



CITY OF  
**ST AUGUSTINE**  
EST. 1565

# Benefits

A T A G L A N C E

BROUGHT TO YOU BY THE CITY OF ST. AUGUSTINE

Employee Benefits **Effective 10-1-20**

through 9-30-21

2020 - 2021

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# EMPLOYEE BENEFIT SUMMARY

## ALL FULL-TIME EMPLOYEES:

- 1) Health Insurance – The City pays the premium for all full-time employees. Employees are offered one medical plan option, which includes Mayo Clinic and all Mayo doctors, through UnitedHealthcare. There's a \$1,500 deductible which applies to out-patient and inpatient hospital stays and surgery, major diagnostic procedures (MRIs & CAT Scans), Ambulance service, durable medical equipment, Hospice, skilled nursing & home care services. **The plan has a \$25 copay for family physician, \$50 copay for specialty physician, \$50 copay for Urgent Care Centers, \$500 for emergency room services, and \$0 copay for lab work and x-rays for In-network/Contracted doctors & facilities** Prescription plan: \$10 for generic, \$45 for preferred brand name and \$85 for covered non-preferred brand name prescriptions. A 90 day mail order option is available. The medical plan also includes one eye exam every two years with a \$25 co-pay. There is no out-of-network benefits unless it is an emergency. Dependent coverage is available to employees. The premium is deducted in the month prior to coverage through payroll. The amount of the payroll deduction is based on the employee's position and pay grade (see attached chart). These deductions are offered on a pre-tax basis; withholding tax and FICA/Medicare taxes are not deducted, resulting in a savings to the employee. Employees are eligible for coverage on the first of the month following 60 days of employment.
- 2) Dental Coverage – The City pays the premium for all full-time employees. Dental coverage is through United Healthcare. Dependent coverage is available to employees and the premium is deducted in the month prior to coverage through payroll deductions. The amount of payroll deduction is based on the employee's choice of coverage (see attached chart). Employees are eligible for coverage on the first of the month following 60 days of employment.
- 3) Life Insurance – The City pays the premium for \$50,000 life insurance coverage for all full-time employees & provides coverage of annual salary plus \$10,000 for employees at Pay Grade 20 & above. Additional guaranteed life insurance for yourself and/or your dependents is also available. Coverage is effective the first of the month following 60 days of employment.
- 4) Long-Term Disability Insurance – The City pays the premium for the employee. Benefits begin after 3 months of disability at 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.
- 5) General Pension – Employee contributes 4% of their biweekly wage into the retirement plan. Employees become vested after 10 years of service. The employee is always vested in the value of his/her own contributions. The effective date of participation is the employee's date of hire. (Police and Fire Pensions are separate).

## GENERAL AND MUNICIPAL EMPLOYEES:


In addition to the benefits listed above, the following are provided to General Employees:

- 1) Holidays - Employees are eligible for twelve paid holidays per year. The City reserves the right to schedule work on holidays. Holidays worked by non-exempt employees can be saved and added to employees' vacation hours (see Vacation below). Holidays currently observed by the City are as follows:

New Year's Day	Memorial Day	Thanksgiving Day
Martin Luther King Day	Independence Day	Day after Thanksgiving
Presidents Day	Labor Day	Christmas Eve
Good Friday	Veterans Day	Christmas Day
- 2) Vacation – Accrued on a biweekly basis, starting at 3.077 hours per bi-weekly pay period. **Employees cannot use vacation leave until they have completed their probation period or at least 6 months of employment.** 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. NOTE: Holiday saved hours are added to vacation-hour balances.
- 3) Sick Leave—Accrued on a bi-weekly basis at the rate of 3.1 hours per biweekly pay period. **Employees cannot use sick leave until they have completed their probation period or at least 90 days of employment** . At termination of employment an employee is paid for any accrued sick leave not used, or not paid out under the City's sick leave bonus program unless the employee has not completed their probation period.

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.

# UNITED HEALTHCARE MEDICAL

Benefit Highlights	Choice Plan BWPB		
<b>OFFICE SERVICES</b>			
<b>Physician Office Visit</b>			
In-Network Family Physician	\$25 copay		
In-Network Specialist	\$50 copay		
Out-of-Network Office Visit	No Benefits		
<b>PREVENTIVE CARE—ROUTINE EXAMS</b>			
<b>Wellness Benefits - <u>In-Network</u></b>			
Annual Physical Exam, Well Child Visits, Well Woman Exam	\$0 copay No Calendar year maximum		
<b>URGENT CARE</b>			
In-Network	\$50 Copay		
Out-of-Network	No Benefits		
<b>EMERGENCY MEDICAL CARE</b>			
In-Network	<b>\$500 Copay</b>		
Out-of-Network	<b>No Benefits</b> unless true life/death emergency		
<b>OUTPATIENT DIAGNOSTIC</b>			
<b>Lab &amp; X-Ray - <u>In-Network</u></b>			
Advanced Imaging (MRI,CT, PET) - <u>In-Network</u>	\$0 copay Deductible plus 20%		
Out-of-Network	No Benefits		
<b>INPATIENT HOSPITAL</b>			
In-Network	Deductible plus 20%		
Mental Health (inpatient)			
<b>OUTPATIENT SURGICAL SERVICES</b>			
Hospital or Independent facility	Deductible plus 20%		
<b>FINANCIAL FEATURES</b>			
<b>Calendar Year Deductible (CYD)</b> (per person/family)			
In-Network	<b>\$1,500/\$3,000</b>		
	(examples of when this applies, <i>but not limited to</i> , Outpatient surgery, Hospital stays, Ambulance Service, Durable Medical Equipment, etc.)		
Out-of-Network	<b>NO OUT OF NETWORK BENEFITS</b>		
<b>Coinsurance</b> (UnitedHealthcare / Member)			
In-Network	<b>80%/20% In-Network</b>		
<b>Out-of-Pocket Maximum</b> (per person/family)			
In-Network	\$4,500/\$9,000		
<b>PRESCRIPTION DRUGS—Pharmacy 30 day supply</b>			
Refer to page 11 for UnitedHealthcare's Mail Order Savings			
Tier 1: Generic	\$10		
Tier 2: Brand	\$45		
Tier 3: Non-Preferred	\$85		
			
<b>PAY GRADES—Rates Per Pay Period</b>	<b>Division 1-19</b>	<b>Division 20-29</b>	<b>Division 30+</b>
Employee (City paid - \$599.55 per month)	\$0.00	\$0.00	\$0.00
Employee + Child(ren)	\$118.84	\$145.25	\$171.66
Employee + Spouse	\$144.32	\$176.39	\$208.46
Employee + Family	\$293.38	\$358.57	\$423.77

# UNITED HEALTHCARE DENTAL

Dental health is the gateway to your overall well-being and is one of the most popular health benefits. Dental disease is preventable through effective preventive care and helps reduce future costly procedures.

Log in to [myuhc.com](http://myuhc.com) to find in-network dental providers.



GENERAL PROVISIONS	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
<b>Benefit Year Deductible</b>	\$50 individual/\$100 family	\$50 individual/\$100 family
<b>Benefit Year Maximum</b>	<b>\$1,000 individual</b>	<b>\$1,000 individual</b>
<b>Orthodontic Lifetime Maximum (child to age 19 only)</b>	<b>\$1,000 per child</b>	<b>\$1,000 per child</b>
COVERED SERVICES*	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS**
<b>Preventive Services</b> (Oral exams, Bitewing X-rays, Cleanings)	Plan pays 100% of the Allowed Amount	Plan pays 100% of Usual & Customary charges
<b>Basic Services</b> (Root canal, Periodontics, Extractions, Amalgam Fillings)	Plan pays 80% after deductible	Plan pays 80% of Usual & Customary charges
<b>Major Services</b> (Crowns, Partials, Bridges, Dentures, Etc.)	Plan pays 50% after deductible	Plan pays 50% of Usual & Customary charges
<b>PER PAY RATES</b>	EE + SPOUSE	<b>\$20.39</b>
	EE + CHILD(REN)	<b>\$21.73</b>
	FAMILY	<b>\$42.11</b>

\*Deductible is waived for Preventive services only. Per benefit year deductible applies to Basic or Major services.

\*\*Will be balance billed based on the Usual & Customary Charge.



# UHC Vision Plan

City of St. Augustine provides its eligible employees with a Core Exam Vision Plan at no cost to the employee. A vision buy-up plan that provides additional vision benefits is available for employees to elect.

UnitedHealthcare has a national network of private practice and retail chain providers. You may search for providers, view your benefits, or print an ID card online at [myuhcvision.com](http://myuhcvision.com).

## Do I have to use certain vision providers?

You can see any vision provider you choose, but cost savings are the highest when you use a provider that participates in the UnitedHealthcare vision network. Visit the website at [myuhcvision.com](http://myuhcvision.com) to log into the member website, print ID cards, or look up providers in the provider network.

## Are Lasik, lens upgrades and additional services covered?

Yes. The plan includes coverage for various Lasik procedures, fixed negotiated rates on many lens upgrade options as well as additional discounts on other services.

PLAN BENEFITS	Core Exam Plan In-Network Only 100% Paid by City	Buy-Up Plan In-Network	Buy-Up Plan Out-of-Network Reimbursement
Routine Eye Exam <i>(every 12 months)</i>	\$10 Copay	\$10 Copay	Up to \$40
Lenses (Standard Plastic) Single Vision/Bifocal/Trifocal <i>(every 12 months)</i>	n/a	\$10 Copay	Up to \$40 / \$60 / \$80
Frames <i>(every 24 months)</i>	n/a	\$130 Retail Allowance 30% off balance over \$130	Up to \$45
Contacts <i>(every 12 months)</i>	n/a	\$0 Selected \$105 Non-selected	Up to \$105

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

The plan will not cover contacts and glasses in the same year. However, you may use the plan benefit for one and receive a discount on the other.

BUY-UP Rates	Per Pay Period
Employee	\$2.18
Employee + Child(ren)	\$4.76
Employee + Spouse	\$4.06
Employee + Family	\$6.85



## 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 or deductibles at the time of your visit.



# SUN LIFE LONG-TERM DISABILITY

The City of St. Augustine provides a long-term disability (LTD) plan, at no cost to the employee. This LTD plan is designed to replace part of your income in the event of disabling injuries or sickness, whether it occurs on or off the job. LTD plan benefits begin after an elimination period and will assist you in maintaining your normal lifestyle.

<b>Benefit Amount</b>	60% of Total Monthly Earnings not to exceed a maximum of \$3,600
<b>Elimination Period</b>	90 Days <b>of certified disability</b>
<b>Benefit Period</b>	To Age 65, less Social Security, worker's compensation, pension and all other income from general sources.

## SUN LIFE BASIC LIFE INSURANCE AND AD&D

**A basic life benefit is provided by The City of St. Augustine to all full-time employees at no cost to the employee. Remember to update your beneficiaries with Human Resources!**

	<b>Benefit Amount</b>
CLASS 1: Grades 1-19; 81-92	<b>\$50,000</b>
CLASS 2: Grades 20-40	Annual salary + \$10,000

## SUN LIFE OPTIONAL TERM LIFE INSURANCE

- **For yourself:** An amount in coverage which is equal to 1-5 times basic annual earnings. (minimum \$10,000). *At initial eligibility*, the guarantee issue amount is \$120,000 with no medical questions asked. *Elections made after initial eligibility, or in excess of \$120,000*, require a medical questionnaire form to be completed.
- **Dependent Optional Life Insurance:** Available **ONLY** if employee elects optional coverage as well.
  - **Spouse:** Up to \$50,000 or 50% of the amount of employee optional coverage in increments of \$5,000. Guarantee issue is \$25,000 upon initial eligibility. *Elections made after initial eligibility or in excess of \$25,000*, require a medical questionnaire form to be completed.
  - **For your eligible children:** Coverage for children is available in the amount of \$10,000. Child rates are \$1.23 per month and covers all eligible children, (not per child).

***Dependent Child(ren) Eligibility = 14 days to Age 25.***

<b>Monthly Cost per \$1,000 of Coverage</b>	
<b>Age</b>	<b>Employee/Spouse</b>
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
<b>65-69</b>	<b>\$2.58</b>
<b>70+</b>	<b>\$4.18</b>
<b>All Eligible Children \$10,000 Coverage at \$1.23 per month</b>	

### How to calculate Voluntary Life Rates:

#### **Employee & Spouse coverage:**

1. Multiply the per \$1,000 rate (based on age table above) by the amount of coverage you would like. Multiply that amount by 12 and then divide by 24 to arrive at your per pay period deduction. The cost will increase when moving into a new age band.
2. Spouse coverage cannot exceed 50% of the employee's elected Optional Life coverage.

## How can I find out if my doctor is a UnitedHealthcare provider?

Go to [www.uhc.com/find-a-physician](http://www.uhc.com/find-a-physician). Enter your zip code and the type of facility or your doctor's name. You can also type in a specialty. Under Select a Plan, look under **UnitedHealthcare Choice Plus Plans**.

## REGISTER AS A UNITEDHEALTHCARE MEMBER

You **MUST** register as a UnitedHealthcare Member to receive additional plan details and discounts! This will also allow the secure Docfind to get personalized results based on **your plan**. You can also use this tool to search for In-Network doctors and dentists.

Easy ONLINE step by step Registration process:

- ⇒ Grab your UnitedHealthcare ID Card. Go to [www.myuhc.com](http://www.myuhc.com)
- ⇒ Click "Register now"

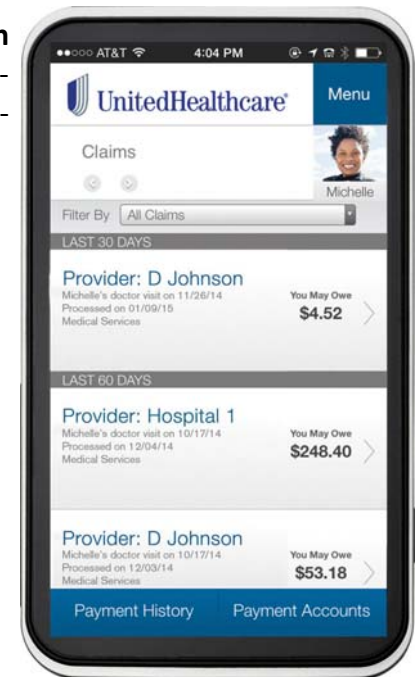
**Step 1**—Personal information.

**Step 2**—Create a secure User Name

**Step 3**—Preferences on communications.

**Step 4**— Terms & Conditions

**Step 5**—Profile Verification and Complete!



## THERE'S AN APP FOR THAT...UHC Health4Me

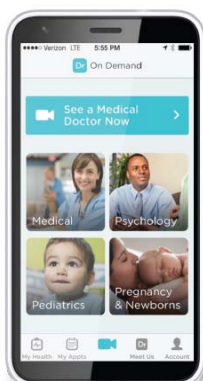


You may access UnitedHealthcare with any web-enabled mobile device. These include cell phones, smartphones, an iPod touch, etc. Easily access:

- Member ID card
- Plan benefit amounts, Account balances, & Personal Health Records
- Manage claims, estimate costs, & search drug pricing
- Find nearby providers and quick care facilities anytime and anywhere.

Health4Me allows you to personalize the interface, pay a doctor's bill and even talk to someone at the push of a button if you have questions. It's all safe, quick and easy.

## VIRTUAL VISITS



### Access to care online at any time

You have access to a network of virtual visit provider groups. To learn more about virtual visits and network, log into **myuhc.com** or the **Health4Me** app. Virtual visits are covered under your health plan benefits either way you decide to access care.

- Once you choose a virtual visit provider group you will be directed to their website from myuhc.com or their app from Health4Me.
- You also have the option of going directly to their website or app to access care. You can download their app directly from **Google Play™** or the **Apple® App Store®**.

## UNITEDHEALTH ALLIES

### Stay healthy with discounts that come with your UnitedHealthcare health plan

Our health discount program helps you and your family save typically 10-25% on many health and wellness purchases not included in your standard health benefit plan. By visiting a participating health provider, you can save on:

- **Dental care** — Cosmetic procedures such as teeth whitening
- **Vision care** — Laser eye surgery
- **Alternative care** — Acupuncture, chiropractic care, massage therapy and natural medicine
- **Long-term care services** — Skilled nursing facilities, assisted living, respite programs and durable medical equipment
- **Infertility treatment**
- **Hearing devices**
- **Fitness** — equipment and apparel, nutrition counseling, stress reduction and relaxation resources, and smoking cessation programs
  - \* Jenny Craig, Nutrisystem, and other popular programs
  - \* Gold's Gym, Curves, Jazzercise, MyGym, and Anytime Fitness

### How to Get Your Discounts

- ⇒ Link to the health discount program from [myuhc.com](http://myuhc.com), access the Health and Wellness tab, then click on “Discounts” next to the icon in the middle of the page.
- ⇒ To search for a provider, program or online retailer, click the UnitedHealth Allies link and select a category (such as Alternative Care) and a specialty (such as Massage).
- ⇒ For individual providers: Click **Select This Provider** to generate a discount confirmation. **Be sure to print the discount confirmation and take it with you to your appointment.** Note that the confirmation is simply your rate guarantee. You are under no obligation to visit the selected provider.
- ⇒ Make an appointment, being sure to identify yourself as a UnitedHealth Allies discount program member, and pay the discounted rate at the time of service.

## RALLY WELLNESS EXPERIENCE

### A new interactive experience makes managing your health easy and fun

#### What Is Rally?

With the online Rally Health Survey, personalized Missions, rewards and connections to wearables like Fitbit®, Jawbone® and more, we make it easier for you to get motivated to be healthier. When you sign up for Rally, the first thing you'll learn is your Rally Health Age, which tells you how your body is feeling right now. Then you can start exploring all the great digital tools that may help you make healthier choices based on your life, schedule and needs. Visit [www.myuhc.com](http://www.myuhc.com) to get started with Rally.

- Challenges and Communities
- Missions and rewards
- Lifestyle plans
- Intuitive Health Survey

# RALLY





# SUN LIFE EMPLOYEE ASSISTANCE PROGRAM

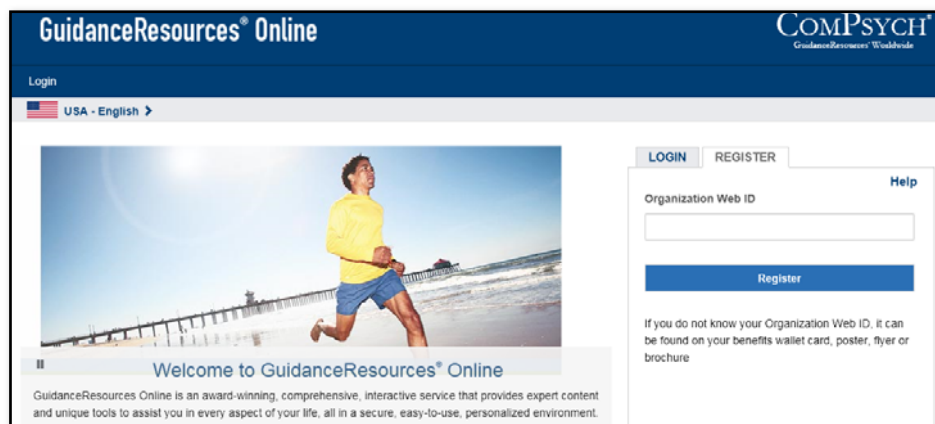
- EAP: Three face-to-face visits per occurrence with experienced clinicians to help address any personal concerns.

## GuidanceResources Program

**877-595-5281 online: [guidanceresources.com](http://guidanceresources.com)**

The Employee Assistance Program (EAP) is offered to all employees covered under the Basic Life and LTD plans offered through Sun Life Financial. Additionally, you may obtain a helpful card to keep on hand in case of an emergency for assistance with **Emergency Travel Assistance** and **Identity Theft Protection** resources, which are provided at **no cost to you**. For more information, see the EAP section of the contacts page or your Benefits Administrator.

- **Counseling:** No-cost confidential counseling to address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants—highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other local resources for stress, anxiety and depression, job pressures, relationship/marital conflicts, grief and loss, problems with children, or substance abuse.
- **Financial Resources:** Unlimited phone access to financial professionals for information regarding personal finance and related issues such as credit card or loan problems, getting out of debt, tax questions, savings for college, retirement planning, and estate planning. If additional guidance is needed, one face-to-face visit (up to 1 hour) with a local financial professional and access to an online will preparation tool is included.
- **Free Online Will Preparation:** Preparing for the future through a will or estate plan is important, but too often employees and their family members postpone or avoid these seemingly daunting tasks. **EstateGuidance®** can take the stress, attorney and cost out of that process.
  - ◇ To access your free, customized online will, go to **[www.guidanceresources.com](http://www.guidanceresources.com)** and click on EstateGuidance. Simply complete an easy-to-understand will questionnaire then print and review your will, which is created in real time using our advanced technology.
  - ◇ EstateGuidance can also print and mail a hard copy of your will for \$14.99, or you can purchase a Living Will for \$19.99.
- **Legal Resources:** Unlimited phone access to ComPsych legal professionals. If you require representation, a referral to a qualified attorney in your area is available for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Support for questions about divorce and family law, landlord/tenant issues, real estate transactions, civil and criminal actions, and contracts.
- **Work/Life Resources:** Information and referrals on child care, elder care, adoption, relocation, home repair, college planning, pet care, and other personal convenience matters.
- **GuidanceResources® Online:** Extensive content regarding personal or family concerns and helpful planning tools. Online tools include timely articles, “Ask the Expert,” personal responses to questions, tutorials, streaming videos, and self-assessments.
- **ParentGuidance®:** Unlimited phone access for the *new* parent either about to go or already on maternity leave, support for parents, and return-to-work preparation for the entire family.



## Care24 Services

Care24 services connect people with reliable resources for information and support regarding a wide range of personal concerns – 24 hours a day, 365 days a year. One toll-free phone number gives you access to experienced professionals including Registered nurses, Master’s-level counselors, Legal and financial professionals, and Community resources.

- ✓ *Childhood illnesses*
- ✓ *Minor illnesses and injuries*
- ✓ *Medication safety*
- ✓ *Relationship worries*
- ✓ *Choosing appropriate medical care*
- ✓ *Stress and anxiety*
- ✓ *Coping with grief and loss*
- ✓ *Personal legal and financial issues*
- ✓ *Self-care information*
- ✓ *Help finding a doctor*
- ✓ *Information on medications*
- ✓ *General health information*

## Convenient counseling

Care24 nurses and counselors can help you and your family identify and address concerns that span the spectrum of work and life. This support is available to you any time, day or night. If face-to-face resources are appropriate for your situation, a Care24 representative can refer you to local, in-person support. Counselors also can refer you to a wide range of national and community resources.

Care24 can also help you find a doctor or specialist, and check if a doctor is in your network and available. They may even be able to make the appointment for you.

## Health and well-being information

Care24 nurses and counselors offer service based on up-to-date medical and professional guidelines. We consistently deliver high-quality service, so you can be confident that you and your family receive reliable health, personal legal and financial information you use every day.

When you call the same toll-free number, you can listen to audio messages on more than 1,100 health and well-being topics. To listen to your message of choice, press\* to speak with a nurse who will provide you with information on the health topics along with the three digit access pin number.

Visit [www.myuhc.com](http://www.myuhc.com) to chat with a Nurse Online  
To obtain any other Care24 services by phone—call **1-888-887-4114**









## OptumRx Mail Service Pharmacy

OptumRx Mail Service Pharmacy encourages you to use this home delivery program for medication you take regularly. Choosing home delivery can help you better manage your medication and save you time and money. You can set up automatic refills by enrolling in our **Hassle-Free Fill** program.

- ⇒ Simply call the number on the back of your plan ID card and a customer service advocate can get you started and help switch any medication to home delivery. Or you can choose to disenroll from mail service and continue filling your prescription at a retail pharmacy for your standard co-pay or cost.
- ⇒ **You have up to two fills at your retail pharmacy before making a decision. If the medication you are taking is included in this program, you will receive a communication explaining what action you need to take.**

### To set up home delivery, follow these simple steps:

- 1 Talk to your doctor**  
**Get the right prescription.** Ask your doctor for a three-month supply with refills for up to one year (if appropriate).
- 2 Contact OptumRx Mail Service Pharmacy one of these ways**
  - 
**Phone:**
    - Call the member phone number on the back of your health plan ID card to talk with a customer service representative right away. It's helpful to have your health plan ID card and medication bottle available. The representative can also contact your doctor directly if you need a new prescription.
  - 
**By fax or ePrescribe:**
    - Ask your doctor to call **1-800-791-7658** for instructions on how to fax your prescription directly to OptumRx Mail Service Pharmacy. Or your doctor can send an electronic prescription to OptumRx Mail Service Pharmacy.
  - 
**By mail:**
    - Ask your doctor for a new prescription for up to a three-month supply, plus refills for up to one year. Then go to **myuhc.com** and download the New Prescription Order Form.<sup>2</sup> Mail to the address provided on the bottom of the form.
  - 
**Online:**
    - Log on to **myuhc.com**
    - Click on *Manage My Prescriptions*.

## Mobile access

Access your pharmacy benefit and manage your prescriptions on-the-go at [www.optumrx.com](http://www.optumrx.com)

- ⇒ Refill mail service prescriptions
- ⇒ Search Prescription Drug List (PDL)
- ⇒ Compare medications with the Drug Pricing Tool
- ⇒ View your claims history
- ⇒ Create and update text message reminders

## Need more information?

Call the toll-free member phone number on the [back of your health plan ID card](#).

Representatives are available to assist you 24 hours a day, 7 days a week.

Once OptumRx receives your complete order for a new prescription, your medication should **arrive within 10 business days**. Completed refill orders should arrive in about seven days. Need your medication right away? Ask your doctor for a one-month supply that can be immediately filled at a participating retail pharmacy.

# VOLUNTARY BENEFITS



Voluntary Benefits are offered through American Fidelity Assurance Company. Voluntary benefits are a great way to enhance your family's financial protection and can help pay for out-of-pocket expenses that may not be covered by your major medical coverage.

Limitations, exclusions, and waiting periods may apply. Applicant's eligibility for these programs may be subject to insurability. It is your responsibility to see your American Fidelity representative prior to satisfying your employer's waiting period. These products are not available for people who are eligible for Medicaid coverage.

## SHORT-TERM DISABILITY

Voluntary Short-term Disability (STD) coverage protects you if you become disabled due to a covered accident or sickness. STD income insurance will pay up to 60% of your gross monthly income to a maximum of \$7,500 per week once you have satisfied the elimination period.

## ACCIDENT ONLY INSURANCE

This plan 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** four coverage options, an annual wellness benefit for one covered person, and Accidental Death and Dismemberment Benefit.

## CANCER INSURANCE

American Fidelity offers a limited benefit cancer indemnity plan that is specially designed to cover both the direct and indirect costs of cancer, with over 30 plan benefits available for the treatment of cancer. **Highlights include** an annual benefit for undergoing a routine cancer screening test, three coverage options and plan enhancements such as an optional Critical Illness Rider.

Administered by American Fidelity      [www.afadvantage.com](http://www.afadvantage.com)

# Legal Shield and Identity Theft Protection

## LegalShield membership includes:

- ✓ Free Consultations
- ✓ Uncontested Adoption
- ✓ Free Will Preparation and Updating
- ✓ IRS Audit Protection
- ✓ Estate administration/Closing
- ✓ Uncontested Divorce
- ✓ Driving Violations and License Restoration

## IDShield membership includes:

- ✓ 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

The LegalShield plan covers the individual, the spouse/ domestic partner, never married dependent children under age 26 living at home, dependent children under age 18 for whom the member is legal guardian, never married, dependent children who are full-time college students up to age 26, and physically or mentally disabled children living at home.

IDShield covers the individual. IDShield family covers the family including dependents under the age of 18. Dependents 18-26 receive consultation and restoration only.

\*\*Plans vary from state to state. See plan contract, available from Human Resources, for complete terms.

## Your 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 received after your application is processed.
- Go to [www.mylegalshield.com](http://www.mylegalshield.com). Use your membership number to set up your account. This step will enable you to download the free apps onto your smartphone.
- Activate your Identity Theft Plan. Enter the information that you want guarded. If you only signed up for IDShield, create your account by logging in to [www.myidshield.com](http://www.myidshield.com).
- Download the free Apps at your Google Play or App Store.
- If you have LegalShield coverage, complete your Will Questionnaire and send it to your Provider Firm.

**Sam A Sample**  
 Membership #: 1234567890  
 Questions about coverage or billing:  
 Toll-free: 1-800-654-7757  
 TTY: 1-866-274-5790  
 Email: memberservices@legalshield.com  
 Members Only Website: www.mylegalshield.com

For legal assistance call:  
 Your Provider Law Firm

Toll-free: 1-800-000-0000  
 Direct/Local: 1-800-000-0000




<u>LegalShield Only</u>	<u>IDShield Only</u>	<u>LegalShield + IDShield</u>
\$9.48 Per Pay (Individual)	\$4.48 Per Pay (Individual)	\$13.96 Per Pay (Individual)
\$9.48 Per Pay (Family)	\$9.48 Per Pay (Family)	\$16.95 Per Pay (Family)



FOR MORE INFORMATION,  
 CONTACT YOUR  
 INDEPENDENT ASSOCIATE:

Steve Baker  
 sb@legalshieldassociate.com  
 310.663.4735



# Disclosures and Notifications

## SPECIAL ENROLLMENT RIGHTS

If you decline enrollment for yourself or your dependents (including your spouse) because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 31 days after your coverage or your dependents' coverage ends (or after the employer stops contributing toward the other coverage).

In addition, you may be able to enroll yourself and your dependents if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, if your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption or within 60 days of the date of loss of CHIP coverage. To request a special enrollment or obtain more information, contact Human Resources.

## PORTABILITY OF COVERAGE

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 entitles you to a complete transfer of benefits (no pre-existing condition exclusions) if you change jobs or your employer changes insurance carriers. To guarantee the portability of your benefits, your previous coverage must not have lapsed for more than 63 days prior to your new eligibility date and you must provide proof of prior coverage to your new employer.

## MEDICARE PART D CREDITABLE COVERAGE DISCLOSURE NOTICE

### *What is considered creditable coverage?*

Under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Medicare Part D) prescription drug coverage is considered creditable if the amount the plan expects to pay on average for prescription drugs for individuals covered by the plan in the applicable year for which the disclosure notice is being provided is the same or more than what standard Medicare prescription drug coverage would be expected to pay on average. If the prescription drug coverage does not meet these standards is considered to be non-creditable.

### *Why is creditable coverage important?*

Making sure you have creditable coverage is important. If you fail to enroll in Medicare Part D when you first become eligible or if you drop or lose your creditable coverage and don't join a Medicare drug plan within 63 continuous days after your creditable coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later, which can only be done from October 15<sup>th</sup> through December 7<sup>th</sup> of each year.

### *How can I find out more?*

- Visit [www.medicare.gov](http://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.

*The Medicare Part D "credibility status" for each of our group medical plans is listed under "Disclosures and Credibility" in the Medical Coverage section of this booklet.*

## BENEFITS TERMINATION & COBRA

### *When does coverage end?*

Your benefits will continue until the last day of the month following: the last day of employment, the day you either elect not to participate in the plan, or you cease to be a benefits eligible employee/dependent.

### *What is COBRA Continuation Coverage?*

The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) provides insured employees and their covered spouse and child(ren) ("qualified beneficiaries"), the opportunity to continue group medical, dental and vision coverage when a "qualifying event" would normally result in the loss of coverage eligibility. Common qualifying events include, but are not limited to, resignation or termination from employment, the death of an employee, a reduction in employee's hours, an employee's divorce, and dependent children no longer meeting eligibility requirements. Under COBRA, the employee and/or dependent pays the full cost of coverage at the current group rates plus a 2% administrative fee.

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Employer and Plan Administrator have been notified that a qualifying event has occurred.

COBRA continuation coverage generally lasts for up to a total of 18 months, which can be extended for a total of 36 months in certain circumstances, or a total of 29 months due to disability.

### *Keep Human Resources Informed of Address Changes*

In order to protect your family's rights, you should keep Human Resources informed of any address changes for you or your family members. You should also keep a copy, for your records, of any notices you send.

### *You Must Give Notice of Certain Qualifying Events*

For the certain qualifying events such as divorce or legal separation of the employee and spouse, dependent child's losing eligibility for coverage as a dependent child, or if you or a covered dependent becomes disabled before the 60<sup>th</sup> day of COBRA continuation coverage, you must notify the Plan Administrator within 60 days after the qualifying event occurs. Your notification must include a description and date of the event, documentation to validate the event (divorce decree, court order, death certificate, Social Security award letter, etc), and must be sent to your plan administrator (see the contact list on the last page).

### *How can I find out more?*

This is a general explanation. For more information on COBRA and the group medical, dental and vision plans contact your plan administrator, our benefits agency, The Bailey Group. The contact information for both parties is listed on the last page of this booklet. More information can also be found at [www.dol.gov/ebsa/cobra.html](http://www.dol.gov/ebsa/cobra.html).

## NEWBORNS' & 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).

## CHILDREN'S HEALTH INSURANCE PROGRAM

The CHIP Notice that describes this program is available from the Human Resources Department.

# Disclosures and Notifications

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

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

Such coverage will be subject the same benefit levels deemed appropriate for other medical and surgical procedures that are covered under this plan.

## A NOTE ABOUT SOCIAL SECURITY

Pre-tax deductions taken from your paycheck lowers your taxable income. Therefore your Social Security taxes (and, consequently, your future Social Security benefits) may be lower. How you are affected depends on your pay and the amount of pre-tax contributions you make.

The reduction on Social Security benefits, if any, for most employees will be minimal – a few dollars a month. Younger employees who use large amounts of tax-free dollars to pay for benefits over a long period (20 to 30 years) may experience a greater reduction in benefits when they retire. However, for most people, the benefit reduction has been more than offset by the tax savings. For more information, please contact your local Social Security Administration office.

## PRE-TAX OR AFTER-TAX?

For some benefits, you can use pre-tax dollars from your pay. For others, you must use after-tax dollars.

When you pay for benefits with pre-tax dollars, money is deducted from your pay before taxes are taken out. This way, you avoid paying Federal Income taxes on what you spend on qualified benefits.

With after-tax contributions, just the opposite is true. They're deducted from your pay after Federal Income taxes are calculated and deducted from your gross pay.

## HEALTH CARE REFORM: AFFORDABLE CARE ACT

### *Summaries of Benefits and Coverage*

The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide uniform summaries of benefits and coverage (SBC). These SBCs are provided by our medical insurance carrier.

*You may request a copy of the SBCs from Human Resources.*

Paper copies are also available, free of charge, by calling FL Blue Member Services toll-free 800.352.2583. This notice is provided to eligible employees. It is the responsibility of the employee to share this information with eligible dependents.

You can request a copy of this notice to be sent to eligible dependents that reside at an address other than your own by contacting Human Resources and providing the separate mailing address.

### *Health Insurance Marketplace (Exchange)*

This section provides some basic information about the new Health Insurance Marketplace and employment-based health coverage offered by your employer. The Exchange Notice of Coverage Options is available from the Human Resources Department.

### *What is the Health Insurance Marketplace?*

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. You may also be eligible for a tax credit that lowers your monthly premium. The annual open enrollment periods begin each year on November 1st and ends December 15th for the following year's coverage (these dates are subject to change). An individual generally cannot enroll in a QHP outside of the open enrollment period, unless a special enrollment period applies.

### *Can I Save Money on my Health Insurance Premiums in the Marketplace?*

You may qualify to save money and lower your monthly premium, **but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards.** The savings on your premium that you're eligible for depends on your household income.

### *Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?*

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of the least expensive plan that meets "minimum value" standards offered by your employer that would cover you (and not any other members of your family) is more than 9.69% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

***Our group medical coverage has been determined to meet affordability and "minimum" value standards as required by the Affordable Care Act. This means that employees eligible for participation in our group medical coverage are not eligible for a premium reduced policy through the Marketplace.***

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. Contact Human Resources for additional information.

# contacts

## MEDICAL PLAN

Administrator: UnitedHealthcare  
1.866.633.2446  
www.myuhc.com  
Provider Lookup  
www.uhc.com/find-a-physician

## UNITEDHEALTHCARE Rx

Optum Rx Mail Service Delivery  
www.myuhc.com  
Specialty Rx: 1.888.739.5820

## DENTAL PLAN

Administrator: UnitedHealthcare  
1.877.816.3596  
www.UnitedHealthcare.com

## VISION DISCOUNT PLAN

Administrator: UnitedHealthcare  
1.866.633.2446  
www.unitedhealthallies.com

## LIFE INSURANCE, Optional LIFE & LONG-TERM DISABILITY

Administrator: Sun Life Financial  
1.800.247.6875  
www.sunlife.com

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Program: GuidanceResources  
Administrator: ComPsych Corporation  
1.877.595.5281  
www.guidanceresources.com  
Web ID to register: EAPBusiness

Program: Care24

Administrator: United Healthcare  
1.888.887.4114

## VOLUNTARY PLANS

Administrator:  
American Fidelity Assurance Company  
2000 N. Classen Boulevard  
Oklahoma City, Oklahoma 73106  
www.afadvantage.com 1.800.437.1011

## CITY OF ST. AUGUSTINE HUMAN RESOURCES

Donna Hayes, Human Resources Manager  
75 King Street  
St. Augustine, FL 32085  
1.904.825.1013  
dhayes@citystaug.com

### LOCAL REPRESENTATIVE

Marsha M. Dixon | **Account Executive**  
mdixon@mbaileygroup.com 1.904.461.1805



Mark Bailey, **President of The Bailey Group**  
mbailey@mbaileygroup.com

Receptionist—1.904.461.1800

Toll Free—1.866.826.1800



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904.461.1800 www.mbaileygroup.com