

City of Treasure Island Employee Benefit Highlights



10/1/2022 – 9/30/2023

Benefit Resource Directory

Human Resources Director

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Human Resources Generalist

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Medical Insurance

Florida Blue - Group #69259
800-352-2583
www.floridablue.com

Health Savings Account

HealthEquity
877-223-5329
www.myhealthequity.com

Dental Insurance

Mutual of Omaha
Group ID: G000C6G4
800-927-9197
www.mutualofomaha.com/dental

401(a) & 457 Retirement

MissionSquare
800-669-7400
www.missionsq.org

Life Insurance / Long Term Disability

Mutual of Omaha
Group ID: G000C6G4
800-927-9197
www.mutualofomaha.com/

457 Retirement

Nationwide Retirement Solutions
877-677-3678
www.nationwide.com

Supplemental Insurance

AFLAC
Laura Algren: 727-399-1305
www.aflac.com

Vision Benefits

NVA
800-672-7723
www.e-nva.com

Flex Spending Account

HealthEquity
877-223-5329
www.myhealthequity.com

Employee Assistance Program (EAP)

Resources for Living
800-272-3626
www.mylifevalues.com

Florida Retirement System (FRS)

Pension & Investment Plans
866-446-9377
www.myfrs.com

LegalShield

Resources for Legal
800-654-7757
<https://classic.shieldatwork.com/>

10/1/22-9/30/23 Employee Benefits Summary

Employee Benefit	City Pays	Employee Pays
Employee Medical Insurance	100% of base plan premium	0% of base plan premium
Health Care Savings Account	Variable contribution amounts & 100% of account admin fees	Optional Contribution
Dependent Medical Insurance	50% of premium	50% of premium
Employee Dental Insurance	100% of premium	0% of premium
Dependent Dental Insurance	0% of premium	100% of premium
Life Insurance and AD&D	100% of premium	0% of premium
Retirement- 401(a)	8% pre-tax earnings	5% pre-tax earnings
FRS (Police & Fire)	25.73% pre-tax earnings	3% pre-tax earning
Long Term Disability	100% of premium	0% of premium
Supplemental Insurance	0% of premium	100% of premium
Flex Spending Account	100% of admin fees	100% of contribution

Please refer to your Personnel Manual or collective bargaining agreement for an explanation of other benefits such as vacation, sick, holiday, etc.

Qualifying Events and Open Enrollment

Open Enrollment will be held annually during the month of August. This is the only time in which changes to coverage, cancellations, additions, etc., can be made outside of a qualifying event. With an eligible qualifying event, as defined by the IRS Code Section 125, you make changes during the plan year and outside of Open Enrollment. If you experience a qualifying event, you must report the event with required documentation and an updated insurance application to the HR Office within 30 days of the event. *All events submitted beyond the 30 days will be denied.*

Examples of Qualifying Events

- Birth/adoption of a child
- Death
- Change in dependent eligibility, i.e. full time student
- Marriage/Divorce
- Spouse change in employment
- Change in work status, i.e. reduction or increase in hours

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a Federal Law designated to protect the privacy and security of health information. The City is committed to protecting the privacy of personal health information of its employees and meets all federal requirements regarding privacy protection.

Employee Assistance Program (EAP)

Resources for Living EAP is a comprehensive employee assistance program provided by the City, at no cost to employees and their dependents. This confidential program provides you and your eligible dependents access to nurses, counselors, financial consultants and attorneys, twenty-four hours a day, seven days a week by dialing 800-272-3626 or going on line to www.mylifevalues.com. Resources for Living provides counseling services to help resolve personal problems which may be affecting your home and work life. For additional information, please call the number for Resources for Living or contact the HR Department.

Group Insurance Eligibility

All full-time employees are eligible to participate in all benefit programs. Coverage will be effective on the first of the month following your date of hire. Upon separation of employment with the City, your insurance will continue through the end of the month in which the separation occurred. **Dependent coverage will require proof of identification for dependent eligibility.**

Health Insurance

The City has partnered with Public Risk Management (PRM), a group health trust, for health insurance. This insurance plan is with Florida Blue. The City currently offers four options for healthcare coverage:

- HMO Plan 55 (Buy Up) offers a low \$10 co-pay per office visit for primary care physicians and participating specialists
- PPO Plan 03559 (Base) features a broad network formulary drug plan and a low \$15 co-pay for primary care physicians and a \$35 co-pay for participating specialists
- Plan 05180/015181 is a Health Savings Account (HSA) and offers quarterly employer contributions to the savings account. HSA members can contribute up to the annual maximum amount that is set by the IRS. Those 55 and older are allowed by the IRS to contribute an extra \$1,000 to their annual maximum amount.

Health Savings Account Contribution Limits

<u>2022</u>	<u>2023</u>
\$3,650 single coverage	\$3,850 single coverage
\$7,300 family coverage	\$7,750 family coverage

Prescription Mail Order Program

This program allows members to obtain a three-month supply of certain medications by mail at a cost of two times the retail cost (listed on the following page). This program is beneficial for those treating ongoing issues or ailments such as medication to control blood pressure or birth control pills. Your doctor will need to write a prescription for a ninety-day supply of your medication. You may submit your order via fax or online at www.floridablue.com.

Below is a table of the weekly premium costs for each plan. A summary of all plan benefits is available in the HR Department.

EFFECTIVE 10/1/2022					
Product	BlueOptions	BlueCare	BlueOptions	BlueOptions	HSA Annual Employer Contributions
Plan Family	PPO	HMO	HSA Compatible	HSA Compatible	
Plan Number	03559	55	05180	05181	
Employee (Biweekly Cost)	\$0.00	\$36.54	\$0.00	N/A	\$819.35
Employee + Spouse (Biweekly Cost)	\$218.39	\$287.50	N/A	\$151.01	\$396.36
Employee + Child (Biweekly Cost)	\$182.25	\$246.38		\$120.32	\$364.26
Family (Biweekly Cost)	\$344.97	\$431.45		\$258.28	\$509.94

Health Insurance Opt Out

Employees who already have eligible healthcare available through another verifiable group health plan and elect not to participate in the City's health plan could be eligible for a \$100/month Opt-Out stipend. Check with the HR Department for more details.

Visit the Florida Blue website (www.floridablue.com) and mobile app offer 24-hour access to many self-service choices and other health related information.

Product	BlueOptions	BlueCare	BlueOptions	BlueOptions
Plan Family	PPO	HMO	HSA Compatible	HSA Compatible
Plan Number	03559	55	05180	05181
Employee (Biweekly Cost)	\$0.00	\$36.54	\$0.00	N/A
Employee + Spouse (Biweekly Cost)	\$218.39	\$287.50	N/A	\$151.01
Employee + Child (Biweekly Cost)	\$182.25	\$246.38		\$120.32
Family (Biweekly Cost)	\$344.97	\$431.45		\$258.28
Deductible (DED) (Per Person/Family Aggregate) CALCULATED BY CALENDAR YEAR (January - December)				
	Embedded		Non-Embedded	Non-Embedded
In-Network	\$750 / \$2,250	NA / NA	\$2,500 / NA	\$5,000 / \$5,000
Out-of-Network	Combined with In-Network	No Out of Network Benefits	\$5,000 / NA	\$10,000 / \$10,000
Coinsurance (Member pays) CALCULATED BY CALENDAR YEAR (January - December)				
In-Network	20%	NA	0%	0%
Out-of-Network	40%	No Out of Network Benefits	20%	20%
Out of Pocket Maximum (Per Person/Family Aggregate) CALCULATED BY CALENDAR YEAR (January - December)				
	(Includes Ded/Coins/Copays/Rx)	(Includes Copays/Rx)	(Includes Ded/Coins/Rx)	(Includes Ded/Coins/Rx)
In-Network	\$3,000 / \$6,000	\$1,500 / \$3,000	\$2,500 / NA	\$5,000 / \$5,000
Out-of-Network	Combined with In-Network	No Out of Network Benefits	\$10,000 / NA	\$20,000 / \$20,000
Medical / Surgical Care by a Physician				
Virtual Visits				
In-Network Family Physician	\$20 Copayment	\$10 Copayment	DED + 0%	DED + 0%
In-Network Specialist	\$35 Copayment	\$10 Copayment	DED + 0%	DED + 0%
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Office Services				
In-Network Family Physician	\$20 Copayment	\$10 Copayment	DED + 0%	DED + 0%
In-Network Specialist	\$35 Copayment	\$10 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Allergy Injections (Office)				
In-Network Family Physician	\$10 Copayment	\$5 Copayment	DED + 0%	DED + 0%
In-Network Specialist	\$10 Copayment	\$5 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Maternity Office Services				
In-Network Family Physician	\$20 Copayment	\$10 Copayment	DED + 0%	DED + 0%
In-Network Specialist	\$35 Copayment	\$10 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Convenient Care Center				
In-Network	\$20 Copayment	\$10 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%

Product	BlueOptions	BlueCare	BlueOptions	BlueOptions
Plan Family	PPO	HMO	HSA Compatible	HSA Compatible
Plan Number	03559	55	05180	05181
Physician Services at Hospital				
In-Network	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	INN DED + 20%	Not Covered	INN DED + 0%	INN DED + 0%
Radiology, Pathology and Anesthesiology Provider Services at Hospital				
In-Network	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	INN DED + 20%	Not Covered	INN DED + 0%	INN DED + 0%
Radiology, Pathology and Anesthesiology Provider Services at ASC				
In-Network	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	INN DED & 0%	INN DED & 0%
Physician Services at Locations other than Office, Hospital and ER				
In-Network Family Physician	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
In-Network Specialist	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Preventive Services-Adult & Child Wellness Services				
Office Services				
In-Network Family Physician	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
In-Network Specialist	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	40%	Not Covered	20%	20%
Independent Clinical Laboratory				
In-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	40%	Not Covered	20%	20%
Mammograms				
In-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	Not Covered	\$0 Copayment	\$0 Copayment
Colonoscopies (Routine Only)				
In-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	Not Covered	\$0 Copayment	\$0 Copayment
Medical / Surgical Care at a Facility				
Ambulatory Surgical Center (ASC)				
In-Network	\$100 Copayment	\$100 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Inpatient Hospital Facility (per admit)				
In-Network	Option 1: \$750 Copayment	\$250 Copayment	Option 1: DED + 0%	Option 1: DED + 0%
	Option 2: \$1,000 Copayment		Option 2: DED + 0%	Option 2: DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Inpatient Rehabilitation Benefit Maximum	30 Days PBP (Combined INN & OON)	30 Days PBP (INN Only)	30 Days PBP (Combined INN & OON)	30 Days PBP (Combined INN & OON)

Product	BlueOptions	BlueCare	BlueOptions	BlueOptions
Plan Family	PPO	HMO	HSA Compatible	HSA Compatible
Plan Number	03559	55	05180	05181
Outpatient Hospital Facility (per visit)				
In-Network	Option 1: \$150 Copayment	\$100 Copayment	Option 1: DED + 0%	Option 1: DED + 0%
	Option 2: \$250 Copayment		Option 2: DED + 0%	Option 2: DED + 0%
Out-of-Network	\$350 Copay	Not Covered	DED + 20%	DED + 20%
Emergency and Urgent Care				
Emergency Room Facility (per visit)				
		• Out-of-Network only covered for emergencies.		
In-Network	\$100 Copayment	\$50 Copayment	DED + 0%	DED + 0%
Out-of-Network	\$100 Copayment	\$50 Copayment	DED + 0%	DED + 0%
Physician Services at ER				
		• Out-of-Network only covered for emergencies.		
In-Network	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	INN DED + 20%	\$0 Copayment	INN DED + 0%	INN DED + 0%
Urgent Care Centers				
In-Network	\$35 Copayment	\$10 Copayment	DED + 0%	DED + 0%
Out-of-Network	\$35 Copayment	Not Covered	DED + 0%	DED + 0%
Ambulance				
In-Network	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	INN DED + 20%	\$0 (Emergency Services Only) Copayment	INN DED + 0%	INN DED + 0%
Diagnostic Testing (e.g., Lab, x-ray)				
Physician Office				
In-Network Family Physician	\$20 Copayment	\$0 Copayment	DED + 0%	DED + 0%
In-Network Specialist	\$35 Copayment	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Independent Clinical Laboratory				
In-Network	\$0 Copayment	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Independent Diagnostic Testing Center				
In-Network	\$50 Copayment	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Outpatient Hospital Facility				
In-Network	Option 1: \$150 Copayment	\$100 Copayment	Option 1: DED + 0%	Option 1: DED + 0%
	Option 2: \$250 Copayment		Option 2: DED + 0%	Option 2: DED + 0%
Out-of-Network	\$350 Copay	Not Covered	DED + 20%	DED + 20%

Product	BlueOptions	BlueCare	BlueOptions	BlueOptions
Plan Family	PPO	HMO	HSA Compatible	HSA Compatible
Plan Number	03559	55	05180	05181
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)				
Physician Office				
In-Network Family Physician	\$20 Copay	\$0 Copayment	Option 1: DED + 0%	Option 1: DED + 0%
In-Network Specialist	\$35 Copay	\$0 Copayment	Option 2: DED + 0%	Option 2: DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Independent Diagnostic Testing Center				
In-Network	\$100 Copayment	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Outpatient Hospital Facility				
In-Network	Option 1: \$150 Copayment	\$100 Copayment	Option 1: DED + 0%	Option 1: DED + 0%
	Option 2: \$250 Copayment		Option 2: DED + 0%	Option 2: DED + 0%
Out-of-Network	\$350 Copay	Not Covered	DED + 20%	DED + 20%
Outpatient Therapy				
Physician Office				
In-Network Family Physician	\$20 Copayment	\$10 Copayment	DED + 0%	DED + 0%
In-Network Specialist	\$35 Copayment	\$10 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Benefit Maximums	35 Visits PBP (Including 26 Spinal Manipulations)	62 Visits PBP (including 26 spinal manipulations)	35 Visits PBP (Including 26 Spinal Manipulations)	35 Visits PBP (Including 26 Spinal Manipulations)
Outpatient Rehabilitation Facility				
In-Network	\$35 Copayment	\$5 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Outpatient Hospital Facility				
In-Network	Option 1: \$20 Copay	\$5 Copayment	Option 1: DED + 0%	Option 1: DED + 0%
	Option 2: \$35 Copayment		Option 2: DED + 0%	Option 2: DED + 0%
Out-of-Network	\$350 Copay	Not Covered	DED + 20%	DED + 20%
Mental Health & Substance Abuse Services				
Physician Office				
In-Network Family Physician	\$20 Copayment	\$10 Copayment	DED + 0%	DED + 0%
In-Network Specialist	\$20 Copayment	\$10 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%

Product	BlueOptions	BlueCare	BlueOptions	BlueOptions
Plan Family	PPO	HMO	HSA Compatible	HSA Compatible
Plan Number	03559	55	05180	05181
Inpatient Hospital Facility				
In-Network	Option 1; \$750 Copayment	\$250 Copayment	Option 1: DED + 0%	Option 1: DED + 0%
	Option 2 \$1,000 Copayment		Option 2: DED + 0%	Option 2: DED + 0%
Out-of-Network	\$2,000 Copay	Not Covered	DED + 20%	DED + 20%
Benefit Maximums	30 Days PBP Combined INN and OON	30 Days PBP INN (out of network for emergencies only)	30 Days PBP Combined INN and OON	30 Days PBP Combined INN and OON
Outpatient Hospital Facility				
In-Network	Option 1: \$20 Copayment	\$10 Copayment	Option 1: DED + 0%	Option 1: DED + 0%
	Option 2: \$35 Copayment		Option 2: DED + 0%	Option 2: DED + 0%
Out-of-Network	\$350 Copay	Not Covered	DED + 20%	DED + 20%
Emergency Room Facility(per visit)				
In-Network	\$100 Copayment	\$50 Copayment	DED + 0%	DED + 0%
Out-of-Network	\$100 Copayment	\$50 Copayment	INN DED + 0%	INN DED + 0%
Physician Services at Hospital				
In-Network	DED + COINS	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	INN DED + 40%	\$0 Copayment	INN DED + 0%	INN DED + 0%
Physician Services at ER				
In-Network	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	INN DED + 40%	\$0 Copayment	INN DED + 0%	INN DED + 0%
Physician Services at Locations other than Office, Hospital and ER				
In-Network Family Physician	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
In-Network Specialist	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%

Product	BlueOptions	BlueCare	BlueOptions	BlueOptions
Plan Family	PPO	HMO	HSA Compatible	HSA Compatible
Plan Number	03559	55	05180	05181
Other Special Services and Locations				
Durable Medical Equipment (Including Orthotics & Prosthetics)				
In-Network	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Skilled Nursing Facility				
In-Network	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Benefit Maximums	60 Days PBP	No Maximum	60 Days PBP	60 Days PBP
Home Health Care				
In-Network	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Benefit Maximums	20 Visits PBP	No Maximum	20 Visits PBP	20 Visits PBP
Hospice				
In-Network	DED + 20%	\$0 Copayment	DED + 0%	DED + 0%
Out-of-Network	DED + 40%	Not Covered	DED + 20%	DED + 20%
Prescription Drugs				
In-Network				
- Retail				
Generic/Brand/Non-Preferred	\$10 / \$25 / \$60	\$5 / \$25 / \$25	100% after INN DED / 100% after INN DED / 100% after INN DED	100% after INN DED / 100% after INN DED / 100% after INN DED
- Mail Order				
Generic/Brand/Non-Preferred	\$20 / \$50 / \$120	\$10 / \$50 / \$50	100% after INN DED / 100% after INN DED / 100% after INN DED	100% after INN DED / 100% after INN DED / 100% after INN DED
Out-of-Network				
- Retail				
Generic/Brand/Non-Preferred	50% of allowance	Not Covered	50% after INN DED	50% after INN DED
- Mail Order				
Generic/Brand/Non-Preferred	50% of allowance	Not Covered	50% after INN DED	50% after INN DED



In the pursuit of health[®]

EFFECTIVE 10/1/2022

Product	BlueOptions	BlueCare	BlueOptions	BlueOptions
Plan Family	PPO	HMO	HSA Compatible	HSA Compatible
Plan Number	03559	55	05180	05181
Additional Enhancements				
Infertility: Assisted Reproductive Therapy Coverage (LTM)				
In-Network or Out of Network	Not Covered	\$20,000 LTM	Not Covered	Not Covered
Telemedicine (Teladoc)				
Standalone Telemedicine (includes General Medicine/ Dermatology/Behavioral Health)				
In-Network	Visits 1-4: \$0 Visits 5+: \$15 Copayment	Visits 1-4: \$0 Visits 5+: \$10 Copayment	Visits 1-4: DED + 0% Visits 5+: DED + 0%	Visits 1-4: DED + 0% Visits 5+: DED + 0%
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Hearing Aid				
(1x every 36 months; \$500 allowance 1st hearing aid; \$300 allowance 2nd hearing aid, once every 3 years)				
In-Network	Covered up to Allowance	Covered up to Allowance	Covered up to Allowance; Subject to Deductible & Coinsurance	Covered up to Allowance, Subject to Deductible & Coinsurance
Out-of-Network		Not Covered		
Acupuncture				
24 visits \$75 cap per visit	Covered	Covered	\$75 cap applied to Deductible & Coinsurance	\$75 cap applied to Deductible & Coinsurance

Confidential & Proprietary

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Dental Insurance

The City offers dental insurance through Mutual of Omaha. Employees can take advantage of deep discounts by selecting an in-network provider. The dental year plan maximum benefit amount is \$1,000, and the City pays 100% of the employee premium. See below for a dental plan summary and rates.

Summary of Dental Benefits

PLAN YEAR DEDUCTIBLES AND MAXIMUMS	IN-NETWORK	OUT-NETWORK
Type A	Waived	Waived
Type B & C Deductible		
Individual	\$50	\$50
Family	3 times Individual	3 times Individual
Annual Maximum	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000
The same expenses may be used to satisfy both the In-Network and Out-Network deductible.		
COVERED SERVICES	IN-NETWORK	OUT-NETWORK
Type A Services	100%	50%
<ul style="list-style-type: none"> • Examinations/Evaluations • Bitewing X-rays • All Other X-Rays • Fluoride Treatments • Cleaning/Prophylaxis • Space Maintainers • Brush Biopsy/Cancer Screening • Full Mouth X-rays, Panoramic Film 		
Type B Services	80%	50%
<ul style="list-style-type: none"> • Sealants • Palliative Treatment • Periodontal Maintenance • Fillings • Stainless Steel Crowns • Simple Extractions • Oral Surgery • Endodontics • Repair of Full or Partial Removable Dentures • Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures • Repair/Recementation of Bridges • Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers • Surgical Extractions • General Anesthesia or I.V. Sedation • Surgical Periodontics • Non-Surgical Periodontics 		
Type C Services	50%	25%
<ul style="list-style-type: none"> • Full or Partial Removable Dentures • Bridges • Cast Crowns, Inlays, Onlays, Labial Veneers • Implants 		
Child Orthodontia	50%	50%
<ul style="list-style-type: none"> • Harmful Habit Appliances 		

10/1/22 – 9/30/23 Dental Rates

Coverage Tier	Twice Monthly Deduction
Employee Only	\$0
Employee + Spouse	\$15.44
Employee + Child(ren)	\$18.50
Family	\$30.95

Vision Insurance

The City of Treasure Island offers a voluntary vision benefit through (NVA) National Vision Administrators. This plan provides annual eye exams with participating providers and also provides for allowances for frames and contacts.

10/1/22 – 9/30/23 Vision Rates

Coverage Tier	Twice Monthly Deduction
Employee Only	\$2.62
Employee + Spouse	\$4.92
Employee + Child(ren)	\$4.09
Family	\$8.10

Life Insurance

The City provides basic life insurance through Mutual of Omaha for all full time eligible employees at no cost to the employee. The basic life insurance benefit equals one times your annual compensation rounded to the nearest thousand, up to a maximum of \$50,000. The City also provides accidental death and dismemberment insurance which is payable upon provider schedule.

Voluntary Life Insurance

City employees may also elect to purchase optional life insurance on a voluntary basis through Mutual of Omaha via payroll deduction. Additional life insurance may be purchased to cover yourself, spouse and child(ren) at the benefit levels described below. A premium rate calculation table can be obtained from the HR Department.

- You may select a benefit up to 5 times your annual salary in \$10,000 increments up to \$300,000.
- Up to \$100,000 is guaranteed, no medical questionnaire needed (new hires only)
- You may elect coverage for your spouse up to 50% of your coverage in \$5,000 increments.
- Children age 6 months up to 19 years may be insured for \$10,000.
- Children 14 days to 6 months are eligible for a \$250 benefit.

Long Term Disability

The City provides long term disability insurance through Mutual of Omaha to all eligible employees at no cost to the employee. The LTD benefit pays a percentage of monthly earnings if you become disabled due to an accident, injury or illness. The benefit will be adjusted if your salary fluctuates throughout the plan year and a benefit summary is provided below.

- LTD provides a benefit of 50% of your monthly earnings to a maximum benefit of \$5,000 per month.
- The benefit begins on the 181st day after the employee experiences the disabling event.
- If you return to work part time, a partial LTD benefit may be payable.
- Periodic evaluations occur at the discretion of Lincoln.

401(a) Governmental Money Purchase Retirement Plan

The City offers a 401(a) retirement savings plan through MissionSquare Retirement with pre-tax contributions. Federal income taxes are deferred until your assets are withdrawn, usually during retirement. A summary of the plan's benefits are provided below.

- Due to strict IRS regulations, new employees have **60 days** from hire date to enroll, otherwise the benefit is forfeited.
- Employer's contribution is eight percent (8%).
- Employee's contribution is five percent (5%).
- Income taxes are reduced while investing for retirement.
- Earnings accumulate tax deferred.
- Convenience provided through payroll deductions.
- If you change jobs, you have the flexibility to move your account into your new Employer's retirement plan.

457 Deferred Compensation Retirement Plan

The City offers a 457 Deferred Compensation retirement savings plan through two companies, MissionSquare Retirement or Nationwide. A 457 plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Federal income taxes are deferred until your assets are withdrawn, usually during retirement. A summary of the plan's benefits are provided below.

- Income taxes are reduced while investing for retirement.
- Earnings accumulate tax deferred.
- Convenience provided through payroll deductions.
- If you change jobs, you have the flexibility to move your account into your new Employer's retirement plan.
- If you retire or leave prior to retirement, there is no penalty for withdrawals.

While there are strict Internal Revenue Code limits to the amount you contribute each year, this retirement program offers flexibility to make changes to your contributions within those guidelines as often as you wish without penalties or fees.

457(b) Deferred Compensation Contribution Limits	
<u>2022</u>	<u>2023</u>
\$20,500 Employee Limit	\$22,500 Employee Limit
\$6,500 Catch-Up Limit	\$7,500 Catch-Up Limit

Supplemental Insurance

AFLAC offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums are paid via payroll deductions. AFLAC offers the following plans; additional information can be obtained through the HR Office.

- *Personal Accident Indemnity Plan
- *Personal Cancer Indemnity Plan
- *Personal Disability Income Protector
- *Personal Sickness Indemnity Plan
- *Specified Health Event Protection
- *Life Protector

Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA) through Wageworks/HealthEquity to all eligible employees on a voluntary basis. FSAs allow you to set aside money for reimbursement of medical and dependent care expenses you regularly pay. The amount you set aside is not taxed and is automatically deducted from your paycheck and deposited into your FSA account. During the year you have access to this account for reimbursement of some expenses that are not covered by medical insurance. It is important that you be conservative when estimating your medical and/or dental expenses, as IRS regulations state that any unused funds at the end of the plan year are forfeited. See the HR Department for additional information.

2022 Flexible Spending Account Contribution Limits

<u>Health/Medical</u>	<u>Dependent Care</u>
\$2,850 salary deferral	\$5,000 single/married filing jointly
	\$2,250 married filing separately

Employee Golf and Tennis Privileges

City employees may play golf or tennis at the City's Treasure Bay facility without paying a fee. Playing partners who are not employees pay full fee. Your City ID or recent pay stub and drivers' license will be required at the time you wish to utilize the facility. No reservations will be accepted. Play time may be limited and or interrupted based on league or tournament needs.

Employee Fitness Room

The City provides a well-equipped fitness room in the Police Building that is open to all City employees. To use the facility, notify HR, complete the exercise waiver, and release form, and then you will be provided with the access code for entry. Please bring a towel to wipe down the equipment after use. Shower facilities and changing areas are provided.

COBRA

The Consolidated OMNIBUS Budget Reconciliation Act (COBRA) requires that most employers sponsoring medical plans offer employees and their families the opportunity for a temporary extension of group insurance coverage at group rates in certain instances where coverage under the plan would otherwise end. An employee, their spouse or their dependent child covered by the City of Treasure Island's group medical plan has the right to choose this continuation of coverage if coverage is lost for any of the following qualifying events provided below. It is the responsibility of the employee to immediately notify the HR Department when a covered member experiences a qualifying event.

Employee	<ol style="list-style-type: none">1. Reduction in hours of employment2. Termination of employment.
Spouse of an Employee	<ol style="list-style-type: none">1. Death of your spouse2. Termination of spouse's employment or reduction in their hours.3. Divorce or legal separation.4. Spouse becomes entitled to Medicare.
Dependent Child of Employee	<ol style="list-style-type: none">1. Death of a parent2. Termination of parent's employment or reduction in their hours.3. Parents' divorce or legal separation.4. Parent becomes eligible for Medicare.5. Dependent child ceases to be a "dependent child" according to plan's eligibility.