



2017

EMPLOYEE BENEFITS GUIDE

Inside you will find information about our:

Benefits Eligibility | Benefits Enrollment | Medical Benefits | Dental Benefits | Vision Benefits | Disability Benefits | Life Benefits

This booklet provides a summary of plan highlights. Please consult the carrier's contract for complete information on covered charges, limitations and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have questions, please contact the carrier or Ascension Benefits and Insurance Solutions.



City of Venice
Administrative Services Department

Interoffice Memorandum

Fellow Employees;

Our success is only possible through the dedication, skills, and hard work of a winning team. We value your contributions and as a member of our team, it is important that you have access to a quality benefits program. The benefits offered will help to address the healthcare needs and long-term financial security of you and your family. In order to assist you in reviewing the many benefits available to you, we are providing this Benefit Guide for your use and reference.

Please review the benefits information contained in this Benefit Guide carefully, as it can play a vital role in ensuring that you are selecting the benefits that are best for you and your family. The annual Open Enrollment period for all employees runs from **October 25, 2016 through November 3, 2016.**

As you know this is a **mandatory** enrollment. All employees must meet with a Benefit Counselor. This includes those employees who are not making any changes to current benefits and/or who do not currently participate in our core or voluntary benefits.

If you require any assistance or have any questions regarding the benefits program offered to you, please contact Administrative Services Department.

Sincerely,

Susie Daniels

Susie Daniels

Benefits Administrator

2017

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Our Benefit Goals

We evaluate our benefit programs each year to make sure that we accomplish several goals.

We strive to:

- Promote health and wellness among City of Venice
- Provide employees with affordable access to health benefits
- Provide competitive benefits programs
- Educate employees on the appropriate use of health benefits
- Provide resources to support employees and their dependents as they make important decisions about their health and health care
- Educate employees on all of the benefits and resources available to them

Healthcare Reform

You can rest assured that City of Venice is staying up-to-date on all aspects of healthcare reform. In general, many provisions of healthcare reform do not impact the benefits that City of Venice provides.

The City's medical plans far exceed the minimum standards set forth by healthcare reform and our plans are considered affordable.

Things worth noting:

- Beginning in 2014, most individuals are required to have acceptable health insurance coverage. In 2016 and beyond, those that do not will incur a penalty of the greater of \$695 or 2.5% of income (the flat fee will be adjusted each year for inflation).
- You received a notice about the availability of the health insurance marketplace (previously called the Exchange). Marketplace subsidies or tax credit eligibility depends on whether an employer's plan meets certain standards related to coverage and affordability. The City's plans are considered affordable and do meet the minimum standards. Therefore, you and your dependents are not eligible for a subsidy or tax credit.
- Most types of preventive care continue to be covered at 100% on all of our health plans, so there is no charge to you when you visit an in-network provider.
- Dependents up to age 26 (regardless of student status) can continue to be covered on your medical and dental plans. **If enrolling a dependent during Open Enrollment who is age 26-30, you must complete the Overage Dependent Affidavit and return it to Human Resources by 5pm on November 4, 2016 or coverage for your dependent may be denied.** If you are a new hire, this form must be completed and submitted within 30 days of hire.
- Out of pocket maximums include deductibles, coinsurance, and copays.
- Over-the-counter drugs require a prescription from your doctor to be eligible for reimbursement under the medical Flexible Spending Account (FSA).

Your Benefits are Paid for With Pre-Tax Dollars

Every penny in your paycheck counts.

To help you stretch your income, we established a Flexible Benefit Plan that allows you to pay for most of your benefits using pre-tax money.

What Does a Cafeteria Plan Mean to Me?

■ ■ ■ ■ ■
You save at least 15% in Federal Tax
You save 7.65% in FICA Tax



Benefits Eligibility

City of Venice provides a comprehensive employee benefit program to all eligible full-time employees. Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren and children for whom the employee has been appointed guardian. Please refer to the eligibility information shown in each benefit section for more information.

You can enroll the following dependents in our group benefit plans:

- Your legal spouse
- Children up to age 26 (or 30 if special eligibility conditions are met)
- Children of any age if incapable of self-sustaining employment by reason of mental retardation or physical disability (as determined by the Department of Human Resources) and chiefly dependent upon the policyholder for support and maintenance (documentation must be provided)



Definitions of Common Benefit Terms:

Deductibles, Copayments, Coinsurance, Out of Pocket Maximums

In order to obtain a complete understanding of your health plan benefits and spend your healthcare dollars the best way possible, you should be familiar with the following terms:

Deductible – An amount you are responsible to pay for certain services before the plan begins to pay its share of the eligible expenses. The deductible is a requirement each calendar year. Please refer to the Evidence of Coverage document for a full listing of services subject to the deductible.

Copayments – A fixed dollar amount that you are responsible to pay for a specified service. For example, you pay a \$25 copayment for each primary care physician's office visit under the medical plan.

Coinsurance – Your share of health care expenses for covered services. After your deductible requirement is met, a percentage of the allowed amount will be paid by the plan. The remaining percentage is your patient responsibility.

Out of Pocket Maximum – The maximum amount that you will pay towards deductible, coinsurance, and copayments during a given calendar year. Once the stated out of pocket maximum has been satisfied, benefits will be paid for eligible expenses at 100%.

Balance Bill – You may receive a bill from an out of network provider for the difference between the actual charges and the plan's allowed amount. In-network providers will not balance bill anything above and beyond the deductible, copayments and coinsurance as indicated by the plan.

Precertification / Authorization Requirements – Please remember that there are certain services that require a precertification or authorization. Failure to follow these guidelines may result in a reduction or denial of benefits.

Dependents NOT eligible to be added to our benefit plans:

- Grandchildren, nieces, nephews or other children that do not meet specifications listed above
- Common law spouses or domestic partners (same or opposite sex)
- Ex-spouses
- Parents, step-parents, grandparents, aunts, uncles, or other relatives that are not qualified legal dependents (even if they live in your house)

Making Changes to Your Benefits

Most benefit deductions can be withheld from your paycheck on a pre-tax basis (medical, dental, vision, and flexible spending accounts), and therefore your ability to make changes to these benefits is restricted by the IRS. However, City employees have the option to have deductions taken on a post-tax basis.

Once enrolled, most pre-tax benefit elections cannot be changed until the next annual Open Enrollment period unless you have a qualifying Life Status Change. This year's Open Enrollment will be conducted from October 25th through November 3rd. **All Employees must meet with a Benefit Counselor; this is a mandatory enrollment.**

To make benefit changes as a result of your Life Status Change as allowed under Section 125 of the IRS Code, you must:

- Notify Human Resources within 30 days of the date of the qualifying event (60 days if due to the loss of CHIP or Medicaid)
- Provide proof of your life status event, and
- Complete and submit your online enrollment change request.



The Most Common Life Status Changes

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order

Medical Benefits

City of Venice provides employees with medical benefits administered by Florida Blue.

As you may know, the City and its employees have a common vested interest in keeping healthcare costs low since the City is self-insured and employee healthcare contributions for each year are directly linked to healthcare costs. The good news for employees in 2017 is that even though healthcare costs are increasing, because of the lag time in calculating contribution rates, there will be no increase to employee contributions in 2017. The downside to this is the risk of a big increase in 2018, so to offset this we are making a couple of discretionary plan changes for 2017 as follows:

- Out of Network Coinsurance to 50%
- Out of Pocket Maximum: INN Single: \$2,000 / INN Family: \$6,000; OON Single: \$4,000 / OON Family: \$12,000
- \$250 Emergency Room Copay in addition to Deductible + Coinsurance, which is waived if admitted

You can enroll the following dependents in our group medical plan:

- Your legal spouse
- Your dependent child up to age 26
- Your dependent child between the ages of 26 to 30 and who:
 - is unmarried and does not have a dependent;
 - is a Florida resident or a full-time or part-time student;
 - is not enrolled in any other health coverage policy or plan;
 - is not entitled to benefits under Title XVIII of the Social Security Act unless the child is a handicapped dependent child
- Your handicapped child beyond the limiting age of 30 if the dependent child is:
 - otherwise eligible for coverage under the Group Health Plan;
 - incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
 - chiefly dependent upon the employee for support and maintenance provided that the symptoms or causes of the child's handicap existed prior to the child's 30th birthday.

MyBlue Mobile App

The MyBlue Mobile App gives you a simple way to personalize, organize and access your important health information – on the go.

The app includes many helpful features such as:

- **My Coverage** - Get a snapshot of your benefits and accumulators such as deductible, out-of-pocket max, and more.
- **View ID Card** - Access and see an image of your FloridaBlue Member ID card from your phone.
- **Find a Doctor** - Find a doctor, hospital or specialist in the provider directory customized to your plan. Get details and map it using your GPS location.
- **Compare Drug Prices** - Save money by comparing drug costs at local pharmacies from wherever you are. Map the closest pharmacy.
- **Contact Us** - Click to call the 24-hour nurse line, call a Care Consultant or get in touch with FloridaBlue whenever you need to.



Florida Blue mobile

Need it. Find it. Go.

For everyone —
members and non-members.

- ▶ Access health information and tools on the go.
- ▶ Works on any Smartphone — iPhone®, Android® and even the iPad®.
- ▶ Just type in FloridaBlue.com from your **mobile browser** or download the **FREE** app for your iPhone or Android!

Save Time. Save Money. Stay Healthy.



Florida Blue 
In the pursuit of health®

 **FloridaBlue.com** is at your service



Wherever you go, whenever you need it, you have access to your Florida Blue personal health care information.

As a member, you can log in anytime and find everything you need to know about your health plan, plus free tools and resources.

If you haven't already registered—it's easy!

Just visit **FloridaBlue.com**. All you need is your member number (located on your member ID card). You'll have access to all the information you need to take control of your health—right at your fingertips!

FloridaBlue.com gives you **personal health information** when **you** need it.

- ▶ Review your **plan benefits** and find out where you stand with your deductible.
- ▶ Find a **doctor or hospital** in your plan's network and details such as hospital quality ratings, or special programs doctors participate in, the doctor's age and gender, and reviews by patients.
- ▶ **Compare** and estimate **your costs** for office visits, imaging services and surgeries so you **know before you go**.
- ▶ **Compare drug prices** with the Pharmacy Shopping Tool.
- ▶ **View claim activity**, status and history.
- ▶ Create a **Personal Health Record** so your doctor visits and lab results are all in one secure place.
- ▶ Access your monthly **health statement**—which gives you an overview of savings, claims and expenses.
- ▶ Print a temporary **ID card** or request a new member ID card.
- ▶ Take your **Personal Health Assessment** to get a clear picture of your health status and create action plans that work with your personal needs and lifestyle.
- ▶ Use the **Health Assistant** to set personal health goals, choose activities, create plans and track your progress in areas like exercise, nutrition, stress and weight management.
- ▶ Research **health topics from A-Z** with the aid of pictures, videos and a variety of tools.
- ▶ Get access to health-related **member discounts** such as gym memberships, weight loss programs, vision and hearing care.

And remember, we're here to answer any questions you may have. Just call the toll-free number on the back of your member ID card!



Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association. 68692 0214R

Prescription Drug Benefits

Important information about Prescription Drug Benefits

Whenever possible, members should utilize generic medications to receive the highest level of benefits and lowest copayment. The medical plan includes a 4-tier formulary drug program. If a generic drug isn't available or you prefer to purchase the brand medication, you will need to access Florida Blue's Formulary listing to determine what copayment will apply.

If the medication is listed in the formulary with a drug tier 2, the drug is considered a preferred brand and will be charged a \$25 copayment (or \$50 if you obtain a 90-day supply). If the drug is listed within the non-preferred brand with a drug tier 3, it is considered non-formulary and is charged at the copayment level of \$35 (30 day supply) or \$85 (90 day supply). The formulary listing should be checked regularly as it is subject to change on a quarterly basis.

It is important to note that every therapeutic class of medication is represented within the formulary. If your medication is listed as a non-preferred brand and you are interested in reducing your copayment, speak with your doctor to find out if you can switch to a preferred medication within the formulary to treat your condition.

Specialty medications are noted within the medication guide and are charged at the highest copayment level of \$100 per 30-day supply.

Formulary Prescription Drug Listing

- Step 1: Go to www.floridablue.com
- Step 2: Click on Members
- Step 3: Click on Pharmacy Benefits (at the middle of the page)
- Step 4: Login
- Step 5: Use Drug Comparison Tool

Log in at floridablue.com from a computer or mobile phone. Select Compare Drug Prices:

- Step 1. Enter the drug name (or search by alphabet).
- Step 2. Select pharmacies based on zip code.
- Step 3. Compare prices and lower cost options, when available. Plus, see when Step Therapy, Prior Authorization or other requirements apply

Quality Care at Lower Costs

You have choices when it comes to the cost of your health care.

- **Shop, compare and estimate your medical costs.**
- The quality and price of medical services can vary depending on where you go for office visits, imaging services, and surgery, including inpatient and outpatient care.
- Compare quality and cost before you go, and then decide what's best for your care.
- Cost estimates are based on your plan and where you stand with your deductible.

Your costs are lower after your deductible is met-pay only coinsurance or a copay for in-network services.

■ **You could save hundreds of dollars**, or more on your health care services!

Three easy ways to compare:

- **Click** - Access floridablue.com to log in/register on MyBlueService. Select Estimate Costs for Medical Services.
- **Call** - a Care Consultant at 1-888-476-2227.
- **Visit** - us in-person at a Florida Blue center near you. For locations, go to floridablue.com.



Florida Blue - Know Before You Go



Don't pay more than you should. Depending on where you seek care, it could save you time and money. Know where to go, before you go.

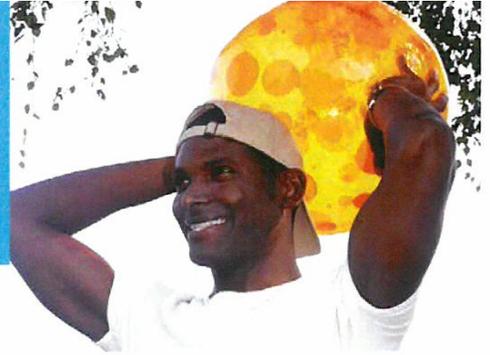
Primary Care Physician (PCP)	Urgent Care Center	Emergency Room
<ul style="list-style-type: none"> • Non critical conditions • Knows your history best • Has access to your medial records • Can refer to specialists • Health coaching assistance <p>Illness Types:</p> <ul style="list-style-type: none"> • Colds, sore throats, flu, eye, ear and minor illness or injuries • Managing your chronic conditions such as diabetes, hypertension, • Eye and ear infection • Health prevention-smoking cessation/weight management 	<ul style="list-style-type: none"> • When your PCP is not available • Non-life threatening problem • Extended hours available on a walk-in basis <p>Illness Types:</p> <ul style="list-style-type: none"> • Minor burns or bruises • Minor fractures • Rash or skin conditions • Migraines • Sprains/strains • Fever or infections when your PCP is not available 	<ul style="list-style-type: none"> • Requires Immediate Care • Severe or life threatening conditions • Care that can result in significant harm without proper attention <p>Illness Types:</p> <ul style="list-style-type: none"> • Heart attack warning signs including chest pain • Stroke symptoms • Seizures and convulsions • Severe bleeding or burns • Trauma or injury to head/or body • Major broken bones • Maternity complications



24 X 7 Nurse Advice: Toll free 877-789-2583
Help in deciding appropriate care
 Download the Florida Blue app to locate urgent care centers in your area.

Florida Blue Book of Business Statistics
 *Average allowance per visit for potentially divertible conditions:
 *Professional Provider/Primary Physician = approximately \$80
 *Urgent Care Center = approximately \$108
 *ER Facility = approximately \$814

Are you ready to **take charge** of your health?



One on one information and support can help you reach your health goals. You have access to a Health Coach by phone anytime, day or night. Health Coaches have on average 10 to 15 years of experience and are trained, caring health professionals, such as nurses. Call a Health Coach today and receive:

- one on one education and support.
- health information when you need it, 24/7.
- help preparing for your next doctor's visit.
- no-cost health brochures and videos mailed to your home, if they are right for you.

Call your Health Coach today at **1-877-789-2583** to get the support you need.

There is no question too big or too small for your Health Coach and the call is free. To learn more, call your Health Coach at **1-877-789-2583**. Remember, Health Coaches are available to you 24 hours a day, 7 days a week.



Toll free Health Coach line

1-877-789-2583

TTY For Hearing Impaired 1-877-900-4304

FloridaBlue.com

Florida Blue 
In the pursuit of health®



Blue365[®] Member Discounts

As a Florida Blue member, you have access to health-related discounts², up to 50%, including:

- Vision and hearing services
- Gym memberships and exercise programs
- Weight loss programs and services
- Alternative medicines, acupuncture and herbal products
- Hotels and spa treatments
- Senior care services

Get more details about the savings you can receive by logging in to your floridablue.com account. You can then select **Health & Wellness** and then click on **Discounts & Rewards**.



Florida Blue is a trade name of Blue Cross and Blue Shield of Florida Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

¹Florida Blue has an arrangement with WebMD, an independent company, to provide health information and decision support services. Please remember that all decisions that require or pertain to independent professional medical/clinical judgment or training, or the need for medical services, are solely your responsibility and the responsibility of your Physicians and other health care Providers.

²Blue365[®] offers access to savings on items that members may purchase directly from independent vendors. Blue365 does not include items covered under your policies with Florida Blue or any applicable federal or health care program. To find out what is covered under your policies, call Florida Blue. Blue Cross and Blue Shield Association (BCBSA) and local Blue Companies may receive payments from Blue365 vendors. Neither BCBSA nor any local Blue company recommends, endorses, warrants or guarantees any specific Blue365 vendor or item.

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Two Mobile Apps for Your Health

We want to make sure you have the tools you need at your fingertips.

That's why there are two great apps you can use on your mobile device:

WebMD Daily Victory

Build a daily exercise plan with reminders, trackers and tools to connect with up to five workout buddies for support or friendly competition.

Weigh Today

Record daily weigh-ins to help you reach and maintain your ideal weight. Your data is automatically uploaded so you can access your progress anytime.

Both apps are available for free to members on iPhone[®] or Android[®] devices. Download them by logging in to your floridablue.com account and select **Health and Wellness**. Next, select **My Health from WebMD** and then **My Health**.

Summary of Benefits

Medical -Effective 1/1/17

COST SHARING	2017 BlueOptions
Lifetime Maximum	Unlimited
Deductible (DED) (Per Person/Family Agg)	
In-Network	\$300 / \$500
Out-of-Network	\$600 / \$1,200
Coinsurance (Member Responsibility)	
In-Network	20%
Out-of-Network	50%
Out of Pocket Maximum (Per Person/Family Agg)	
In-Network	\$2,000 / \$6,000
Out-of-Network	\$4,000 / \$12,000
PREVENTIVE CARE	
Routine Preventive Care -All Ages	
In-Network Specialist	100%
Out-of-Network	50%
Immunizations- All Ages	
In-Network	100%
Out-of-Network	50%
Mammograms, PAP, PSA Tests	
In-Network	100%
Out-of-Network	100%
PHYSICIANS SERVICES	
Primary Care (PCP) Office Visit	
In-Network	\$25
Out-of-Network	50% after DED
Specialist Office Visit	
In-Network	\$25
Out-of-Network	50% after DED
In-Office Surgery	
In-Network	\$25
Out-of-Network	50% after DED
Allergy Injections	
In-Network	\$5
Out-of-Network	50% after DED
EMERGENCY / URGENT CARE	
Urgent Care Facility	
In-Network	\$25
Out-of-Network	DED + \$25
Emergency Room	
In-Network	\$250 Copay* then 20% after DED
Out-of-Network	*Copay is waived if admitted In-Network Benefit Applies
Ambulance	
In-Network	20% after DED
Out-of-Network	In-Network Benefit Applies
INPATIENT SERVICES	
Inpatient Hospital Facility	
In-Network	20% after DED
Out-of-Network	50% after DED
Inpatient Hospital Physician's Visit	
In-Network	20% after DED
Out-of-Network	In-Network Benefit Applies
Inpatient Hospital Professional Services (Surgeon, Radiologist, Anesthesiologist, Pathologist)	
In-Network	20% after DED
Out-of-Network	In-Network Benefit Applies
OUTPATIENT SERVICES	
Outpatient Facility	
In-Network Specialist	20% after DED
Out-of-Network	50% after DED
Outpatient Professional Services (Surgeon, Radiologist, Anesthesiologist, Pathologist)	
In-Network Specialist	20% after DED
Out-of-Network	50% after DED
Outpatient Therapy (Physical, Speech, Occupational)	
In-Network Physician's Office	35 visit max PBP
In-Network Rehab Facility or Hospital	\$25
Out-of-Network	20% after DED
	50% after DED

COST SHARING	2017 BlueOptions
OTHER HEALTHCARE FACILITY SERVICES	
Home Health Care	20 visit max PBP
In-Network	20% after DED
Out-of-Network	50% after DED
Skilled Nursing	
In-Network	20% after DED
Out-of-Network	50% after DED
Durable Medical Equipment	
In-Network	20% after DED
Out-of-Network	50% after DED
Independent Clinical Lab	
In-Network	100%
Out-of-Network	50% after DED
Independent Diagnostic Testing Center	
In-Network	20% after DED
Out-of-Network	50% after DED
PRESCRIPTION DRUGS	
	<u>In-Network</u>
Retail (30 days)	
Generic	\$7.50
Preferred Brand	\$25
Non-Preferred	\$35
Self-Injectable	\$100
Out-of-Network	50%
Mail Order (90 days)	
Generic	\$15
Preferred Brand	\$50
Non-Preferred	\$85
Out-of-Network	50%

These are only the highlights.

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, benefit maximums and authorization requirements, see your Evidence of Coverage document. If there are differences between this summary and the Evidence of Coverage document, the information in the Evidence of Coverage takes precedence.

Dental

Good oral hygiene is part of a healthy lifestyle. To provide employees access to an affordable network of dentists, City of Venice provides all full time employees with the option of two dental plans offered through Florida Combined Life (FCL).

You can enroll the following dependents in our group dental plan:

- Your legal spouse
- Your dependent child
- Your dependent child between the ages of 26 through 30 and who
 - Is unmarried and does not have a dependent;
 - Is a Florida resident or a full-time or part-time student;
 - Is not enrolled in any other health coverage policy or plan;
 - Is not entitled to benefits under Title XVIII of the Social Security Act unless the child is a handicapped dependent child.
- Your handicapped child beyond the limiting age of 30 if the dependent child is eligible under the conditions of the plan.

It's About More Than a Pretty Smile

Our oral health affects our ability to speak, smell, taste, chew, and swallow. However, oral diseases, which can range from cavities to oral cancer, cause pain and disability for millions of people each year.

Visit Your Dentist Regularly

Regular preventive visits to your dentist can help protect your health, and we are talking about more than just your mouth. As long as you utilize an in-network provider, our plan covers preventative services at 100% under the High Option and 90% under the Standard Option.

Finding a Network Dentist

Go to www.floridablue.com

Under Find a Doctor you can search for a Network dentist by name, specialty, or location.



Summary of Benefits

Dental -Effective 1/1/17

Financial Features	BlueDental Choice Plus High Option				BlueDental Choice Standard Option			
	In-Network		Out-of-Network		In-Network		Out-of-Network	
Deductible (Basic & Major Services Only) Per Person Per Calendar Year Per Family Per Calendar Year <i>In-Network deductible credits apply to Out-of-Network deductible and Out-of-Network deductible credits apply to In-Network deductible.</i>	\$50 \$150		\$50 \$150		\$50 \$150		\$100 \$300	
Coinsurance *	<u>We Pay</u>	<u>You Pay</u>	<u>We Pay</u>	<u>You Pay</u>	<u>We Pay</u>	<u>You Pay</u>	<u>We Pay</u>	<u>You Pay</u>
PREVENTIVE **	100%	0%	90%	10%	90%	10%	80%	20%
BASIC **	80%	20%	70%	30%	70%	30%	60%	40%
MAJOR **	50%	50%	40%	60%	40%	60%	30%	70%
Service Highlights								
Oral Evaluations (Exams)			Preventive				Preventive	
Bitewing X-ray			Preventive				Preventive	
Prophylaxis (Cleanings) – Adult/Child			Preventive				Preventive	
Fluoride Treatment (Child Only)			Preventive				Preventive	
Office Visits			Preventive				Preventive	
X-rays – Intraoral/Complete Series/Panoramic			Preventive				Preventive	
Sealants			Preventive				Preventive	
Amalgam Restorations (Silver Fillings)			Basic				Basic	
Resin-Based Restorations (Anterior and Posterior)			Basic				Basic	
Extractions (Routine & Surgical)			Basic				Basic	
Root Canal Therapy			Basic				Basic	
Periodontal Treatment			Basic				Basic	
Crowns			Major				Major	
Osseous Surgery			Major				Major	
Complete Dentures			Major				Major	
Partial Dentures			Major				Major	
Fixed Partial Dentures (Bridges)			Major				Major	
Surgical Placement of Implant Body			Major				Major	
Implant Supported Porcelain Fused to Metal Crown			Major				Major	
Orthodontia Services (children to age 19)								
Orthodontia Lifetime Maximum			\$1,000				\$1,000	
BlueDental Pays			50%				50%	
Benefit Waiting Period			None				None	
Waiting Period: (Major Services)			None				None	
Calendar Year Maximum Per Person			\$1,000				\$1,000	
Procedures Performed By Specialist			Covered				Covered	
Dental Rollover			Yes				Yes	

BlueDental Maximum Rollover



Maximum Rollover for BlueDental ChoiceSM Plan Members

Maximum Rollover is a BlueDental Choice member benefit that rewards you just for visiting the dentist. There are no fees for Maximum Rollover and no paperwork to complete. Whenever you use less than the yearly threshold amount, you'll receive Rollover dollars for the following year. What if you could use your Rollover dollars for unexpected visits the next year? Or wouldn't those extra dollars come in handy when you have to pay out-of-pocket for expensive dental work in the following year? See the chart below for some examples. Any available Rollover dollars will be added to your Rollover account approximately 60 days after the end of your plan year. It's that easy.

Maximum Rollover* is applied to your BlueDental Choice, BlueDental Choice PlusSM or BlueDental Choice CopaymentSM plan automatically as long as you:

- Receive at least one covered service during your plan year
- Are an active member of the plan on the last day of the plan year
- Don't exceed the claim payment threshold in your plan year

Use the chart below to see what your Maximum Rollover dollars could add up to.

1. Look in the first column to find your plan's annual maximum benefit.
2. Next, find the threshold amount for your plan in the second column. If we pay out less than this amount in benefits, you'll automatically receive Maximum Rollover dollars next year.
3. Check the third column for the maximum amount of dollars you qualify for next year.
4. The last column provides the maximum amount of rollover dollars that you can accumulate.

1. Plan's Annual Maximum Benefit Amount	2. Yearly Threshold Amount	3. Maximum Rollover you'll receive next year	4. Maximum Rollover you can accumulate
\$500 - \$749	\$200	\$150	\$500
\$750 - \$999	\$300	\$200	\$500
\$1,000 - \$1,249	\$500	\$350	\$1,000
\$1,250 - \$1,499	\$600	\$450	\$1,250
\$1,500 - \$1,999	\$700	\$500	\$1,250
\$2,000 - \$2,499	\$800	\$600	\$1,500
\$2,500 - \$2,999	\$900	\$700	\$1,500
\$3,000 or more	\$1,000	\$750	\$1,500

Questions? Want to learn more about Maximum Rollover or any of our other products and services? Our BlueDental Customer Service Representatives can help. Just call **1-888-223-4892** or find us online at **FloridaBlueDental.com**.

*Maximum Rollover is not available for our BlueDental CareSM plans.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. BlueDental plans are offered through Florida Combined Life Insurance Company, Inc., D/B/A Florida Combined Life, an affiliate of Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Associations.

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Can Healthy Gums Protect Your Whole Body?

Yes, and Florida Blue is Offering More Benefits to You

Dental health can influence conditions such as diabetes, oral cancer, coronary artery disease, low birth weight and premature babies. A relationship exists between a healthy mouth and overall good health. That means it's important for you to get regular preventive dental care to help maintain your good oral health and overall health. The condition-specific benefits of our Oral Health for Overall Health program include:

- Delivering an oral health education campaign to members, providers and employers.
- Providing condition-specific education to members explaining the effects diabetes, heart disease, oral cancer and pregnancy can have on oral health and overall health.
- Working with members who are not actively maintaining their oral health, through focused communication that encourages members to see their dentist.
- Removing financial barriers through Enhanced Dental Benefits, a program that provides at-risk members with condition-specific benefits beyond their dental benefits.
 - No copayments or coinsurance
 - No deductible
 - Additional benefits that are covered outside the annual maximum

Consider the research

A two-year study by the Columbia University College of Dental Medicine found that you can reduce annual medical costs with early periodontal treatment by:

- 9% for patients with diabetes.
- 16% for patients with heart disease.

Florida Blue 
In the pursuit of health™

Compbenefits Vision Care

We are pleased to announce enhancements to our vision benefits effective 1/1/2017. As a Compbenefits/HUMANA Vision Care member, you can improve your health by taking care of your vision and having routine eye exams, while saving money on all of your eye care needs.

To start using your benefit, visit www.mycompbenefits.com or call 1.800.865.3676 to locate a participating provider.

Humana Vision 130

(100+ employees)

		If you use an IN-NETWORK provider (Member Cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Routine eye exam	Exam with dilation, as necessary	\$10	Up to \$30
	Retinal imaging ¹	Up to \$39	Not covered
Contact lens² exam options	Standard contact lens fit and follow-up	Up to \$55	Not covered
	Premium contact lens fit and follow-up	10% off retail	Not covered
Frames*		Up to \$130, 20% off balance over \$130	Up to \$65
Standard plastic lenses³	Single vision	\$15	Up to \$25
	Bifocal	\$15	Up to \$40
	Trifocal	\$15	Up to \$60
	Lenticular	\$15	Up to \$100
Lens options³	UV coating	\$15	Not covered
	Tint (solid and gradient)	\$15	Not covered
	Standard scratch-resistance	\$15	Not covered
	Standard polycarbonate		
	• Adults	\$40	Not covered
	• Children <19	\$40	Not covered
	Standard anti-reflective coating	\$45	Not covered
	Premium anti-reflective coating		
	• Tier 1	\$57	Not covered
	• Tier 2	\$68	Not covered
	• Tier 3	80% of charge	Not covered
	Standard progressive (add-on to bifocal)	\$15	Up to \$40
	Premium progressive		
• Tier 1	\$110	Not covered	
• Tier 2	\$120	Not covered	
• Tier 3	\$135	Not covered	
• Tier 4	\$90, 80% of charge, then up to \$120	Not covered	
Photochromatic / plastic transitions	\$75	Not covered	
Polarized	20% off retail	Not covered	



* Discounts available on all frames except when prohibited by the manufacturer

Contact lenses⁴ (Applies to materials only)	Conventional	Up to \$130, 15% off balance over \$130	Up to \$104
	Disposable	Up to \$130	Up to \$104
	Medically necessary	\$0	Up to \$200
Frequency	Examination	Once every 12 months	Once every 12 months
	Lenses or contact lenses	Once every 12 months	Once every 12 months
	Frames	Once every 24 months	Once every 24 months
Diabetic Eye Care (Care and testing for diabetic members)	Exam	\$0	Up to \$77
	Retinal imaging	\$0	Up to \$50
	Extended ophthalmoscopy	\$0	Up to \$15
	Gonioscopy	\$0	Up to \$15
	Scanning laser	\$0	Up to \$33

(Up to 2 services per year for each listed service)

OPTIONAL BENEFITS

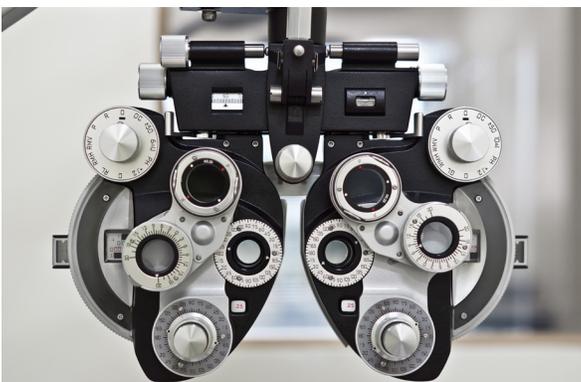
12-Month Frame Benefit	Benefit replaces the 24-month frequency of the base plan
Retinal Imaging	\$0 in-network and up \$20 for out-of-network benefits. Does not cross apply.
LASIK / PRK	\$250 per eye in- and out-of-network; 12-month waiting period applies
Eye Glass and Contact Lens Benefit	Allows fulfillment of frame plus spectacle lenses in addition to the contact lens benefit of the base plan
Polycarbonate Lenses for Children <19	Provides for standard polycarbonate lens

ADDITIONAL PLAN DISCOUNTS

Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location.

- 1 Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
- 2 Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
- 3 Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
- 4 Plan covers contact lenses or frames, but not both, unless you have the Eye Glass and Contact Lens Rider.



Did you know?

Taking care of your vision can also mean early detection for symptoms of:

- Diabetes
- Hypertension
- High cholesterol
- Tumors
- Thyroid disorders
- Neurological disorders

A qualified vision care professional can help treat and manage:

- Cataracts
- Corneal diseases
- Diabetic retinopathy
- Eye infections
- Glaucoma
- Macular degeneration

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAP

Life presents challenges to each and every one of us. Sometimes we need a little extra help. City of Venice provides a comprehensive and 100% confidential employee assistance program through ComPsych. These EAP benefits are available for all full-time employees, spouses and dependents at no cost. You are automatically enrolled with no ID required.



Call ComPsych® GuidanceResources®
anytime for confidential assistance.

Call: **800.272.7255**

Go online: guidanceresources.com

TDD: 800.697.0353

Your company Web ID: **COM589**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. ComPsych® GuidanceResources® provides support, resources and information for personal and work-life issues. GuidanceResources is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling

Someone to talk to.

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for:

- › Stress, anxiety and depression
- › Job pressures
- › Relationship/marital conflicts
- › Grief and loss
- › Problems with children
- › Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Retirement planning
- › Credit card or loan problems
- › Estate planning
- › Tax questions
- › Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we’ll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Real estate transactions
- › Debt and bankruptcy
- › Civil and criminal actions
- › Landlord/tenant issues
- › Contracts

Work-Life Solutions

Delegate your “to-do” list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › College planning
- › Moving and relocation
- › Pet care
- › Making major purchases
- › Home repair

GuidanceResources® Online

Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you... relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheetsSM, tutorials, streaming videos and self-assessments
- › “Ask the Expert” personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

Just call or click to access your services.



Flexible Spending Accounts

A Flexible Spending Account (FSA) allows employees to use pre-tax money for qualified expenses.

The rising cost of health and dependent care (or day care) is encouraging more employees to take advantage of FSAs. You can save anywhere from 10 – 30% by using pre-tax money in an FSA to pay for health or dependent care expenses incurred during the plan year. Determine how much you anticipate spending on qualified expenses throughout the year and fund your FSA for that amount through semi-monthly pre-tax payroll deductions. You can then use those funds to pay for eligible expenses using a debit card at the time of service, or by submitting a receipt after-the-fact.

Health Care FSA – used to pay for qualified medical, dental, and vision expenses incurred by you and your dependents during the plan year.

- Annual maximum contribution is \$2,550.
- You have access to your full annual contribution at anytime during the plan year for qualified expenses incurred during the plan year.
- You cannot change your annual contribution amount during the plan year, so be conservative in determining the amount you decide to contribute.
- Deadline to incur claims for this plan year is March 15, 2018. Deadline to submit claims is March 31, 2018.



Dependent Care FSA – used to pay for qualified dependent child care or elder care expenses incurred during the plan year, to allow you (and/or your spouse if married) to work or go to school full-time.

- Annual maximum contribution is \$5,000.
- You **ONLY** have access to funds that have been withheld from your paycheck. If you submit receipts for a higher amount, you will be automatically reimbursed as future payroll deductions are deposited into your account.
- Deadline to incur claims for this plan year is December 31, 2017.



Health Care FSA Eligible Expenses

- Medical plan copays and deductibles
- Dental and orthodontia expenses
- Vision care expenses including lasik, glasses and contact lenses
- Over-the-counter drugs prescribed by your physician
- Tobacco cessation programs and related drugs with a doctor's prescription
- Infertility treatment
- Psychology and psychoanalysis medical expenses

Visit www.irs.gov for a full list of eligible expenses and exclusions.

Dependent Care FSA Expenses:

- Care at a licensed nursery school or day care facility
- Before and after school care for children 12 and under
- Day Camps
- Nannies and Au Pairs

Dependent Care Ineligible Expenses:

- Services provided by a dependent (son, daughter, or spouse)
- Overnight camp expenses
- Babysitting expenses for time when you are not working or at school
- Late payment fees
- Tuition expenses for school

Important Rules Regarding FSAs

- Accounts are separate and you cannot co-mingle funds.
- Accounts are subject to the USE IT OR LOSE IT provision; unused balances do not carry over and cannot be refunded.

Life Insurance and AD&D

City of Venice provides all full-time employees with a life insurance benefit equal to one times basic annual earnings, rounded to the next highest \$1,000, up to a maximum of \$100,000. The City also provides Accidental Death and Dismemberment, which pays an additional benefit equal to the basic life benefit if death is due to an accident. These benefits are provided at NO COST to employees. This year, our life insurance benefits will continue to be provided by Florida Combined Life (a Florida Blue affiliated company).



Supplemental Life Insurance

In addition to the insurance provided free by the City, you can purchase additional life insurance in increments of \$10,000 up to \$250,000 for yourself (not to exceed 5x's salary), and up to 50% of the employee benefit for your spouse in \$5,000 increments up to \$100,000, and \$5,000 or \$10,000 for a child(ren). You must purchase employee coverage to be able to purchase coverage for your spouse or child(ren).

Why buy life insurance?

Life insurance provides a lump sum cash benefit to surviving dependents to cover immediate expenses such as funeral expenses or ongoing living expenses. Life insurance benefits often help survivors adjust to the loss of income related to the death of a wage earner or provide funds for college or retirement for the survivors.

Benefit Reduction

Your Supplemental Life Insurance benefits will reduce to 50% at age 70.

What is Evidence of Insurability (EOI)?

If you or your dependents have medical conditions that make it difficult to purchase life insurance on your own, this is relevant to you. Evidence of Insurability requires you to complete a medical questionnaire, obtain a physical (at the carrier's request), and receive carrier approval before your insurance takes effect.

Life enrollment timeframes are limited as detailed below:

- **New Hires** – You may apply for coverage up to the amount requiring Evidence of Insurability through the normal enrollment process.

- **Marriage, Adoption or Birth** – If you are already enrolled in employee life, you can enroll new dependents as long as you follow normal event deadlines. If you wish to increase your employee life amount, you must complete the Evidence of Insurability Form and submit it within the normal life event deadlines.
- **Annual Election to Increase Supplemental Life by One Increment** – Each year at open enrollment, the life insurance carrier allows employees currently enrolled in the Supplemental Life Insurance coverage to increase their Life Volume by one plan increment of \$10,000 up to the \$120,000 guarantee issue maximum without the need for evidence of insurability. Spouses of enrolled employees may have coverage increased by one plan increment of \$5,000 up to \$50,000 without the need for evidence of insurability. **Only currently enrolled employees and their spouses may participate in this feature** (dependent children are not eligible). Enrollment and Evidence of Insurability forms must be submitted and approved to increase employee coverage over \$10,000, or increase spouse coverage over \$5,000, and dependent child coverage.

**For more information on when Evidence of Insurability is required please see page 25.*

Disability

One third of all Americans between the ages of 35 and 65 will become disabled for more than 90 days, according to the American Council of Life Insurers. Short-Term Disability (STD) insurance provides income continuation if you are ever unable to work due to a non-work related accident or illness. Long Term Disability (LTD) insurance provides income continuation for both non-work and work-related accidents or illnesses. The City pays the full cost of STD and pays for the Core LTD benefit for all full-time employees.



STD

STD begins on the later of the 30th day after a qualifying accident or illness or the date your sick and vacation days are exhausted. STD lasts for 9 weeks and pays a weekly benefit equal to 60% of your basic weekly earnings to a maximum of \$1,200 per week.

LTD

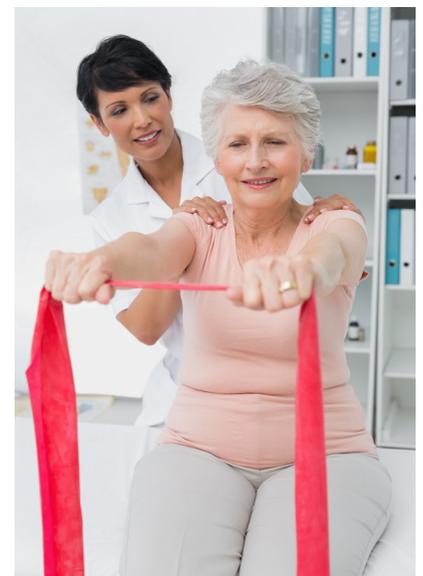
LTD begins on the 91st day after a qualifying accident or illness and pays a monthly benefit equal to 40% of your monthly income up to \$5,000 per month. Employees may enroll in buy-up coverage to 60% of salary, subject to Evidence of Insurability approval. The maximum benefit period is to age 65 or Social Security Normal Retirement Age.

If you were disabled and unable to work, how would you pay your bills?

Disability Insurance provides income protection to insure that you have a consistent flow of income if you are unable to work for an extended period of time due to a disabling illness or injury.

If you suffer from an illness or injury and are unable to work, do you know how you will pay your rent or mortgage, car payments, utilities, and health insurance? The loss of income can be so devastating that the U.S. Department of Housing and Urban Development estimates that 46% of all home foreclosures are caused by a disability.

If you are like most Americans, your monthly expenses eat up most of your paycheck and little is left for saving. Disability insurance provides the protection you need, so that if you have a disabling illness, you can focus on your health and not your bills.



Voluntary Benefit Programs

The Voluntary programs sponsored by City are individual policies offered through convenient payroll deductions, which are portable should you change employment. That means you can take the coverage with you.

Below is a brief overview of these plan offerings:

Trustmark Accident Policy

How do you make “ends meet” when you are faced with an untimely injury?

This plan covers you for both on and off-the-job accidental injuries. You can go to any facility in the country and receive benefits. It is great for families with children in sports.

- Policy pays cash benefits directly to you, over-and-above any other coverage
- Protects you 24 hours a day and provides benefits for injuries that occur either on or off-the-job
- Benefits include: ER, Hospital admissions, ambulance, fractures, dislocations, burns, lacerations, follow-up visits, emergency dental, Accidental Death Benefit
- \$100 Wellness Benefit is payable up to two visits per person, per year; after 60 day waiting period. Wellness Benefit includes routine physicals, immunizations and health screen tests.
- Available to all family members



Trustmark Universal Life with Long Term Care Policy

How would your family carry on if you died prematurely and unexpectedly?

This program lets you provide a lifetime of coverage by locking in your rates at today's age. It gives peace of mind that comes with knowing there are funds available when they are needed the most.

- New Hire guaranteed Issue offer is the lesser of the face amount purchased by \$10 per week or \$200,000
- Provides a death benefit to your beneficiaries
- Provides a monthly long term care benefit of 4% per month for 25 months Accumulate tax-deferred cash values
- EZ Value option to automatically increase the coverage amount without any future medical underwriting
- Available to all family members

Aflac Group Critical Illness

If you are diagnosed with a Critical Illness, where does the money come from to cover the deductibles, co-insurance, and out-of-pocket expenses?

This plan pays cash benefits directly to you, over-and-above any other benefits that you may be eligible to receive.

- Pays a lump sum cash benefit between \$5,000 - \$50,000. Aflac will pay an additional lump sum for a second unrelated condition if separated by at least 90 days.
- New Hire Guaranteed Issue offer is \$10,000 for the employee and \$5,000 for the spouse.
- Covered conditions include: Heart Attack, Stroke, Internal Cancer, Major Organ Transplant, Renal Failure (end stage), Carcinoma in Situ and Coronary Artery Bypass Surgery.
- This plan pays an annual \$50 wellness benefit for anyone who undergoes a preventive screening test including a pap smear, mammogram, colonoscopy, PSA test, stress test, bone marrow test, different blood tests, chest xray or breast ultrasound. This benefit is paid regardless of the outcome of the test and regardless of whether or not your primary insurance covers the test.



Voluntary Benefit Programs

Bay Bridge Cancer Policy

Why Cancer Insurance?

Bay Bridge Administrators offers a Cancer insurance policy that supplements your major medical coverage to offset the high cost of cancer treatment. The Cancer plan pays benefits directly to you to help with out of pocket expenses, such as mortgage, utility bills, transportation costs and every day living expenses. You use the money however you want. The Cancer policy is guaranteed renewable for life (as long as premiums are paid) and is portable, which allows you to take the policy with you after retirement or leaving employment

The Cancer policy provides benefits for Cancer and 32 specified diseases. Some benefits include:

- Wellness
- Hospital Confinement
- Radiation, Chemotherapy, Immunotherapy, Radioactive Isotopes
- Bone Marrow Donor & Transplant
- Self-Administered Drugs Available to all family members
- First Occurrence



Preferred Legal Plan

Most people don't realize how expensive legal representation is until it is too late. Unexpected legal costs can financially destroy a person in the same manner that a debilitating illness can in the face of not having health Insurance.

Preferred Legal Plan is a licensed legal expense organization providing its members with full service and representation on all types of legal services, including divorce, traffic tickets, buying or selling a home, bankruptcy, wills, probate, DUI, immigration, credit report issues, child support, custody and visitation, garnishments, loan modifications, foreclosures, criminal defense, litigation, small claims court, personal injury, landlord-tenant disputes, domestic violence and more.

- Free credit report analysis and repair, notary services, simple Wills for members and spouse (domestic partner)
- 24 hours a day, 7 days a week access
- Spouse, dependent children and entire household are covered
- Unlimited, immediate use of membership
- All pre-existing issues covered

Benefit Costs

PRE-TAX BI-WEEKLY BENEFIT COSTS

	Employee Only	Employee + One	Family
Medical			
Based on Annual Salary			
Wage Band 1	\$17.82	\$118.83	\$137.55
Wage Band 2	\$32.68	\$133.69	\$152.40
Wage Band 3	\$65.36	\$166.37	\$185.08
Wage Band 4	\$77.24	\$178.25	\$196.96
Dental - Plus High	\$13.52	\$29.76	\$51.42
Dental - Standard	\$8.95	\$19.71	\$34.05
Vision	\$2.73	\$7.81	\$7.81

POST-TAX BI-WEEKLY SUPPLEMENTAL LIFE COSTS

Employee & Spouse Supp. Life

Age	Rate per \$1,000
Under 30	\$0.10
30-34	\$0.11
35-39	\$0.13
40-44	\$0.20
45-49	\$0.31
50-54	\$0.57
55-59	\$0.97
60-64	\$1.32
65-69	\$2.21
70-74	\$3.12
75+	\$5.15

Bi-Weekly Cost for Supplemental Life Insurance –Child(ren)	\$5,000	\$1.50
	\$10,000	\$1.00

LTD Buy-Up	\$.49 per \$100 covered salary	
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Supplemental Life Insurance Coverage Amounts*

	Amount	Evidence of Insurability (EOI)
Employee	\$120,000	Not Required
Employee	\$130,000 to \$250,000	Required
Spouse	\$50,000	Not Required
Spouse	\$55,000 to \$100,000	Required
Child(ren)	\$5,000	Not Required

*Waiver of the EOI requirement applies to employees who are newly eligible (new hires) only. All other employees must submit EOI and be approved by the carrier.



Woman's Health and Cancer Rights Act of 1988

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 was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

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.





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) after delivery. 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).





Notice of Special Enrollment Rights

Special enrollment events allow you and your eligible dependents to enroll for health coverage outside the Open Enrollment period under certain circumstances if you lose eligibility for other coverage, become eligible for state premium assistance under Medicaid or the State Children’s Health Insurance Program (S-CHIP), or acquire newly eligible dependents. This is required under the Health Insurance Portability and Accountability Act (HIPAA).



If you decline enrollment in the Medical and Dental plans for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in the Medical and Dental plans without waiting for the next Open Enrollment period if you:

- Lose other coverage: You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption: You must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children’s Health Insurance Program (S-CHIP) coverage because you are no longer eligible: You must request enrollment within 60 days after the loss of such coverage.

In addition, you may enroll in the Medical and Dental plans if you become eligible for a state premium assistance program under Medicaid or S-CHIP. You must request enrollment within 60 days after you gain such coverage.

To request special enrollment or obtain more information, contact Susie Daniels, Benefits Administrator, 941.882.7372.

IMPORTANT CONTACT INFORMATION

Medical Plan

Florida Blue
www.bcbsfl.com
800.352.2583



PRIME Therapeutics (prescriptions)

888.849.7865



Dental Plan

Florida Combined Life
www.floridablue.com
888.223.4892



Life & Disability

Florida Combined Life
888.753.4363

Vision Plan

CompBenefits
www.mycompbenefits.com
800.865.3676



Employee Assistance Program (EAP)

ComPsych
www.guidanceresources.com
800.272.7255



Flexible Spending Accounts

TASC
www.tasconline.com
800.422.4661



City of Venice
Susie Daniels
Benefits Administrator
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