**Effective January 1, 2018**



**EMPLOYEE INSURANCE BENEFITS**

**520 N. LAKE PARKER AVE**

**LAKELAND, FL 33801**

**863-834-6795**

**WELCOME!**

The insurance benefits extended to a City of Lakeland regular full-time employee will be explained in entirety during employee orientation. At that time you will be provided the opportunity to enroll in medical, dental, vision, and life insurance. A flexible spending program is also offered.

We understand that you or your spouse may have insurance elsewhere and that a decision will have to be made as to which or if both insurance coverages should be continued. These are important decisions and should be given a great deal of thought.

Listed below is information which should assist you in making your insurance selections. This information is intended as a summary, only. Please review it carefully and prepare any questions you may need to have answered in order to make decisions on the day of orientation.

**HEALTH INSURANCE**

The City of Lakeland has a self-insurance health plan that is administered by United Health Care which consists of a Preferred Provider Organization (PPO). Also included in the health plan is a national prescription care program which is geared towards generic drug usage and requires only a $12.50 co-payment for generic drugs, $31.25 co-payment for preferred drugs, and $62.50 co-payment for non-preferred drugs after satisfying an annual deductible of $100 single/$300 family. Plan specifics will be distributed at employee orientation. .

(For employees who are Healthstat Compliant, the generic co-payment is $6.25). Please note that information on the City’s Healthstat Clinic will be provided under a separate cover.

**Deductible Options**

Plan Per Person Per Family (Accumulative)

A $300 $500

C $750 $1500

D $1500 $3000

EPO N/A N/A

**Schedule of Benefits-Plan A, C and D**

Lifetime Maximum – Plans A, C, D & EPO – Unlimited

After Plan deductible is satisfied, covered eligible expenses will be paid at the following percentages:

 **In-Network Out-of-Network**

Hospital Eligible Expenses 80% 60% ($500 Per Visit/In-Patient Deductible)

Physician Eligible Expenses 80% 60%

Adult Routine Physical 80% 60%

Outpatient Surgery Benefit

 Hospital 80% 60%

 Physician 80% 60%

Child Health Supervision Services 100% 60%

(within 3 months of birthday; no

deductible applies to this benefit)

Inpatient Hospital Room & Board 80% 60%

(Average semi-private)

after inpatient deductible

Convalescent Nursing Facility – 60 50% 50%

days per year (average semi-private)

Elective Sterilization 100% 60%

Maternity Expenses Same as any other illness

Wellness Benefits

PSA Test/Prostate Exam 100% 60%

Annual for Age 45 and Over (no deductible) (subject to deductible)

Screening Colonoscopy (>50) 100% 60%

 (no deductible) (subject to deductible)

Pelvic Exam/Pap Test 100% 60%

Annual for Age 18 and Over (no deductible) (subject to deductible)

Screening Breast Exam/Mammogram 100% 60%

Annual for Age 40 and Over\*\* (no deductible) (subject to deductible)

\*\*Every 2 years for ages 20-39 if physical symptoms exist for family history of breast cancer

Mental/Nervous Conditions

 Inpatient 80% No Reimbursement

 Plan Year Day Maximum 30 days 30 days

 Outpatient 80% 60%

 Plan Year Day Maximum 15 visits 15 visits

Alcoholism and Chemical 80% 60%

 \*Alcohol Lifetime Maximum $2,000 $2,000

**Schedule of Benefits-EPO Plan**

1. A summary of the benefits are;

 - Must use a Network Provider (United Healthcare (UHC) Network)

- No Deductible

- No Lifetime Maximum

- Services listed below have a flat fee per occurrence. For any service

 not listed; there will be a 10 percent Co-Payment up to the Out of

 Pocket Maximum;

* Primary Care Per Visit $ 30.00
* Specialist Care Per Visit $ 50.00
* Urgent Care Per Visit $ 50.00
* Emergency Room Per Visit $ 300.00 (Waived if admitted)
* Inpatient Per Admission $1,000.00
* Advanced Imagining i.e. MRI $ 300.00
* X-ray/Laboratory $ 50.00
* Ambulance per occurrence $ 100.00
* Massage Therapy per visit $ 30.00

1. Preventative Services covered at 100 percent are:
* Well-child care provided in a network physician’s office from birth up to age 16 include immunizations and laboratory tests that are in keeping with prevailing medical standards.
* Annual Pelvic Exam/PAP Test for females 18 and over
* Annual Breast Examination/Mammography for females 40 and over
* Male’s annual PSA test for males 45 and over
* Colonoscopy for those 50 and over
1. Out of Pocket Maximum\*
* Individual $2,500.00
* Family $5,000.00

 \* Please Note: Flat fees listed in section (2. a.) are not applied to Out of Pocket

 Maximum.

**NOTE: All treatment for mental/nervous or drug/alcohol must be coordinated through United Healthcare prior to any appointment; otherwise, THERE WILL BE NO REIMBURSEMENT!**

Bi-Weekly Premiums (26 times a year)

Plan Single Coverage Family Coverage

A $110.17 $463.10

C $ 24.96 $258.91

D $ 6.38 $212.92

EPO $ 95.06 $418.24

Note: For those Non-Healthstat compliant the premium is 20% higher based off the employee

 only premium only. Premium summary at the end of the brochure.

**DENTAL INSURANCE**

The City is contracted with Humana/Comp Benefits, Inc. through which you are provided four dental plan options – Prepaid (DHMO), Advantage, PPO Mid, and PPO. The **Prepaid (DHMO) Plan** uses a specific provider network and offers diagnostic care at no charge with no deductible. The **Advantage** plan uses a specific provider network and is similar to the DHMO but is a more enhanced plan. It offers preventive services at no charge. The **PPO Mid plan** participants can select their own dentist in or out of network; however, there is a $50.00 per person/3 per family cash deductible per calendar year. The **PPO plan** participants can select in and out of network dentists. There is a $25.00 per person/3 per family cash deductible per calendar year if PPO dentists are used. All plans cover orthodontics. A schedule of benefits for all plans will be distributed at orientation.

Semi-Monthly Premiums:



**VISION INSURANCE**

Vision insurance is available through Vision Services Plan (VSP). The benefits listed below are provided through a select network of providers.

Services Available:

WellVision Exam: Every 12 months

Lenses: Every 12 months (Single vision, lined bifocals and lined trifocals)

Frames: Every 24 months (Up to a $110.00 allowance plus additional 20% over any amount over your allowance)

Contacts Every 12 months ($105.00 allowance)

**Deductible:** Vision Exam $10.00 co-pay

 Lenses/Frames $15.00 co-pay

 Contacts $60.00 co-pay

Vision Semi-Monthly Premiums:

Employee Only $ 3.02

Employee + One $ 6.05

Employee + Family $ 8.50

**FLEXIBLE SPENDING ACCOUNT**

As a City of Lakeland employee, you will be provided the opportunity to participate in a Flexible Spending Account which will allow you to purchase dependent care or unreimbursed health care in pre-tax dollars. The monthly administrative fee is $4.56 for the employee and $.60 for employer.

**LIFE INSURANCE**

The City pays 100% of the premium on a basic life insurance term policy which is one times employee salary not to exceed $50,000. Supplemental Insurance is available to all full-time regular employees who have never been refused Supplemental Life Insurance in the past.

This Supplemental Life Insurance can be purchased in multiples of $10,000 up to $600,000. However, proof of insurability will be required. Newly hired regular full-time employees will have a one-time opportunity to purchase up to $300,000 without proof of insurability. Employee cost for the Supplemental Life Insurance is $0.26 per thousand. Dependent Term Life Insurance is available at a cost of:

1) $ 5,000 spouse / $2,000 per child $ .40 per month

2) $10,000 spouse / $5,000 per child $ .80 per month

3) $15,000 spouse / $7,500 per child $1.20 per month

**Other Benefits Paid 100% by the City:**

Employee Assistance Program may assist up to 10 times per year at no cost to you

Long Term Disability is available one year from higher date as a Full-time or Part-time Regular Employees.





**Flexible Spending and Dependent Care Administrative Fee Semi-Monthly**

 Employee Fee $2.28

 City Paid FSA Card Fee $ .30