



# **2026**

## Employee Benefit Highlights



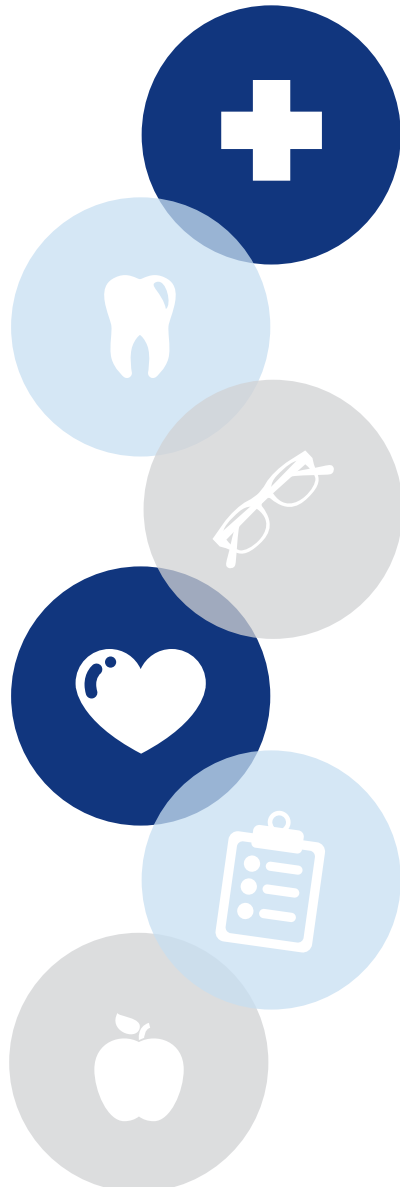
## Contact Information

Risk Benefits			Phone: (863) 834-6797 Email: <a href="mailto:benefits@lakelandgov.net">benefits@lakelandgov.net</a>
	<b>Medical Insurance</b>	UnitedHealthcare Group #702586	Customer Service: (800) 377-5108 <a href="http://www.myuhc.com">www.myuhc.com</a>
	<b>Prescription Drug Coverage &amp; Mail Order Program</b>	Optum Rx Group #702586	Customer Service: (800) 356-3477 <a href="http://www.optumrx.com">www.optumrx.com</a>
	<b>Telehealth</b>	24/7 Virtual Visits Through UnitedHealthcare Group #702586	Customer Service: (855) 615-8335 <a href="http://www.uhc.com/virtualvisits">www.uhc.com/virtualvisits</a>
	<b>Dental Insurance</b>	Humana Group #830860	Customer Service: (800) 233-4013 <a href="http://www.myhumana.com">www.myhumana.com</a>
	<b>Vision Insurance</b>	Humana Group #830860	Customer Service: (877) 398-2980 <a href="http://www.myhumana.com">www.myhumana.com</a>
	<b>Flexible Spending Accounts (FSA)</b>	UnitedHealthcare Group #702586	Customer Service: (866) 755-2648 <a href="http://www.myuhc.com">www.myuhc.com</a>
	<b>Employee Assistance Program</b>	ComPsych GuidanceResources	Customer Service: (866) 606-6344 <a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
	<b>Basic Life and AD&amp;D Insurance</b>	Unum	Customer Service: (800) 421-0344 <a href="http://www.unum.com">www.unum.com</a>
	<b>Voluntary Life and AD&amp;D Insurance</b>	Unum	Customer Service: (800) 421-0344 <a href="http://www.unum.com">www.unum.com</a>
	<b>Long Term Disability Insurance</b>	Voya	Contact Risk Benefits
	<b>Voluntary Benefits</b>	UnitedHealthcare Group #390267	Customer Service: (888) 299-2070 <a href="http://www.myuhcfc.com">www.myuhcfc.com</a>
	<b>Wellness Center</b>	Employee Wellness Clinic	Phone: (863) 834-6710
	<b>Employee Recreation Center Benefits</b>		Phone: (863) 834-6035 Email: <a href="mailto:recreation@lakelandgov.net">recreation@lakelandgov.net</a> <a href="http://www.lakelandgov.net/parkrec">www.lakelandgov.net/parkrec</a>



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## Introduction

The City of Lakeland provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the City's Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Risk Benefits.

## Group Insurance Eligibility



City of Lakeland's group insurance plan year is January 1 through December 31.

### Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are full-time employees working a minimum of 30 hours per week. Eligible part-time employees working a minimum of 20 hours may enroll in dental, vision, reduced Long Term Disability and the Employee Assistance Program. Coverage will be effective the first of the month following date of hire. For example, if employee is hired on April 11, then the effective date of coverage will be May 1.

### Separation or Retirement from Employment

If employee separates employment or retires from the City, insurance for medical, dental and vision will continue through the end of the pay period in which separation/retirement occurred. Other coverage may terminate on the last date of employment. COBRA continuation of coverage may be available as applicable by law.

### Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. Proof of relationship documentation is required to add spouse and/or dependent child(ren). The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months) of a covered dependent (Florida State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse.

### Dependent Age Requirements

**Medical Coverage:** A dependent child may be covered through the end of the year in which the child turns age 26. An over-age dependent (taxable dependent) may continue to be covered through the end of the calendar year in which the dependent child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is handicapped.

**Dental Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 26.

**Vision Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 26.

**Life and AD&D Coverage:** A dependent child may be covered up to the date the child reaches age 19 or 25 if enrolled in an accredited college.

*Please see Taxable Dependents if covering eligible over-age dependents.*

### Disabled Dependents

Coverage for a dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plans; and
- The dependent has been continuously insured.

Proof of disability will be required upon request. Please contact Risk Benefits if further clarification is needed.



## Group Insurance Eligibility *(Continued)*

### Taxable Dependents

Employee covering adult children under the employee's medical insurance plans may continue coverage at no cost through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child. Contact Risk Benefits for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

*Please Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return. If employee is covering an overage dependent child, employee will be charged the full premium of the dependent coverage via payroll deduction.*

## Qualifying Events and Section 125

### Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made **ONLY** during the Open Enrollment Period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within **30 days** of the Qualifying Event.

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year if the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of the Internal Revenue Code. Any requested changes must be consistent with and due to the Qualifying Event.

#### Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)

### IMPORTANT NOTES

If employee experiences a Qualifying Event, **Risk Benefits must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements.

### Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan(s) is provided as a supplement to this booklet for new hires and existing employees during Open Enrollment. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document can be requested or accessed as follows:

<b>From:</b>	Risk Benefits
<b>Address:</b>	520 N Lake Parker Ave Lakeland, Florida 33801
<b>Phone:</b>	(863) 834-6797
<b>Email:</b>	benefits@lakelandgov.net

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting Risk Benefits or visiting the Benefits/Medical page on Insite.

If there are any questions about the plan offerings or coverage options, please contact Risk Benefits at (863) 834-6797.



## Medical Insurance

The City offers medical insurance through UnitedHealthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact UnitedHealthcare's customer service. Employees in compliance with the Employee Wellness Clinic may receive a discount on the medical plan cost and 50% discount off generic drugs after deductible has been met.

*Please Note: Plan A and the EPO Plan adheres to ACA rules and covers required preventive services/medications. Plans C & D are grandfathered plans and all preventive services and medications required under ACA may not be covered.*

### Medical Insurance – United Healthcare

26 Payroll Deductions - Per Pay Period Cost

#### Employee Compliant With Employee Wellness Clinic

Tier of Coverage	Plan A	Plan C	Plan D	EPO
Employee Only	\$64.98	\$35.76	\$9.12	\$136.26
Employee + Spouse	\$411.00	\$354.66	\$279.66	\$557.76
Employee + Child(ren)	\$381.66	\$331.44	\$272.58	\$535.44
Employee + Family	\$451.14	\$371.16	\$305.22	\$599.58

### Medical Insurance – United Healthcare

26 Payroll Deductions - Per Pay Period Cost

#### Employee Not Compliant With Employee Wellness Clinic

Tier of Coverage	Plan A	Plan C	Plan D	EPO
Employee Only	\$76.98	\$47.76	\$21.12	\$148.26
Employee + Spouse	\$423.00	\$366.66	\$291.66	\$569.76
Employee + Child(ren)	\$393.66	\$343.44	\$284.58	\$547.44
Employee + Family	463.14	\$383.16	\$317.22	\$611.58

#### UnitedHealthcare

Customer Service: (800) 377-5108 | [www.myuhc.com](http://www.myuhc.com)



## Medical Plan Resources

UnitedHealthcare offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, please contact UnitedHealthcare's customer service at (800) 377-5108, or visit [www.myuhc.com](http://www.myuhc.com).

### Clinic and Wellness Benefits

- Employees in compliance with the Employee Wellness Clinic may receive 50% discount off generic drugs after deductible has been met.
- Lab work is available through the Employee Wellness Clinic at no cost.

### Mobile App

UnitedHealthcare mobile app provides on-the-go access to the medical benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, member are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

### Advocate4Me

UnitedHealthcare offers members access to Advocates who may help with questions about a new claim, finding a provider or help to better understand plan benefits. Get help locating care, understanding a bill or payment, accessing plan benefits, learn more about prescriptions and more. To learn more about Advocate4Me visit [www.myuhc.com](http://www.myuhc.com) or call (800) 377-5108.

## 24/7 Virtual Visits

UnitedHealthcare provides access to telehealth services as part of the medical plan. 24/7 Virtual Visits is a convenient phone and video consultation that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth, such as:

- ✓ Acne
- ✓ Fever
- ✓ Sore Throat
- ✓ Allergies
- ✓ Headache
- ✓ Stomachache
- ✓ Cold and Flu
- ✓ Rash
- ✓ UTIs and More

Telehealth doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact UnitedHealthcare.

### 24/7 Virtual Visits

Virtual Services	Cost
24/7 Virtual Visits	\$10

### UnitedHealthcare

**24/7 Virtual Visits** | Customer Service: (855) 615-8335  
[www.uhc.com/virtualvisits](http://www.uhc.com/virtualvisits)



## UnitedHealthcare Medical Plans At-A-Glance



### Locate a Provider

To search for a participating provider, contact UnitedHealthcare customer service or visit [www.myuhc.com](http://www.myuhc.com).

**When completing the necessary search criteria, select the Choice Plus network.**



### Plan References

#### **\*Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

**\*\*Family Plan Deductible:** Once a family member has met their individual deductible, the plan will begin to pay for covered services for that person. The plan will not pay for covered services for the other family members until the family deductible has been met.

**\*\*\*Family Out-of-Pocket Limit:** Once a family member has met their individual out-of-pocket limit, this family member will have no additional cost share for the rest of the calendar year. The rest of the covered family members must continue to satisfy their out-of-pocket limit until the family out-of-pocket limit is met.

†LabCorp or Quest Diagnostics are the preferred labs for bloodwork through UnitedHealthcare. When using a lab other than LabCorp or Quest, please confirm they are contracted with UnitedHealthcare's Choice Plus network prior to receiving services.

#PAD: Per Admission Deductible

Plan	Plan A (Non-Grandfathered)		Plan C (Grandfathered)	
Network	Choice Plus		Choice Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Individual	\$300	\$300	\$750	\$750
Family**	\$500	\$500	\$1,500	\$1,500
Coinsurance				
Member Responsibility	20%	40%	20%	40%
Calendar Year Out-of-Pocket Limit (OOP)				
Single	\$4,000	\$4,000	\$3,250	\$5,750
Family***	\$6,800	\$7,000	\$5,500	\$11,500
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, and Rx		Deductible and Coinsurance	
Physician Services				
Primary Care Physician (PCP) Office Visit	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Specialist Office Visit	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Non-Hospital Services; Freestanding Facility				
Clinical Lab (Bloodwork)†	20% After CYD	40% After CYD	20% After CYD	40% After CYD
X-rays	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Advanced Imaging (MRI, MRA, CT)	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Physician Services at Surgical Center	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Urgent Care Center	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Hospital Services				
Inpatient Hospital (Per Admission)	\$500 PAD‡ + 20% After CYD	\$500 PAD‡ + 40% After CYD	\$500 PAD‡ + 20% After CYD	\$500 PAD‡ + 40% After CYD
Outpatient Hospital (Per Visit)	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Physician Services at Hospital	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Emergency Room (Per Visit)	\$300 PAD‡ + 20% After CYD	\$300 PAD‡ + 20% After CYD	\$300 PAD‡ + 20% After CYD	\$300 PAD‡ + 20% After CYD
Mental Health/Alcohol & Substance Abuse				
Inpatient Hospital Services (Per Admission)	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Outpatient Services (Per Visit)	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Outpatient Office Visit	20% After CYD	40% After CYD	20% After CYD	40% After CYD
Prescription Drugs (Rx)				
Single/Family (Calendar Year Deductible for Rx)	\$100	\$300	\$100	\$300
Tier 1	\$12.50 Copay After CYD	\$12.50 Copay After CYD	\$12.50 Copay After CYD	\$12.50 Copay After CYD
Tier 2	\$31.25 Copay After CYD	\$31.25 Copay After CYD	\$31.25 Copay After CYD	\$31.25 Copay After CYD
Tier 3	\$62.50 Copay After CYD	\$62.50 Copay After CYD	\$62.50 Copay After CYD	\$62.50 Copay After CYD
Mail Order Drug (90-Day Supply)	\$37.50/\$93.75/\$187.50 Copay After CYD	Not Covered	\$37.50/\$93.75/\$187.50 Copay After CYD	Not Covered

Please Note: Plan A RX deductible counts towards the OOP Limit. Plan C RX deductible does not count towards the OOP Limit.





## UnitedHealthcare Medical Plans At-A-Glance

Plan	Plan D (Grandfathered)		EPO (Non-Grandfathered)
Network	Choice Plus		Choice
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>	<b>In-Network</b>
Single	\$1,500	\$1,500	Does Not Apply
Family**	\$3,000	\$3,000	Does Not Apply
<b>Coinsurance</b>			
Member Responsibility	20%	40%	10%
<b>Calendar Year Out-of-Pocket Limit (OOP)</b>			
Single	\$4,000	\$6,500	\$2,500
Family***	\$7,000	\$13,000	\$5,000
What Applies to the Out-of-Pocket Limit?	Deductible and Coinsurance		Copays, Coinsurance and Rx
<b>Physician Services</b>			
Primary Care Physician (PCP) Office Visit	20% After CYD	40% After CYD	\$30 Copay
Specialist Office Visit	20% After CYD	40% After CYD	\$50 Copay
<b>Non-Hospital Services; Freestanding Facility</b>			
Clinical Lab (Bloodwork)†	20% After CYD	40% After CYD	\$50 Copay
X-rays	20% After CYD	40% After CYD	\$50 Copay
Advanced Imaging (MRI, MRA, CT)	20% After CYD	40% After CYD	\$30 Copay
Outpatient Surgery in Surgical Center	20% After CYD	40% After CYD	\$300 Copay + 10% Coinsurance
Physician Services at Surgical Center	20% After CYD	40% After CYD	10% Coinsurance
Urgent Care Center	20% After CYD	40% After CYD	\$50 Copay
<b>Hospital Services</b>			
Inpatient Hospital (Per Admission)	\$500 PAD‡ + 40% After CYD	\$500 PAD‡ + 40% After CYD	\$1,000 Copay
Outpatient Hospital (Per Visit)	20% After CYD	40% After CYD	\$300 Copay + 10% Coinsurance
Physician Services at Hospital	20% After CYD	40% After CYD	10% Coinsurance
Emergency Room (Per Visit)	\$300 PAD‡ + 20% After CYD	\$300 PAD‡ + 20% After CYD	\$300 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>			
Inpatient Hospital Services (Per Admission)	20% After CYD	40% After CYD	\$1,000 Copay
Outpatient Services (Per Visit)	20% After CYD	40% After CYD	10% Coinsurance
Outpatient Office Visit	20% After CYD	40% After CYD	\$30 Copay
<b>Prescription Drugs (Rx)</b>			
Single/Family (Calendar Year Deductible for Rx)	\$100/\$300	\$100/\$300	\$100/\$300
Tier 1	\$12.50 Copay After CYD	\$12.50 Copay After CYD	\$12.50 Copay After CYD
Tier 2	\$31.25 Copay After CYD	\$31.25 Copay After CYD	\$31.25 Copay After CYD
Tier 3	\$62.50 Copay After CYD	\$62.50 Copay After CYD	\$62.50 Copay After CYD
Mail Order Drug (90-Day Supply)	\$37.50/\$93.75/\$187.50 Copay After CYD	Not Covered	\$37.50, \$93.75, \$187.50 Copay After CYD

Please Note: Plan D RX deductible does not count towards the OOP Limit. EPO RX deductible counts towards the OOP Limit.



### Locate a Provider

To search for a participating provider, contact UnitedHealthcare customer service or visit [www.myuhc.com](http://www.myuhc.com). **When completing the necessary search criteria, select the Choice Plus or Choice network.**



### Plan References

#### \*Out-Of-Network Balance Billing:

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

\*\*Family Plan Deductible: Once a family member has met their individual deductible, the plan will begin to pay for covered services for that person. The plan will not pay for covered services for the other family members until the family deductible has been met.

\*\*\*Family Out-of-Pocket Limit: Once a family member has met their individual out-of-pocket limit, this family member will have no additional cost share for the rest of the calendar year. The rest of the covered family members must continue to satisfy their out-of-pocket limit until the family out-of-pocket limit is met.

†LabCorp or Quest Diagnostics are the preferred labs for bloodwork through UnitedHealthcare. When using a lab other than Quest, please confirm they are contracted with UnitedHealthcare's Choice Plus or Choice networks prior to receiving services.

‡PAD: Per Admission Deductible



### Important Notes

EPO Plan: Services received by providers or facilities not in the Choice network, will not be covered.



## Dental Insurance

### Humana DHMO and Advantage Plus Plans *(In-Network Only)*

The City offers dental insurance through Humana to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plans, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Dental Insurance – Humana DHMO CS150 Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$5.64
Employee + 1 Dependent	\$10.62
Employee + Family	\$14.37

#### Dental Insurance – Humana Advantage Plus 1S Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$8.58
Employee + 1 Dependent	\$16.73
Employee + Family	\$28.47

### In-Network Benefits

The DHMO and Advantage Plus plans are in-network only plans that require all services be received by a Primary Dental Provider (PDP). Employee and dependent(s) must select a participating dentist in the Humana HD Prepaid/DHMO CS150 or HumanaDentalAdvantagePlus network to receive covered services. **There is no coverage for services received out-of-network.**

The DHMO plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the summary plan document for a detailed listing of charges and benefits.

*Please Note: Employees enrolled in the DHMO dental plan must be assigned to a dental provider. A dental provider may be changed by contacting Humana's customer service.*

### Out-of-Network Benefits

The DHMO and Advantage Plus plans do not cover any services rendered by out-of-network facilities or providers.

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Benefit Maximum

There is no benefit maximum.



#### IMPORTANT NOTES

- Two (2) routine cleanings per plan year covered under the preventive benefit. Members may also receive additional cleanings at the charge of a copay.
- Prior authorization is not required for specialty referrals for Endodontic, Orthodontic and Pediatric Services.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.

### Mobile App

MyHumana mobile app provides on-the-go access to the dental benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, member are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

#### Humana

Customer Service: (800) 233-4013 | [www.myhumana.com](http://www.myhumana.com)



## Humana DHMO and Advantage Plus Plans At-A-Glance

Network	DHMO*	Advantage Plus
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>In-Network</b>
Per Member	Does Not Apply	
Per Family		
Waived for Class I Services?		

### Calendar Year Benefit Maximum

Per Member	Does Not Apply
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### Class I Services: Diagnostic & Preventive Care

	Code	In-Network	In-Network
Routine Oral Exam (2 Per Year)	0120	No Charge	No Charge
Routine Cleanings (2 Per Year)	1110	No Charge	No Charge
Complete X-rays (1 Every 3 Years)	0210	No Charge	No Charge
Bitewing X-rays (2 Per Year)	0274	No Charge	No Charge

### Class II Services: Basic Restorative Care

Fillings (Amalgam)	2160	No Charge	\$37
Fillings (Resin, 3 Surface Posterior)	2393	\$100	\$46
Simple Extractions (Erupted Tooth or Exposed Root)	7210	\$40	\$108
Root Canal Therapy (Molar)**	3330	\$250	\$497
Surgical Removal of Tooth (Impacted)	7240	\$85	\$211
Full Mouth Debridement	4355	\$45	\$26

### Class III Services: Major Restorative Care

Crowns (Porcelain Fused to Metal)	6750	\$280***	\$486
Bridges (Porcelain Fused to Metal)	6240	\$280***	\$426
Dentures	5110/20	\$300†	\$642

### Class IV Services: Orthodontia

Benefit - Child (Up to age 19 - Consultation, Evaluation, Records/Treatment Planning)	8070/8080	\$285	\$285
Benefit - Child (Up to age 19 - Orthodontic Treatment)	8070/8080	\$1,800	\$2,100
Benefit - Adult (Consultation, Evaluation, Records/Treatment Planning)	8090	\$285	\$285
Benefit - Adult (Orthodontic Treatment)	8090	\$2,000	\$2,300
Retention	8680	\$450	\$450



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.myhumana.com](http://www.myhumana.com). When completing the necessary search criteria for DHMO, select HD DHMO/Prepaid network.

When completing the necessary search criteria for Advantage Plus, select HumanaDentalAdvantagePlus network.



### Plan References

\*Office visits may be subject to a copay per visit.

\*\* Excluding final restoration.

\*\*\*Service may not include the additional cost of precious and semi-precious metal. The additional cost of precious metal shall not exceed \$125 per unit and \$75 per unit for semi-precious metal.

†Procedure may require separate payment of laboratory charges.



## Dental Insurance

### Humana Mid PPO and High PPO Plans *(In-Network and Out-of-Network)*

The City offers dental insurance through Humana to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plans, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Dental Insurance – Humana Mid PPO Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$11.39
Employee + 1 Dependent	\$20.06
Employee + Family	\$31.28

#### Dental Insurance – Humana High PPO Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$16.31
Employee + 1 Dependent	\$28.75
Employee + Family	\$44.77

### In-Network Benefits

The DPPPO plans provide benefits for services received from in-network and out-of-network providers. The plans are also an open-access which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Humana PPO. These participating dental providers have contractually agreed to accept Humana's contracted fee or "allowed amount." This fee is the maximum amount a Humana's dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

### Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Humana DPPPO provider. Humana reimburses out-of-network services based on what it determines as the Maximum Allowable Charge (MAC). The MAC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Humana's MAC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

### Calendar Year Deductible

The Mid DPPPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

The High DPPPO plan requires a \$25 individual or a \$75 family deductible to be met for in-network or a \$50 individual or a \$150 family deductible to be met for out-of-network services before most benefits will begin. The deductible is waived for preventive services.

### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Mid DPPPO plan will pay for each covered member is \$1,000 for in-network or out-of-network services.

The maximum benefit (coinsurance) the High DPPPO plan will pay for each covered member is \$1,250 for in-network or out-of-network services. After the benefit maximum has been met, the plan includes an extended benefit maximum of 30% coinsurance on preventive, basic and major services, excluding orthodontia, for the remainder of the calendar year.

All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

### Mobile App

MyHumana mobile app provides on-the-go access to the dental benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, member are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

**Humana**

Customer Service: (800) 233-4013 | [www.myhumana.com](http://www.myhumana.com)





## Humana Mid PPO and High PPO Plans At-A-Glance

Plan Name	Mid DPP0		High DPP0	
Network	Humana PPO		Humana PPO	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Per Member	\$50	\$50	\$25	\$50
Per Family	\$150	\$150	\$75	\$150
Waived for Class I Services?	Yes		Yes	

### Calendar Year Benefit Maximum

Per Member	\$1,000	\$1,000	\$1,250	\$1,250
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### Class I Services: Diagnostic & Preventive Care

Routine Oral Exam (3 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 80% Deductible Waived (Subject to Balance Billing)	Plan Pays: 100% Deductible Waived	Plan Pays: 90% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (3 Per Year)				
Complete X-rays (1 Set Every 5 Years)				
Bitewing X-rays**				
Periodontal Services	N/A	N/A	Plan Pays: 100% Deductible Waived	Plan Pays: 90% Deductible Waived (Subject to Balance Billing) N/A

### Class II Services: Basic Restorative Care

Fillings	Plan Pays: 80% After CYD	Plan Pays: 60% After CYD (Subject to Balance Billing)	Plan Pays: 80% After CYD	Plan Pays: 70% After CYD (Subject to Balance Billing)
Simple Extractions				
Oral Surgery				
Endodontics (Root Canal Therapy)				

### Class III Services: Major Restorative Care

Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)	Plan Pays: 50% After CYD	Plan Pays: 40% After CYD (Subject to Balance Billing)
Bridges				
Dentures				
Periodontal Services	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)	N/A	N/A

### Class IV Services: Orthodontia

Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Benefit (Dependent Children Up To Age 18)	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.myhumana.com](http://www.myhumana.com). When completing the necessary search criteria, select Humana PPO network.



### Plan References

**\*Out-Of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.

\*\*2 Per year for ages 10 and under, up to 4 per year for ages 11 and up.



### Important Notes

- Each covered family member may receive up to three (3) routine cleanings per plan year covered under the preventive benefit.
- For any dental work expected to cost \$300 or more, either plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



## Vision Insurance

### Humana Vision 130 Plan

The City offers vision insurance through Humana to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Vision Insurance - Humana Vision 130 Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$2.61
Employee + 1 Dependent	\$5.19
Employee + Family	\$7.29

#### In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the Humana Vision 130 network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

#### Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the Humana Vision 130 network. When going out of network, the provider will require payment at the time of appointment. Humana will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

#### Mobile App

MyHumana mobile app provides on-the-go access to the vision benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, member are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

#### Humana

Customer Service: (877) 398-2980 | [www.myhumana.com](http://www.myhumana.com)



## Humana Vision 130 Plan At-A-Glance

Network		Vision 130	
Services		In-Network	Out-of-Network
Eye Exam		\$10 Copay	Up to \$30 Reimbursement
Frequency of Services			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
Lenses			
Single		\$15 Copay	Up to \$25 Reimbursement
Bifocal		\$15 Copay	Up to \$40 Reimbursement
Trifocal		\$15 Copay	Up to \$60 Reimbursement
Frames			
Allowance		Up to \$130 Allowance; then 20% Off Balance Over \$130	Up to \$65 Reimbursement
Contact Lenses*			
Non-Elective (Medically Necessary)		No Charge	Up to \$200 Reimbursement
Elective	Conventional	Up to \$130 Allowance; then 15% Off Balance Over \$130	Up to \$104 Reimbursement
	Disposable	Up to \$130 Allowance	Up to \$104 Reimbursement



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.myhumana.com](http://www.myhumana.com). When completing the necessary search criteria, select Vision 130 network.



### Plan References

\*Contact lenses are in lieu of spectacle lenses.



### Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.



## Flexible Spending Accounts (Employee can enroll only during Open Enrollment.)

The City offers Flexible Spending Accounts (FSA) administered through UnitedHealthcare. The FSA plan year is from January 1 to December 31.

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year during **Open Enrollment**. There are two (2) types of FSAs:

### Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,300. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

*Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.*

### Dependent Care FSA

This account allows participant to set aside up to an annual maximum of \$7,500 if single or married and file a joint tax return (\$3,750 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults. Health care and private school are excluded expenses.

Please note, if family income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

*Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from participant's paycheck for the Dependent Care FSA.*

### A sample list of qualified Health Care expenses eligible for reimbursement include, but not limited to, the following:

- |   |  |                               |
|---|--|-------------------------------|
| ✓ Prescription/Over-the-Counter Medications | ✓ Physician Fees and Office Visits         | ✓ LASIK Surgery               |
| ✓ Menstrual Products                        | ✓ Drug Addiction/Alcoholism Treatment      | ✓ Mental Health Care          |
| ✓ Ambulance Service                         | ✓ Experimental Medical Treatment           | ✓ Nursing Services            |
| ✓ Chiropractic Care                         | ✓ Corrective Eyeglasses and Contact Lenses | ✓ Optometrist Fees            |
| ✓ Dental and Orthodontic Fees               | ✓ Hearing Aids and Exams                   | ✓ Sunscreen SPF 15 or Greater |
| ✓ Diagnostic Tests/Health Screenings        | ✓ Injections and Vaccinations              | ✓ Wheelchairs                 |

**Log on to <http://www.irs.gov/publications/p502/index.html> for additional details regarding qualified and non-qualified expenses.**



## Flexible Spending Accounts *(Continued)*

### FSA Guidelines

- Health Care and Dependent Care FSA minimum contribution amount per year is \$120 each.
- Employee may carry over up to \$660 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed (only if the employee re-enrolls the next year). Once the next plan year ends, any unused funds that were carried over from the previous year will be forfeited. Dependent Care funds cannot be carried over.
- The Health Care FSA has a 90 day run out period at the end of the plan year to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners healthcare expenses are not eligible for reimbursement in the employee FSA as Federal law does not recognize them as a qualified dependent.

### Filing a Claim

#### Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail, fax, online or through the UnitedHealthcare's mobile app. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

#### Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. UnitedHealthcare may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the City. Please keep the issued card for use next year. FSA account debit card fee is \$2.28 per pay period. Additional or replacement cards may be requested, however, a small fee may apply.

### HERE'S HOW IT WORKS!



An employee earning \$50,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.66 based on a 24 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$197.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$50,000	\$50,000
FSA Contribution	- \$1,000	- \$0
Taxable Pay	\$49,000	\$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	- \$9,628	- \$9,825
After Tax Expenses	- \$0	- \$1,000
Spendable Income	\$39,372	\$39,175
<b>Tax Savings</b>	<b>\$197</b>	

**Please Note:** Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year with the exception of the \$660 carry over that may be allowed for the Health Care FSA. **This rule is known as "use-it or lose-it."**

### Claims Submission

Mailing Address: Health Care Account Service Center  
P.O. Box 740378 Atlanta, GA 30374  
Fax: (248) 733-6148

### Mobile App

UnitedHealthcare mobile app provides on-the-go access to the FSA benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, member are able to:

- File a Claim
- View Account Activity
- View Item for Eligibility
- Upload Receipts

### UnitedHealthcare

Phone: (866) 755-2678 | [www.myuhc.com](http://www.myuhc.com)



## Employee Assistance Program

The City cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through ComPsych. EAP offers employee and each household member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

### What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and household members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes 10 visits with a specialist, per person, per issue, per year, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

### Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor/manager will not receive specific information regarding the referred employee's case. The supervisor/manager will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

#### ComPsych Guidance Resources

Customer Service: (866) 606-6344 | [www.guidanceresources.com](http://www.guidanceresources.com)

## Additional ComPsych Programs

**LegalConnect:** Telephonic legal information, local referrals, free 30-minute consultation, and a 25% discount on attorney fees.

**FinancialConnect:** Telephonic financial information on personal finances and related issues.

**FamilySource:** Child and elder care resources, information on auto purchases, relocation, pet services, and housing.

**EstateGuidance:** Online preparation of a basic Last Will and Testament, with optional paid add-ons.

#### ComPsych Guidance Resources Phone:

(866) 606-6344 | [www.guidanceresources.com](http://www.guidanceresources.com)

## Basic Life and AD&D Insurance

### Basic Term Life Insurance

The City provides Basic Term Life insurance at no cost to all eligible employees through Unum. Eligible employees will receive a benefit amount of one (1) times annual earnings up to \$50,000.

### Accidental Death & Dismemberment Insurance (AD&D)

Also, at no cost to employee, the City provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable.

### Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- > Reduces by 50% of the benefit amount at age 70

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Risk Benefits.***

#### Unum

Customer Service: (800) 421-0344 | [www.unum.com](http://www.unum.com)



## Voluntary Life and AD&D Insurance

### Voluntary Employee Life and AD&D Insurance

Eligible employee may elect to purchase additional Life and AD&D insurance on a voluntary basis through Unum. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employee, spouse and dependent child(ren) at different benefit levels.

**2026 Open Enrollment:** Eligible employees that are currently enrolled in Voluntary Employee Life and AD&D may elect to increase coverage by one (1) increment of \$10,000, not to exceed Guaranteed Issue amount of \$350,000, without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI). Current employees who have not elected Voluntary Employee Life coverage will be required to complete EOI.

New Hires may purchase Voluntary Employee Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$350,000.**

- Units can be purchased in increments of \$10,000 to the maximum of \$600,000.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces by 50% of the benefit amount at age 70

### Voluntary Life and AD&D Insurance Rate Table

24 Payroll Deductions - Per Pay Period Cost

Benefit Options	Rate (Per \$10,000 of Benefit)
\$10,000	\$1.30

### Voluntary Spouse Life Insurance

**2026 Open Enrollment:** Eligible employees that are currently enrolled in Voluntary Spouse Life may elect to increase coverage from \$15,000 to \$20,000 without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI).

- Coverage may be purchased in the amount of \$15,000 or \$20,000 not to exceed 50% of the employee's Basic and Voluntary Life coverage amount.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces by 50% of the benefit amount at age 70

### Voluntary Dependent Child(ren) Life Insurance

- Coverage may be purchased for dependent child(ren) live birth to six (6) months in the amount of \$1,000.
- Coverage may be purchased for dependent child(ren) age six (6) months up to the date in which the dependent child reaches age 19, or 25 if child is enrolled in an accredited college, in the amount of \$7,500 or \$10,000 not to exceed 50% of the employee's Basic and Voluntary Life coverage amount.

### Voluntary Spouse and Dependant Life Insurance Rate Table

24 Payroll Deductions - Per Pay Period Cost

	Benefit Options	Rate
Option 1	\$15,000 Spouse/\$7,500K Child	\$0.60
Option 2	\$20,000K Spouse/\$10,000K Child	\$0.80

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Risk Benefits.***

**Unum**

Customer Service: (800) 421-0344 | [www.unum.com](http://www.unum.com)



## Long Term Disability

The City provides Long Term Disability (LTD) insurance at no cost to all eligible employees after one (1) year of employment through Voya. The LTD benefit pays employee a percentage of monthly earnings if employee becomes disabled due to a non-work-related illness or injury.

### Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$5,000 per month.
- Employee must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 181 day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.
- Disability benefits may be taxable.

#### Voya

Please contact Risk Benefits for information about filing a claim.

## Voluntary Benefits

### (Open Enrollment only)

UnitedHealthcare offers a variety of voluntary supplemental plans that may be purchased separately on a voluntary basis and premiums paid via payroll deduction. UnitedHealthcare pays money directly to employee. To learn more about these plans, contact UnitedHealthcare customer service.

### Accident Benefit

Accident Benefit helps to offset the unexpected medical expenses by providing a lump-sum benefit that the employee can use to pay the direct and indirect costs related to an accident such as severe burn, fractured or dislocated bone, emergency room visit and more. Does not include work related accidents. Accident Benefit includes a wellness benefit paid upon completion of a covered wellness exam or health screening test.

### Hospital Indemnity

Hospital Indemnity provides a lump-sum benefit after covered hospital confinement and covered outpatient surgeries to help offset the gap caused by copayments and deductibles that are not covered by most major medical plans. Does not include work related incidents.

### Critical Illness Benefit

Critical Illness Benefit compliments existing major medical coverage by providing a lump-sum benefit that can be used to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy. Covered critical illnesses include Cancer, Heart Attack, Stroke and more. Does not include work related illnesses. Critical Illness Benefit includes a wellness benefit paid upon completion of a covered wellness exam or health screening test.

*Please Note: Limitations, exclusions and waiting periods may apply.*

#### UnitedHealthcare

Customer Service: (888) 539-0038 | [www.myuhcfp.com](http://www.myuhcfp.com)





## Employee Wellness Clinic

Employees who are enrolled in one of the City's medical plans have use of the on-site Employee Wellness Clinic at no out-of-pocket cost. Services received at the Employee Wellness Clinic are completely voluntary and confidential.

Examples of some services available at the Employee Wellness Clinic:

- Lab Work
- Sinus Infections
- Headaches/Migraine
- Sprains
- Minor Cuts
- Earaches
- Colds and Flu
- Monitoring of Diabetes, Cholesterol and Blood Pressure
- Limited Medication Dispensing

The Clinic also provides one-on-one health and wellness related education, as well as providing seminars and after-hours triage assistance to City employees.

Upon enrolling in a City of Lakeland group medical plan, employees are encouraged to visit the clinic annually to receive a health risk assessment. However, employees may utilize the clinic for minor ailments without obtaining a health risk assessment. This type of visit does not deem someone compliant. To be compliant with the clinic employees must complete a biometric screening and exam. Compliance with the clinic offers a reduced medical premium for employees. Compliant status will remain in effect for a 12-month period. Employees must receive a health risk assessment between December 1st and November 30th of the current year to receive a compliant status for the following plan year. Newly enrolled employees will have until November 30th to become compliant for the following plan year. When the medical plan becomes active, employees are encouraged to visit the clinic within 30 days to have labs drawn. Employees may utilize own primary care physician to provide lab work results from within the last 90 days to the clinic for review to receive a compliant status.

Employees may also participate in the Employee Wellness Program that includes various classes and events that are offered to employees on a voluntary basis.

Employees will need to schedule appointments to visit the Clinic. The Clinic is open Monday – Friday 7:30am to 4:30pm.

**Employee Wellness Clinic**  
490 North Lake Parker Lakeland, FL 33801  
For Appointments: (863) 834- 6710

## Employee Recreation Center Benefits

City employees may utilize City Recreation Centers for fitness classes, weight rooms, cardio equipment and lap/open swimming pools at no cost. For more information on this benefit visit [www.lakelandgov.net/parkrec](http://www.lakelandgov.net/parkrec), email [recreation@lakelandgov.net](mailto:recreation@lakelandgov.net) or call (863) 834-6035. Employees must present their City of Lakeland badge to access facility.

### Locations

#### Kelly Recreation Complex

404 Imperial Boulevard  
(863) 834-3284

[krcstaff@lakelandgov.net](mailto:krcstaff@lakelandgov.net)

#### Gandy Pool

404 Imperial Boulevard  
(863) 834-3157

[aquatics@lakelandgov.net](mailto:aquatics@lakelandgov.net)

#### Simpson Park Community Center

1725 Martin Luther King Jr. Avenue  
(863) 834-2577

[simpsonpark@lakelandgov.net](mailto:simpsonpark@lakelandgov.net)

#### Simpson Pool

1725 Martin Luther King Jr. Avenue  
(863) 834-2286

[aquatics@lakelandgov.net](mailto:aquatics@lakelandgov.net)

#### Beerman Family Tennis Complex

1000 East Edgewood Drive  
(863) 834-2374

[krcstaff@lakelandgov.net](mailto:krcstaff@lakelandgov.net)

#### Coleman-Bush Building

1104 Martin Luther King Jr. Avenue  
(863) 834-3350

[colemanbush@lakelandgov.net](mailto:colemanbush@lakelandgov.net)

#### Lake Crago

525 Lake Crago  
(863) 834-2215

[lakecrago@lakelandgov.net](mailto:lakecrago@lakelandgov.net)



Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.

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Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.



3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410  
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | [www.gehringgroup.com](http://www.gehringgroup.com)

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Last Modified: September 30, 2025 2:35 PM