



FOR ALL THAT
MATTERS
your 2018 benefits





BENEFIT PLANS THAT FIT YOUR BUDGET AND LIFE.

CAREFULLY DESIGNED WITH YOU IN MIND

We're committed to making sure you get the benefits package that's right for both you and your family. Our package combines the peace of mind that comes with excellent medical care.

Open Enrollment is your chance to ensure that your benefits package is right for you. Medical coverage, dental and vision care, and disability and life insurance options are built around you and created to keep you in great shape, physically and financially.

Please take the time to read through this booklet and understand all the options available to you. As a whole, we think we've created a benefit package that gives you outstanding support, whether you're at work, at home or even on vacation.

WHAT'S HERE:

Selecting your Plans.....	
Covering your Family.....	
Medical Insurance.....	
Dental Insurance.....	
Vision Coverage.....	
Flexible Spending Accounts.....	
Your Cost for Coverage.....	
Life and AD&D insurance.....	
Disability Insurance.....	
Additional Coverage Options.....	
Employee Assistance Program.....	



SELECTING YOUR PLANS

When you're first hired

Your **benefit eligibility date**, when your coverage begins, is the first day of the month following your date of hire. The benefit choices you make are effective through December 31, 2018.

If you have a life change

Certain life events like marriage, divorce, birth or adoption of a child, or a change in employment status may allow you to change your coverage during the year. If this occurs, please contact Health Benefits within **30 days** of the event to update your benefits, or you will have to wait until next year's Open Enrollment.

During Open Enrollment

Open Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.

Benefits selected at Open Enrollment are effective January through December.



COVERING YOUR FAMILY

Dependent eligibility

	Spouse	Children	
Medical	✓	✓	<i>until the end of the calendar year they turn 26 regardless of status</i>
Dental	✓	✓	<i>until age 26</i>
Vision	✓	✓	<i>until age 26</i>
Life Insurance	✓	✓	<i>until age 26</i>

Disabled dependents: children who became disabled before age 26 and rely on you for support are also eligible for health coverage. Please contact Health Benefits if this applies to you.

Extended medical coverage: children ages 26-30 may be eligible for extended medical coverage; please contact Health Benefits for details.

Please note: you will be asked to verify dependent eligibility during your enrollment by providing their Social Security number and date of birth.

FIND THE MEDICAL PLAN THAT'S BEST FOR YOU

COMPARE YOUR OPTIONS

	Plans A, C, and D	EPO
Doctor Choice	You may use any provider you choose <i>However, you will receive better benefits and pay less for care if you use in-network providers</i>	In-Network care only <i>Except in the case of a true emergency, the EPO only covers care through in-network providers</i>
Paying for Care	Deductible then Coinsurance <i>Most care is subject to the deductible. You then pay a percentage of the cost of care until your expenses meet the out-of-pocket maximum. Some care (hospitalization, emergency room) has an additional copay as well</i>	Copays <i>You pay a copay for most services until your expenses meet the out-of-pocket maximum</i>
Prescriptions	Deductible then Copay <i>You pay the pharmacy deductible and then copays. Your pharmacy deductible and copays go towards the out-of-pocket maximum.</i>	Deductible then Copay <i>You pay the pharmacy deductible and then copays. Your pharmacy deductible and copays go towards the out-of-pocket maximum.</i>

Important terms

Copay – a flat fee you pay whenever you use certain medical services, like a doctor visit.

Deductible – the dollar amount you pay before your medical insurance begins paying deductible-eligible claims.

Coinsurance – the percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out of pocket maximum.

Out of pocket maximum – the most you will pay during the **calendar year** for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

Balance billing – the amount you are billed to make up the difference between what your out-of-network provider charges and what insurance reimburses. **This amount is in addition to, and does not count toward your out-of-pocket maximum.**

UNITED
HEALTHCARE

Group: 702586

Website: www.MyUHC.com

Phone: 1-866-633-2477

Download United Healthcare's mobile app for claims information, to access your ID card, find a doctor, and more!





MEDICAL PLAN COVERAGE SUMMARY

	Plan A	Plan C	Plan D	EPO
In-Network Coverage				
Deductible DED	\$300 per person \$500 family max	\$750 per person \$1,500 family max	\$1,500 per person \$3,000 family max	No Deductible
Out-of-Pocket Maximum	\$2,800 per person \$4,500 family max	\$3,250 per person \$5,500 family max	\$4,000 per person \$7,000 family max	\$2,500 per person \$5,000 family max
Primary Doctor Visit	DED then 20%	DED then 20%	DED then 20%	\$30
Specialist Doctor Visit	DED then 20%	DED then 20%	DED then 20%	\$50
Independent Labs	DED then 20%	DED then 20%	DED then 20%	\$50
X-Rays	DED then 20%	DED then 20%	DED then 20%	\$50
Imaging: MRI / CT / PET	DED then 20%	DED then 20%	DED then 20%	\$300 per service
Chiropractic (18 visits)	DED then 20%	DED then 20%	DED then 20%	\$50 per visit
Urgent Care Center	DED then 20%	DED then 20%	DED then 20%	\$50
Ambulance (Emergency)	DED then 20%	DED then 20%	DED then 20%	\$100
Emergency Room (waived if admitted)	\$300 copay plus DED then 20%	\$300 copay plus DED then 20%	\$300 copay plus DED then 20%	\$300
Inpatient Hospitalization	\$500 copay plus DED then 20%	\$500 copay plus DED then 20%	\$500 copay plus DED then 20%	\$1,000 per admit
Outpatient Surgery	DED then 20%	DED then 20%	DED then 20%	\$300 then 10%
Out-of-Network Coverage (plus balance billing)				
Deductible	<i>In- and out-of-network deductibles are combined</i>			Not Covered
Coinsurance	40% after deductible	40% after deductible	40% after deductible	Not Covered
Out-of-Pocket Maximum	\$5,300 per person \$10,500 family max	\$5,750 per person \$11,500 family max	\$6,500 per person \$13,000 family max	Not Covered

PHARMACY COVERAGE

PHARMACY DEDUCTIBLE DED	\$100 single coverage \$300 family coverage	\$100 single coverage \$300 family coverage	\$100 single coverage \$300 family coverage	\$100 single coverage \$300 family coverage
Retail Prescriptions (up to 30 days)				
Generic	DED then \$12.50	DED then \$12.50	DED then \$12.50	DED then \$12.50
Preferred Brand	DED then \$31.25	DED then \$31.25	DED then \$31.25	DED then \$31.25
Non-Preferred	DED then \$62.50	DED then \$62.50	DED then \$62.50	DED then \$62.50
Mail Order Prescriptions (90 days)				
Generic	DED then \$37.50	DED then \$37.50	DED then \$37.50	DED then \$37.50
Preferred Brand	DED then \$93.75	DED then \$93.75	DED then \$93.75	DED then \$93.75
Non-Preferred	DED then \$187.50	DED then \$187.50	DED then \$187.50	DED then \$187.50

Choose [healthstat](#)-compliant generic medications and save 50% on your medication copay!

DENTAL INSURANCE

DENTAL CARE THAT MAKES YOU SMILE

PPO Mid or Indemnity

DHMO or Advantage

Dentist Choice	You may use any provider you choose <i>However, you will receive better benefits and pay less for care if you use providers in the Humana network.</i>	In-Network care only <i>The DHMO and Advantage plans require you to choose a Humana dentist as your primary dentist.</i>
Paying for Care	Deductible then Coinsurance <i>Basic and Major care is subject to the deductible, and then you pay a portion of the cost.</i>	Copays <i>You pay a set copay for each service you receive. See the copay schedule for details.</i>

	PPO Mid	Indemnity
Annual Maximum Benefit	\$1,000 per person	\$1,200 per person
In-Network Care	<i>(you pay)</i>	<i>(you pay)</i>
Deductible DED	\$50 per person, \$150 family maximum	\$25 per person, \$75 family maximum
Type 1: Preventive Care	100% Covered <i>(no deductible)</i>	100% Covered <i>(no deductible)</i>
Type 2: Basic Services	DED then 20%	DED then 20%
Type 3: Major Services	DED then 50%	DED then 50%
Type 4: Orthodontics (child to age 18)	50%, \$1,000 lifetime maximum	50%, \$1,000 lifetime maximum
Out-of-Network Care (plus balance billing)	<i>(you pay)</i>	<i>(you pay)</i>
Deductible DED	\$50 per person, \$150 family maximum	\$50 per person, \$150 family maximum
Type 1: Preventive Care	20% <i>(no deductible)</i>	10% <i>(no deductible)</i>
Type 2: Basic Services	DED then 40%	DED then 30%
Type 3: Major Services	DED then 60%	DED then 60%
Type 4: Orthodontics (child to age 18)	60%, \$1,000 lifetime maximum	60%, \$1,000 lifetime maximum

Amounts shown are what you pay for care

HUMANA

Group: 326

Website: www.humanadental.com

Phone: 1-800-342-5209

Copay schedules for the DHMO and Advantage plans are available from Health Benefits.


VISION COVERAGE

FOCUS ON YOUR VISION

Keep your eyes healthy and your vision sharp with comprehensive vision coverage offered through Vision Service Plan (VSP).

Except frames, all services are available once every 12 months; frames are available once every 24 months.



		In-Network	Out-of-Network
Copays	Eye Examination	\$10 Copay	Up to \$45 reimbursement
	Materials	\$15 Copay	N/A
Glasses	Lenses - Single	Covered after copay	Up to \$30 reimbursement
	Lenses - Bifocal	Covered after copay	Up to \$50 reimbursement
	Lenses - Trifocal	Covered after copay	Up to \$65 reimbursement
	Frames	\$110 allowance; 20% discount on balance	Up to \$70 reimbursement
Contacts	Elective Contact Lenses 	\$105 allowance (<i>no copay</i>)	Up to \$105 reimbursement
	Standard Contact Fit & Follow-up	\$60 copay	N/A



Elective contact lenses are available in lieu of glasses (lenses and/or frames). You are not eligible for glasses for 12 months after you receive elective contacts, and vice-versa.

VSP

Group: 3003629

Website: www.vsp.com/go/cityoflakeland

Phone: 1-800-877-7195

FLEXIBLE SPENDING ACCOUNTS (FSA)

TAX-FREE FUNDS FOR LIFE'S EXPENSES

Pay for qualifying health care and dependent care expenses with tax-free money using a Flexible Spending Account (FSA). You may generally enroll in one or both accounts depending on your needs.

Either use your FSA debit card to pay for eligible expenses, or pay out of your pocket and then file for reimbursement using the claim forms on www.myuhc.com. **Estimate carefully: any leftover funds at the end of the year are forfeited per IRS regulations.**

Health Care FSA

Pay for qualifying medical, pharmacy, dental, and vision expenses using pre-tax funds with a Health Care FSA.

Contribution Maximum	\$2,500 (\$104.17 per paycheck)
Time period for claims	January through December
Time period to submit claims	through March 31, 2019

Dependent Care FSA

Pay for qualifying dependent care on behalf of an eligible individual with pre-tax funds. Eligible individuals are typically defined as a dependent child under the age of 13 or a spouse who is physically or mentally incapable of self-care

Contribution Maximum	\$5,000 (\$208.33 per paycheck) \$2,500 if married filing separately
Time period for claims	January through December

GOOD TO KNOW:

- To be reimbursable, eligible expenses must be necessary for you and your spouse (if applicable) to work, attend school, or look for work.
- Only the amount you've contributed year to date is available at any one time.

UNITED HEALTHCARE	Group: 702586
	Website: www.MyUHC.com
	Phone: 1-866-633-2477

Download United Healthcare's mobile app for claims information, to access your ID card, find a doctor, and more!



PAYCHECK DEDUCTIONS

YOUR COST FOR COVERAGE

Medical Insurance *(deducted 26 times per year)*

Healthstat Participant	Plan A	Plan C	Plan D	EPO
Employee Only	\$110.17	\$24.96	\$6.38	\$95.06
Employee + Family	\$463.10	\$258.91	\$212.92	\$418.24

Non-Healthstat Participant	Plan A	Plan C	Plan D	EPO
Employee Only	\$132.20	\$29.95	\$7.66	\$114.07
Employee + Family	\$485.13	\$263.90	\$214.20	\$437.25

Dental Insurance *(deducted 24 times per year)*

	DHMO	Advantage	PPO Mid	Indemnity
Employee Only	\$6.14	\$9.35	\$12.16	\$15.50
Employee + One	\$11.58	\$18.24	\$21.44	\$27.32
Employee + Two or More	\$15.67	\$31.04	\$33.42	\$42.55

Vision Insurance *(deducted 24 times per year)*

	Vision Plan
Employee Only	\$3.02
Employee + One	\$6.05
Employee + Two or More	\$8.50

LIFE AND AD&D INSURANCE

COVERAGE FOR THE UNEXPECTED

Basic Life Insurance (City-Paid)

As an employee of the City of Lakeland, you are provided with life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you through Unum in the amount of your salary **up to \$50,000**. AD&D coverage is equal to your life insurance and may pay your beneficiary if your death is due to an accident, or may pay a partial benefit due to loss of specified functions. Make sure you designate a beneficiary who will receive your life insurance payment if you pass away while covered under this policy.

INTRODUCING AD&D



AD&D coverage can pay a benefit in one of two ways, death or dismemberment.

1. **Death:** If your death is caused due to an accident, the AD&D benefit pays in addition to your life insurance. This is sometimes called a “double indemnity” because your beneficiary receives both the life insurance amount and the AD&D amount.
2. **Dismemberment:** If, as the result of an accident, you either lose a covered body part (such as a limb) or lose the function of a covered body part, you may receive a percentage of the total AD&D benefit depending on the functions that have been lost.


Additional Life Insurance


To supplement the life insurance coverage provided by the City, you have the option to purchase additional life insurance and AD&D coverage for yourself and your dependents through Unum. You must cover yourself to cover your dependents.

FOR YOU

Available increments	\$10,000
Maximum Coverage	\$600,000
New hire medical question maximum	\$300,000 
Open Enrollment Increase	\$10,000 

YOUR COST PER PAYCHECK: \$0.13 per \$1,000 in coverage

 As a newly eligible employee, you may elect up to the **medical question limit** with no medical questions required. Requests to increase coverage or enroll at a later date outside of the annual increase opportunity will be subject to medical questions.

 If you currently purchase additional life insurance coverage and your coverage amount is less than \$300,000 you may increase your policy amount by **\$10,000** at Open Enrollment with no medical questions required

FOR YOUR DEPENDENTS

You have three life insurance options for your dependents:

	For your Spouse	For your Child(ren)	YOUR COST PER PAYCHECK
Option A	\$5,000	\$2,000	\$0.20
Option B	\$10,000	\$5,000	\$0.40
Option C	\$15,000	\$7,500	\$0.60

Children under 6 months of age: \$1,000 coverage

If you are currently enrolled in options A or B, you may be able to increase one level with no medical questions required

DISABILITY INSURANCE


PROTECTING YOUR INCOME

Long-Term Disability Insurance

The City provides you with **free** Long-Term Disability Insurance through Guardian as a continuing source of income protection in the event you are unable to work.

When benefits begin	After 180 days of inability to work
How much it pays	If you are a full-time employee: 60% of your income to \$5,000 per month If you are a part-time employee: 60% of your income to \$3,000 per month
How long benefits last	Up to two years if you are unable to perform the duties of <i>your</i> occupation To age 65 if you are unable to perform the duties of <i>any</i> occupation. <i>If you become disabled after age 65, the benefit duration depends on your age at disability.</i>

This policy has a pre-existing condition limitation which means that conditions you received treatment for during the **three months** prior to coverage beginning are excluded for the first **12 months** of coverage.



Did you know?

Just over **one in four** of today's 20 year-olds will become disabled before they retire¹

¹U.S. Social Security Administration, Fact Sheet February 7, 2013



EMPLOYEE ASSISTANCE PROGRAM (EAP)

HELP WHEN YOU NEED IT

Sometimes balancing work, home, family, finances, health, and wellbeing can seem challenging, and we want to make sure that you have access to the advice and support that you need. Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

As a City employee, you and any immediate family members living in your home have access to a number of free services, including:

Confidential Emotional Support

Highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress;
- Grief, loss and life adjustments; and
- Relationship/marital conflicts.

You can receive **ten** counseling sessions per person, per issue, per year as part of this service.

Work-Life Solutions

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care;
- Hiring movers or home repair contractors; and
- Planning events, locating pet care.

Legal Guidance

Talk to attorneys for practical assistance with your most pressing legal issues, including divorce, adoption, family law, wills, trusts and more.

Need representation?

Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Financial experts can assist with a wide range of issues. Contact ComPsych about:

- Retirement planning, taxes;
- Relocation, mortgages, insurance; and
- Budgeting, debt, bankruptcy.

All of these free, strictly confidential services and more are available to all employees and immediate family members **24 hours per day, 365 days per year**

COMPSYCH

Group: City of Lakeland

Website: www.guidanceresources.com

Phone: 1-888-882-0797

ADDITIONAL COVERAGE

CRITICAL ILLNESS COVERAGE

PROTECTION FOR UNEXPECTED DIAGNOSES

You have the opportunity to purchase a Voluntary Critical Illness Policy through Trustmark. Many major illnesses can be financially devastating. While comprehensive medical insurance is designed to assist with the cost of treatment, Trustmark's Critical Illness policy pays you directly to assist with out of pocket expenses by providing a lump sum benefit that can be used at your discretion.

Features

- Coverage available for the entire family
- Pays direct to you assist with out-of-pocket expenses;
- Pays in addition to medical insurance benefits
- **Double benefit:** you may be eligible to receive a second cash payment equal to the first if you are diagnosed with a second covered condition

Illnesses Covered

This critical illness policy is designed to pay a lump sum benefit per covered illness for:

- Heart attack
- Stroke
- Renal (kidney) failure
- Blindness
- ALS (Lou Gehrig's disease)
- Transplant of a major organ
- Paralysis of at least two limbs
- Coronary artery by-pass surgery (25% benefit)
- Invasive cancer (excludes most skin cancer)
- Carcinoma in situ (25% benefit)

Coverage options:

Available increments	\$5,000
Minimum Coverage	\$5,000
Maximum Coverage	\$100,000

DEPENDENT COVERAGE:

Spouse: available benefit is 50% your amount

Child(ren): available benefit is 10% your amount

COST EXAMPLES	\$15,000 lump sum, employee only		
	Age	Tobacco Status	Semi-Monthly Cost
	35	Non-tobacco	\$6.53
	45	Tobacco user	\$18.79
	55	Non-tobacco	\$19.30
	\$15,000 lump sum, employee + family		
	Age	Tobacco Status	Semi-Monthly Cost
	35	Non-tobacco	\$9.73
	45	Tobacco user	\$31.07
	55	Non-tobacco	\$31.52

TRUSTMARK

Website: www.trustmarksolutions.com/

Phone: 1-800-918-8877

Existing policyholders only

Please consult the actual policy underwritten by Trustmark Insurance Company, Lake Forest, Illinois for exclusions, provisions, and the Schedule of Benefits for benefit amounts and covered conditions.

ADDITIONAL COVERAGE

ACCIDENT COVERAGE

COVERING EXPENSES OF UNEXPECTED ACCIDENTS

You have the opportunity to purchase a Voluntary Accident Policy through Trustmark. Emergency costs can add up quickly. One trip to the ER due to an accident may involve many services – an ambulance ride, X-rays, medicines and physician fees. While comprehensive medical insurance is designed to assist with the cost of treatment, Trustmark’s Accident policy pays you directly to assist with out of pocket expenses by paying benefits based on treatment and diagnoses that can be used at your discretion.

Features

- Guaranteed Issue – There are no medical questions you’ll have to answer, but your spouse or domestic partner must answer a disability question.
- Pays directly to you to assist with out-of-pocket expenses.
- Pays in addition to medical insurance benefits.
- Family Coverage – Apply for your spouse, children and dependent grandchildren.

What’s Covered

This policy pays benefits depending on the care received due to a covered non-occupational (off-the-job) accident:

- **Initial Care Benefits:** Physician visit, ambulance, emergency room treatment, hospital benefits, lodging, blood, surgery, emergency dental
- **Injury Benefits:** Burn; concussion; dislocation; eye injury; fracture; herniated disc; laceration; loss of finger, toe, hand, foot, sight; tendon, ligament, rotator cuff injury; torn knee cartilage
- **Follow-up Care Benefits:** Physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation
- Includes a Wellness Benefit: Pays \$50, up to 2 times per calendar year, for covered health screening tests, routine physicals, and immunizations.

YOUR COST	Coverage Level	Monthly Cost
	Employee Only	\$8.07
	Employee + Spouse	\$13.43
	Employee + Child(ren)	\$17.75
	Employee + Family	\$23.11

TRUSTMARK

Website: www.trustmarksolutions.com/

Phone: 1-800-918-8877

Existing policyholders only

Please consult the actual policy underwritten by Trustmark Insurance Company, Lake Forest, Illinois for exclusions, provisions, and the Schedule of Benefits for benefit amounts and covered conditions.

ADDITIONAL COVERAGE

HOSPITAL INDEMNITY COVERAGE

COVERING EXPENSES OF UNEXPECTED ACCIDENTS

You have the opportunity to purchase a Voluntary Hospital Indemnity policy through Unum. You can receive benefits when you're admitted to the hospital for a covered accident or illness. The money is paid directly to you – not to a hospital or care provider. It can complement your health insurance to help you pay for the costs of a hospital stay. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays and deductibles.

Features

- Pays direct to you assist with out-of-pocket expenses;
- Pays in addition to medical insurance benefits
- Family Coverage – Apply for your spouse and children

What's Covered

You have two plan options: Plan A or Plan B. Each plan covers the same services; the difference is the hospital admission benefit.

Service	Plan A Benefit	Plan B Benefit	Time Limitation
Covered hospital admission	\$1,000 per admission	\$1,500 per admission	<i>Once per year</i>
Covered hospital stay	\$100 per day		<i>Up to 15 days, once per year</i>
ICU hospital stay	\$200 per day		<i>Up to 15 days, once per year</i>
Emergency Room Treatment for a covered accident	\$150		<i>Once per year</i>
Ambulance transportation for a covered accident	Ground: \$100 Air: \$500		<i>Once per year</i>

COST EXAMPLES	Age Level: 17-49 Coverage Level	Plan A Weekly Cost	Plan B Weekly Cost
	Employee Only	\$4.16	\$5.54
	Employee + Spouse	\$7.48	\$9.95
	Employee + Child(ren)	\$6.43	\$8.39
	Employee + Family	\$9.75	\$12.80

UNUM

Group: City of Lakeland
Website: www.unum.com/employees/benefits/HospitalIndemnity
Phone: 1-800-635-5597




CITY OF
Lakeland
www.lakelandgov.net



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 Arthur J. Gallagher & Co.
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