**,  
TTY **711**

\*There is no charge for referrals or for seeing a clinician within the UHC network for up to 3 visits per issue.

\*\*Legal consultation is not provided against UnitedHealthcare.

# Legal Shield and Identity Theft

Protect yourself with additional coverage through **Legal Shield**. Coverage can be selected by product for yourself or your family or bundled together in one comprehensive package.

## LEGAL SHIELD

Access a national network of dedicated law firms through Legal Shield and tap into 24/7 legal protection for a variety of covered services.

- Free consultations
- Uncontested adoption
- Free will preparation and updating
- IRS audit protection
- Estate administration/closing
- Uncontested divorce
- Driving violations and license restoration

## ID SHIELD

Identity theft is more common than you think. ID Shield monitors various touchpoints to protect and resolve issues.

- Social media monitoring
- Privacy and security monitoring
- Monthly credit score tracking
- Consultation for covered emergencies available 24/7/365
- Full identity restoration provided by Kroll Licensed Private Investigators
- \$5 million service guarantee

## QUICK START GUIDE

Follow the steps below to make sure you are getting the most of your LegalShield and IDShield memberships.

- Digital membership kit will be provided after your application is processed.
- Go to [www.mylegalshield.com](http://www.mylegalshield.com). Use your LegalShield membership number to set up your account. Complete your Will Questionnaire and send it to your Provider Firm.
- Go to [www.myidshield.com](http://www.myidshield.com) to activate your Identity Theft Plan. Enter the information that you want guarded.
- Save with Exclusive MemberPerks. Go to [www.mylegalshield.com](http://www.mylegalshield.com), click on the Resources tab and then on MemberPerks.

# Key Terms to Know

## Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

## Annual Maximum

Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

## Out-of-Pocket Maximum

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

## Coinsurance

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

## Copayment

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

## Deductible

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each calendar

year before the plan pays for most services. The deductible does not apply to network preventive care if any services where you pay a copayment rather than coinsurance. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

## Brand Formulary Drugs

The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

## Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

## Maintenance Drugs

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

## Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

## Specialty Drugs

Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

## Portability

An employee carries or 'ports' his/ her current Group Life coverage after employment ends, without having to answer any medical questions. Portability is for an employee who is leaving his/her job and still wants to maintain the protection that life insurance provides.

## Primary Care Physician (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

## Network

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

## Qualifying Event

An occurrence that qualifies the subscriber to make an insurance coverage change outside of Open Enrollment.

# Federal Notices

## IMPORTANT NOTICE FROM City of St. Augustine ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of St. Augustine and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

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

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of St. Augustine changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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



## **NOTICE OF SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Donna Hayes, Human Resources Director, at 904-209-4303, or at [dhayes@citystaug.com](mailto:dhayes@citystaug.com)

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **MICHELLE'S LAW**

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

## **WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998 (WHCRA) NOTICE**

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

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 904-209-4303.

## **CHIPRA - PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024 - 2025. Contact your State for more information on eligibility –

### **FLORIDA – Medicaid**

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

# Key Contacts

CONTACT	PHONE	EMAIL / WEBSITE
<b>City of St. Augustine</b> <b>Human Resources Department</b> Donna Hayes, Human Resources Director Tracy Bargy, Human Resources Technician	904.209.4303 904.209.4304	<a href="mailto:dhayes@citystaug.com">dhayes@citystaug.com</a> <a href="mailto:tbargy@citystaug.com">tbargy@citystaug.com</a>
Medical, Dental, Vision UnitedHealthcare Group #935799	866.633.2446	<a href="http://www.myuhc.com">www.myuhc.com</a>
Rx Mail Order Service UnitedHealthcare, OptumRx	888.739.5820	<a href="http://www.myuhc.com">www.myuhc.com</a>
HSA Optum Bank	800.791.9361	<a href="http://www.myuhc.com">www.myuhc.com</a>
Life and Disability United Healthcare Group #373143	888.299.2070	<a href="http://www.myuhcfp.com">www.myuhcfp.com</a>
Voluntary Benefits American Fidelity	800.437.1011	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Member Assistance Program UnitedHealthcare	877.660.3806 TTY 711	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> Access code: FP3EAP
The Bailey Group Hannah Carter, Broker Account Executive Ali Creticos, Broker Account Manager	904.461.1812 904.461.2108	<a href="mailto:hcarter@mbaileygroup.com">hcarter@mbaileygroup.com</a> <a href="mailto:acreticos@mbaileygroup.com">acreticos@mbaileygroup.com</a>

## Notes

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## **City of St. Augustine 2025-2026 Benefits**

The information in this Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The benefit options selected during Open Enrollment will be binding. The terms and provisions will govern you and restrictions of the plans in which you enroll.

Generally, unless you experience a qualifying life event, your elections will remain in effect for the entire plan year. By completing your enrollment, you authorize City of St. Augustine to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. City of St. Augustine reserves the right to change, amend or cease these benefits at any time.