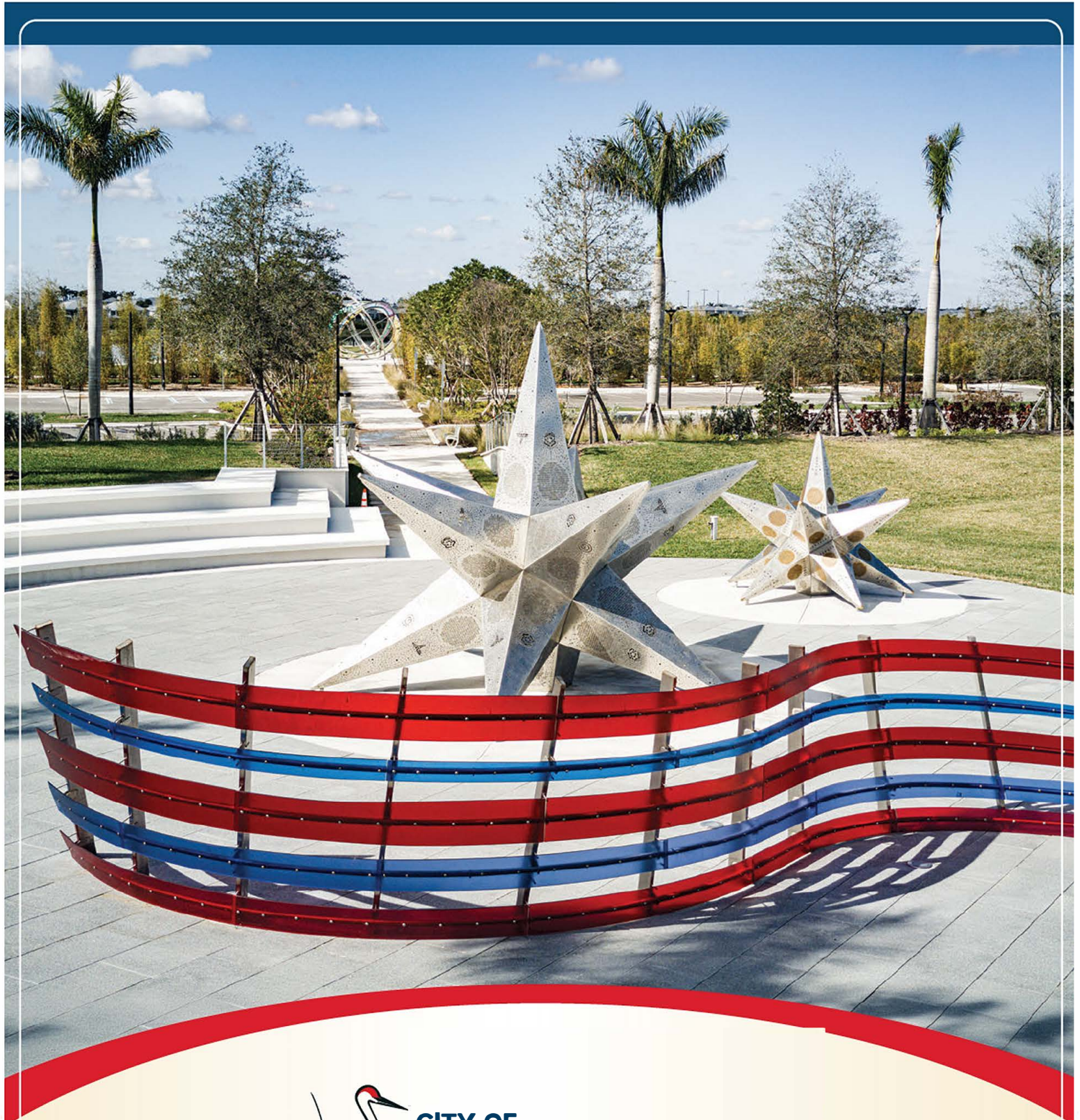




CITY OF
PORT ST. LUCIE
HEART OF THE TREASURE COAST

2026 | 2027 EMPLOYEE BENEFIT HIGHLIGHTS



Mission

To provide exceptional services that enhance our community's safety, beauty and quality of life through innovation, engagement and fiscal responsibility.

Vision

To be a leader in finding innovative solutions that put residents first and support opportunities for all people to thrive.

Values

- **Ethics** – We value ethics, integrity, and honesty as moral principles that are the foundation of public trust and confidence.
- **Stewardship** – As stewards of the community, we strive to nurture our organization; maintain and enhance the natural and built environment; and, commit to responsible actions that sustain both present and future generations.
- **Diversity** – We embrace diversity, promote inclusion, and respect the unique qualities of our City team and of our community.
- **Customer Service** – We are committed to providing superior customer service to our community and organization.
- **Teamwork** – We are committed to working together as a team by respecting and supporting each other, and are dedicated to achieving our common goals.
- **Accountability** – We value accountability and believe transparency and fiscal responsibility are essential for citizen confidence in our local government.



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The City of Port St. Lucie reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



Contact Information

	HR Director	Natalie Cabrera	Phone: (772) 344-4369 Email: ncabrera@cityofpsl.com
	Employee Benefits Division		Phone: (772) 344-4131 Email: Benefits@cityofpsl.com
	Online Benefit Enrollment	Bentek Support	(888) 5-Bentek (523-6835) app.mybentek.com
	Medical Insurance	Cigna Healthcare	Phone: (800) 244-6224 www.mycigna.com
	Prescription Drug Coverage & Mail Order Program	Express Scripts through Cigna Healthcare	Phone: (800) 244-6224 www.mycigna.com
	Health Reimbursement Account (HRA)	P&A Group	Phone: (800) 688-2611 www.padmin.com
	Dental Insurance	Florida Combined Life	Phone: (888) 223-4892 www.floridabluedental.com
	Vision Insurance	Vision Service Plan	Phone: (800) 877-7195 www.vsp.com
	Flexible Spending Accounts	P&A Group	Phone: (800) 688-2611 www.padmin.com
	Short & Long Term Disability Insurance	The Standard	Phone: (800) 368-1135 www.standard.com
	Basic Life and AD&D Insurance	The Standard	Phone: (800) 368-1135 www.standard.com
	Voluntary Life Insurance	The Standard	Phone: (800) 368-1135 www.standard.com
	Employee Assistance Program	Evernorth EAP	
	Employee Support Programs	Life Services Toolkit	
		Splrence	
		Empathy	
	Supplemental Insurance	Aflac	Phone: (800) 443-3036 www.aflacgroupinsurance.com
		Metropolitan Life Insurance	Phone: (866) 713-1690 www.madisonplanning.com
		Trustmark	Phone: (866) 813-7192, ext. 3 www.trustmarksolutions.com
		ASPCA	Phone: (877) 343-5314
	Legal & Identity Theft Plans	LegalShield	Phone: (800) 729-7998 www.legalshield.com
	Retirement Plans	MissionSquare Retirement	Phone: (800) 669-7400 www.missionssq.org
	Employee Family Health Center	Employee Family Health Center	Phone: (772) 807-4430
	Claims, Billing & Benefit Assistance	Gehring Group	



Introduction

The City of Port St. Lucie 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 Handbook, Union Contract and/or the group's insurance 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 Human Resources.

Online Benefit Enrollment

The City offers employees convenient online benefits enrollment through Bentek®. Benefit eligible employees can enroll or make changes during the annual Open Enrollment period, New Hire Orientation, or following a Qualifying Life Event. Employees can log in to review detailed information about benefit plans, view current elections, and print summaries of coverage for themselves and dependents. Bentek also provides access 24 hours a day, year-round to important forms and carrier resources.

Accessing Bentek

- ✓ Visit app.mybentek.com
- ✓ Sign in with email and password, or select "Create an Account."
- ✓ Need Password Help? Follow the link for a password reset.
- ✓ Once logged in, use the Launchpad icons to navigate.

Technical Support

For technical assistance related to using the platform, contact Bentek Support:

Email: support@mybentek.com

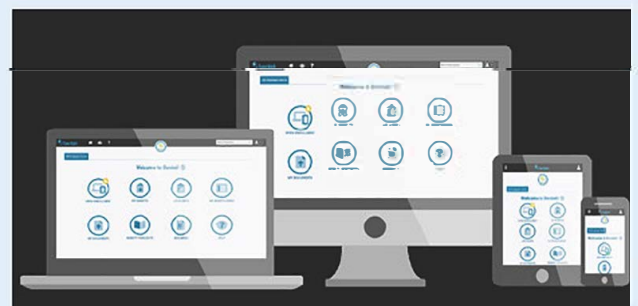
Phone: (888) 5-Bentek (523-6835)

Hours of Operation: Monday through Friday 8:30 am - 5:00 pm (EST)



Scan QR Code to Access Bentek

For the best experience, we recommend enrolling on a computer.





Group Insurance Eligibility



The City's group insurance plan year is October 1 through September 30.

General Employee Eligibility

Employees are eligible to participate in the City's group insurance plans if they are full-time employees. Coverage will be effective the first day of the month following 60 calendar days of employment. For example, If employee is hired on April 11, effective date will be July 1. If eligible employee is reinstated (within less than one year) the employee's insurance will be reinstated as of the first of the month following date of reinstatement.

Police Officer Eligibility

Police Officer's are eligible to participate in the City's group insurance plans if they are full-time employees. Coverage will be effective the first day of the month following full-time date of hire. For example, If employee is hired on April 11, effective date will be May 1.

Elected Officials Eligibility

Elected Officials are eligible to participate in the City's group insurance plans. Coverage will be effective the first day of the month following swear-in date. For example, If employee is sworn in on November 11, effective date will be December 1.

Please Note: Newly hired employees working an average of 30 hours per week or more will be considered "full-time" for the purposes of benefit eligibility status.

Separation of Employment

If employee separates employment from the City, insurance will continue through the end of the month in which the separation occurred. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse (legally valid existing marriage as defined by Florida Law) and/or dependent child(ren) of the participant or the spouse. 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 old) of a covered dependent (per Florida State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

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

An over-age dependent may continue to be covered through the end of the calendar year in which the 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.

Deductions Related to "Over-Age" Dependents

IRS guidelines state that an employee may not receive a tax advantage on any portion of premium paid related to an Over-Age (Non-Qualified) Dependent. Employees insuring Over-Age Dependents will see the insurance premium deductions post-tax and should consult their tax expert. Contact Human Resources for information and rates.

Disabled Dependents

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

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

Proof of disability will be required upon request. Please contact Human Resources if further clarification is required.



Group Insurance Eligibility *(Continued)*

Please Note: To enroll new dependents on the City's group insurance plan(s), maintain enrollment for current dependents, or enroll new dependents in the City's group insurance plan(s) during the Open Enrollment Period, employee will be required to provide documentation verifying the eligibility of employee's dependents to Human Resources.

Dependent Relationship	Document(s) employee will need to provide to verify eligibility
Spouse	• Official Marriage Certificate AND • Certificate of Dependent Eligibility signed by employee
Child(ren) Under Age 26	• State issued birth certificate(s) OR legal guardianship court documents, listing employee or spouse as parent/legal guardian AND • Certificate of Dependent Eligibility signed by employee
Stepchild(ren) Under Age 26	• AND the appropriate dependent child documentation listed above
Child(ren) under Legal Guardianship or Custody Under Age 26	• AND court documents of the legal guardianship OR legal custody
Child(ren) under Foster Care Under Age 18	• AND court documents of legal guardianship
Child(ren) adopted or in the process of adoption Under Age 26	• AND court documents of the legal adoption showing relationship to and placement in the employee's house OR adoption certificate issued through the courts
Grandchild(ren) OR other children not related	• AND State issued Birth Certificate of child(ren) stating child was born to an insured dependent child of employee or spouse OR • Legal Guardianship/Custody/Foster Care Document from the courts
Child(ren) Age 26 - 30	• State issued birth certificate(s) OR legal guardianship court documents, listing employee or spouse as parent/legal guardian AND • Certificate of Dependent Eligibility signed by employee • AND Overage Dependent Affidavit signed by employee

Please Note: If a name change occurs for employee or dependent, please submit court documents, birth certificate, driver's license or Social Security Number card to Human Resources.

All documentation must be either the original document or a notarized/certified copy of original document. Human Resources will need to view the original documents uploaded through employee's "My Documents" section in Bentek.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

It is the employee's responsibility to notify Human Resources when employee's dependent is no longer eligible to be covered under the plan in order to remove them and/or end dependent coverage and applicable deductions within 30 days of a qualifying event. Retro adjustments may not be able to be made. Please understand that any misstatements regarding your dependent's eligibility may result in disciplinary action up to and including termination of employment.



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 pre-tax under a Cafeteria Plan established by Section 125 of the Internal Revenue. Under Section 125, changes to employee's pre-tax benefits can ONLY be made during the Open Enrollment Period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request is submitted within 30 days.

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:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse and/or other dependent(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 causing eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with parent/guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Gain or loss of eligibility for State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)

Please Note: If dependent changes could not be made through a Qualifying Event, then the next opportunity to request a change is during Open Enrollment.



IMPORTANT NOTES

If employee experiences a Qualifying Event, Human Resources Benefits Division 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.

Please Note: Employee must also formally submit their request along with valid supporting documentation through the BenteK benefits enrollment system within 30 days of the Qualifying Event.

Summary of Benefits and Coverage

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

From:	Human Resources
Address:	121 SW Port St. Lucie Blvd. Port St. Lucie, FL 34984
Phone:	(772) 344-4131
Email:	Benefits@cityofpsl.com
Website:	app.mybentek.com

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 Human Resources.



Medical Insurance

The City offers medical insurance through Cigna Healthcare to benefit-eligible employees. The monthly costs for coverage are listed in the premium table(s) below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plan(s), please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact customer service.

Medical Insurance – Cigna – Open Access Plan (OAP) Basic PPO Plan

Monthly Premium Cost

Tier of Coverage	City Contribution	Employee Contribution*	Retirees
Employee Only	\$815.70	\$70.93	\$886.63
Employee + Spouse	\$1,861.92	\$354.65	\$2,216.57
Employee + Child(ren)	\$1,377.82	\$262.44	\$1,640.26
Employee + Family	\$2,792.88	\$531.98	\$3,324.86

Medical Insurance – Cigna – Open Access Plan (OAP) Traditional PPO Plan

Monthly Premium Cost

Tier of Coverage	City Contribution	Employee Contribution*	Retirees
Employee Only	\$836.51	\$147.62	\$984.13
Employee + Spouse	\$2,005.23	\$455.17	\$2,460.40
Employee + Child(ren)	\$1,483.86	\$336.83	\$1,820.69
Employee + Family	\$2,927.62	\$664.55	\$3,592.17

**Employee contribution rates are subject to change due to collective bargaining or, for non-bargaining unit employees, revised budgetary policies. Please Note: Coverage for over-age dependents will include an additional monthly premium amount.*

Cigna Healthcare | Phone: (800) 244-6224 | www.mycigna.com

Medical Plan Resources

Enrolled employees and dependents have access to additional services and discounts through value added programs. Resources such as in-network providers, benefits, deductibles, ID cards, claims, and more are easily accessed through the carrier portal and mobile app. For more details regarding medical plan resources, contact customer service.

Hearing Aid/Exam Reimbursement Benefit

The City provides active employees and their disabled dependent children, covered under The City's medical plan, a lifetime maximum benefit of up to \$1,000 for the reimbursement of hearing aids and hearing exams. This benefit is outside the normal parameters of The City's medical plan coverage, and therefore, must go through the Human Resources department for processing. For details of this policy, please contact Human Resources for further information.

Regenexx

The City of Port St. Lucie covers Regenexx outpatient procedures for qualified members who participate in the City's medical plan. Regenexx uses the body's natural healing agents replacing the need for 70% of elective orthopedic surgeries for chronic and acute injuries. For qualifying information and additional details, please contact Regenexx [REDACTED]



Cigna OAP Side-By-Side Plans At-A-Glance



Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the Open Access 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.*

***LabCorp and Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using another lab, please confirm the lab is contracted with the plan's network before receiving services.*

****Charges may vary based on facility of service.*

Plan	Cigna OAP Basic PPO		Cigna OAP Traditional PPO	
Network	Open Access Plus		Open Access Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Individual	\$750	\$1,500	\$500	\$1,000
Family	\$2,250	\$4,500	\$1,500	\$3,000
Coinsurance				
Member Responsibility	30%	60%	30%	50%
Calendar Year Out-of-Pocket Maximum				
Individual	\$3,000	\$6,000	\$2,500	\$5,000
Family	\$9,000	\$18,000	\$7,500	\$15,000
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copays and Rx		Deductible, Coinsurance, Copays and Rx	
Physician Services				
Primary Care Physician (PCP) Office Visit	\$30 Copay	60% After CYD	\$25 Copay	50% After CYD
Specialist Office Visit	\$60 Copay	60% After CYD	\$50 Copay	50% After CYD
Non-Hospital Services; Freestanding Facility				
Clinical Lab (Bloodwork)**	\$20 Copay	60% After CYD	30% Coinsurance	50% Coinsurance
X-rays at Independent Facility***	30% After CYD	60% After CYD	\$40 Copay	50% After CYD
Advanced Imaging (MRI, PET, CT)***	30% After CYD	60% After CYD	\$100 Copay	50% After CYD
Outpatient Surgery in Surgical Center	30% After CYD	60% After CYD	\$50 Copay	50% After CYD
Physician Services at Surgical Center	30% After CYD	60% After CYD	\$50 Copay Per Provider	50% After CYD
Urgent Care (Per Visit)	\$100 Copay	\$100 Copay After CYD	\$75 Copay	\$75 Copay After CYD
Hospital Services				
Inpatient Hospital (Per Admission)	30% After CYD	60% After CYD	30% After CYD	50% After CYD
Outpatient Hospital (Per Visit)	\$500 Copay	60% After CYD	30% After CYD	50% After CYD
Physician Services at Hospital	\$60 Copay	\$60 Copay	30% After CYD	30% After INN CYD
Emergency Room (Per Visit, Copay Waived if Admitted)	\$500 Copay	\$500 Copay	\$250 Copay	\$250 Copay
Mental Health / Alcohol & Substance Abuse				
Inpatient Hospital Services (Per Admission)	30% After CYD	60% After CYD	30% After CYD	50% After CYD
Outpatient Services (Per Visit)	\$500 Copay	60% After CYD	30% After CYD	50% After CYD
Outpatient Office Visit	\$60 Copay	60% After CYD	\$50 Copay	50% After CYD
Prescription Drugs (Rx)				
Generic	\$10 Retail Copay	50% Coinsurance	\$10 Retail Copay	50% Coinsurance
Preferred Brand Name	\$45 Retail Copay	50% Coinsurance	\$45 Retail Copay	50% Coinsurance
Non-Preferred Brand Name	\$75 Retail Copay	50% Coinsurance	\$75 Retail Copay	50% Coinsurance
90-Day Supply (Mail Order/Retail Pharmacy)	\$20 / \$90 / \$150 Copay	50% Coinsurance	\$20 / \$90 / \$150 Copay	50% Coinsurance

Health Reimbursement Account (HRA) (For Wellness Incentive Program Participants Only)

The City's Health Reimbursement Account (HRA) is administered by P&A Group. HRA's are a payout option for those on the City's medical plan who participate in the Wellness Program. HRA monies are funded by the City and may be used for any qualified medical, dental and vision expenses incurred.

Retain Receipts

During the year, employee should keep all receipts and documentation for prescriptions and medical, dental and vision related expenses if needed to verify a claim for P&A Group or for IRS tax purposes. A valid Explanation of Benefits (EOB) and receipt of payment for the services rendered will be sufficient.

How to Check Available HRA Balance

Balance, activity and account history are available on the online portal, mobile app or by contacting customer service.

Expenses Eligible for Reimbursement

Employee may request reimbursement of expenses for employee or covered dependent(s). Eligible expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical condition. Cosmetic expenses are not eligible for reimbursement. Reimbursement will be issued to employee throughout the year for incurred expenses up to the maximum annual benefit amount. For more information regarding eligible expenses, contact customer service.

File a Claim

Debit Card

Each employee will be provided with a debit card to use for payment of out-of-pocket medical expenses. This may prevent the employee from having to pay an expense first and then seek reimbursement. However, employee may be required to submit documentation of any expenses that do not match a charge associated with a specific service under the plan.

Claim Form

Employee may submit claim forms to P&A Group and must include a copy of carrier's Explanation of Benefits or receipts for eligible medical services received. Claim forms may be submitted via mobile app, online portal, mail or fax.

Mobile App

Mobile app provides on-the-go access to the HRA benefit account balance, activity, payments. Member can upload receipts and make payment to providers.

Health Reimbursement Account (HRA)

- ✓ Employer Funded Account
- ✓ Available as a payout in the Wellness Program
- ✓ Funds used for eligible medical, dental, and vision expenses for employees and their dependents who are enrolled in medical plan
- ✓ Unused funds accumulate and roll over year to year

Flexible Spending Accounts (FSA)

- ✓ Employee Funded Accounts
- ✓ Employees must enroll annually
- ✓ Funds used for eligible medical, dental, vision & dependent care expenses for employees and their qualified dependents
- ✓ Unused funds will be forfeited at the end of the plan year (once the filing deadlines have expired)

Please Note: If an employee has the HRA and also elects an FSA, FSA monies will be used first since it is employee funded.

All claims must be filed within 90 days after the plan year ends (September 30) or 30 days from the date employee becomes ineligible to file for expenses incurred while participating during the plan year.

If separation of employment from the City occurs, the last date of employment may be the last qualifying date to use funds, unless filing an appropriate claim or staying on the medical plan under COBRA or a retiree.

Claims Submission

Mail: 6400 Main Street, Suite 210, Williamsville, NY 14221
Fax: (877) 855-7105

P&A Group

Phone: (800) 688-2611 | www.padmin.com



Dental Insurance

FCL BlueDental Choice Plus Base Plan

The City offers dental insurance through Florida Combined Life (FCL) to benefit-eligible employees. The costs per month 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 dental plan, please refer to the carrier's summary plan document or contact customer service.

Dental Insurance – FCL BlueDental Choice Plus Base Plan

Monthly Premium Cost

Tier of Coverage	City Contribution	Employee Contribution*	Retirees
Employee Only	\$29.10	\$2.55	\$31.65
Employee + Spouse	\$102.10	\$20.90	\$123.00
Employee + Child(ren)	\$57.80	\$11.85	\$69.65
Employee + Family	\$102.95	\$21.10	\$124.05

**Employee contribution rates are subject to change due to collective bargaining or, for non-bargaining unit employees, revised budgetary policies.
Please Note: Coverage for over-age dependents, will include an additional monthly premium amount.*

In-Network Benefits

This plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan 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 FCL BlueDental Choice Plus Network. These participating dental providers have contractually agreed to accept FCL's contracted fee or "allowed amount." This fee is the maximum amount a FCL 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 FCL BlueDental Choice Plus provider. FCL reimburses out-of-network services based on what it determines as the Usual, Customary, and Reasonable (UCR) charge. The UCR 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 FCL's UCR 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 BlueDental Choice Plus plan requires a \$50 individual or a \$100 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.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the BlueDental Choice Plus plan will pay for each covered member is \$1,500. 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

Mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

Dental Claims Administrator

Mail: P.O. Box 69436, Harrisburg, PA 17106-9436

Please Note: FCL ID cards are issued in employee's name for use for all covered family members.

Florida Combined Life

Phone: (888) 223-4892 | www.floridabluedental.com



FCL BlueDental Choice Plus Base Plan At-A-Glance

Network	BlueDental Choice Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$100
Waived for Class I Services?		Yes
Calendar Year Benefit Maximum		
Per Member		\$1,500
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (1 Every 6 Months)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (1 Every 6 Months)		
Bitewing X-rays (1 Every 6 Months)		
Complete X-rays (1 Set Every 3 Years)		
Class II Services: Basic Restorative**		
Fillings (Amalgam & Composite)	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Anesthesia (In Connection with Covered Dental Charge)		
Class III Services: Major Restorative Care**		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum	\$1,000	\$1,000
Benefit (Includes Invisalign)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



Locate a Provider

To find a participating provider, contact customer service or visit www.floridabluedental.com. When searching, select the BlueDental Choice & Choice Plus (PPD) 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 Out-of-Network Benefits section on the previous page.

****Pre-determination of benefits recommended.**



Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit. Cleanings must be six (6) months apart.
- For any dental work expected to cost \$500 or more, the 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 for certain benefits.
- Benefit frequency limitations may apply to certain services.



Dental Insurance

FCL BlueDental Choice Plus Buy-Up Plan

The City offers dental insurance through Florida Combined Life (FCL) to benefit-eligible employees. The costs per month 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 dental plan, please refer to the carrier's summary plan document or contact customer service.

Dental Insurance – FCL BlueDental Choice Plus Buy-Up Plan

Monthly Premium Cost

Tier of Coverage	City Contribution	Employee Contribution*	Retirees
Employee Only	\$29.10	\$15.12	\$44.22
Employee + Spouse	\$102.10	\$69.74	\$171.84
Employee + Child(ren)	\$57.80	\$39.50	\$97.30
Employee + Family	\$102.95	\$70.35	\$173.30

**Employee contribution rates are subject to change due to collective bargaining or, for non-bargaining unit employees, revised budgetary policies.*

Please Note: Coverage for over-age dependents, will include an additional monthly premium amount.

In-Network Benefits

This plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan 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 FCL BlueDental Choice Plus network. These participating dental providers have contractually agreed to accept FCL's contracted fee or "allowed amount." This fee is the maximum amount a FCL 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 FCL BlueDental Choice Plus provider. FCL reimburses out-of-network services based on what it determines as the Usual, Customary, and Reasonable (UCR) charge. The UCR 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 FCL's UCR 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 BlueDental Choice Plus Buy-Up plan requires a \$50 individual or a \$100 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.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the BlueDental Choice Plus Buy-Up plan will pay for each covered member is \$3,000. 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

Mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

Dental Claims Administrator

Mail: P.O. Box 69436, Harrisburg, PA 17106-9436

Please Note: FCL ID cards are issued in employee's name for use for all covered family members.

Florida Combined Life

Phone: (888) 223-4892 | www.floridabluedental.com



FCL BlueDental Choice Plus Buy-Up Plan At-A-Glance

Network	BlueDental Choice Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$100
Waived for Class I Services?		Yes
Calendar Year Benefit Maximum		
Per Member		\$3,000
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (1 Every 6 Months)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (1 Every 6 Months)		
Bitewing X-rays (1 Every 6 Months)		
Complete X-rays (1 Set Every 3 Years)		
Class II Services: Basic Restorative**		
Fillings (Amalgam & Composite)	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Anesthesia (In Connection with Covered Dental Charge)		
Bone Grafts**		
Class III Services: Major Restorative Care**		
Crowns	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
Implants		
Class IV Services: Orthodontia		
Lifetime Maximum	\$3,000	\$3,000
Benefit (Includes Invisalign)	Plan Pays: 80%	Plan Pays: 80% (Subject to Balance Billing)



Locate a Provider

To find a participating provider, contact customer service or visit www.floridabluedental.com. When searching select the BlueDental Choice & Choice Plus (PPD) 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 Out-of-Network Benefits section on the previous page.*

***Pre-determination of benefits recommended.*



Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit. Cleanings must be six (6) months apart.
- For any dental work expected to cost \$500 or more, the 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 for certain benefits.
- Benefit frequency limitations may apply to certain services.



Vision Insurance

VSP Base Plan

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

Vision Insurance – VSP Base Plan
Monthly Premium Cost

Tier of Coverage	City Contribution	Employee Contribution*	Retirees
Employee Only	\$5.82	\$0.51	\$6.33
Employee + Spouse	\$20.42	\$4.18	\$24.60
Employee + Child(ren)	\$11.56	\$2.37	\$13.93
Employee + Family	\$20.59	\$4.22	\$24.81

**Employee contribution rates are subject to change due to collective bargaining or, for non-bargaining unit employees, revised budgetary policies.*

Please Note: Coverage for over-age dependents will include an additional monthly premium amount.

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 VSP Choice 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 also choose to receive services from vision providers who do not participate in the VSP Choice network. When going out of network, the provider will require payment at the time of appointment. VSP 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

Mobile app provides on-the-go access to the vision benefit account to view benefits, download ID card, locate providers or view claims.

Please Note: VSP does not provide paper ID cards. To access an electronic ID card, please contact VSP's customer service, visit www.vsp.com or through the VSP Mobile App.

VSP | Phone: (800) 877-7195 | www.vsp.com



VSP Base Plan At-A-Glance

Network	VSP Choice	
Services	In-Network	Out-of-Network
Eye Exam	No Charge	Up to \$45 Reimbursement
Frequency of Services		
Examination	12 Months	
Lenses	12 Months	
Frames	12 Months	
Contact Lenses	12 Months	
Lenses		
Single	No Charge	Up to \$30 Reimbursement
Bifocal		Up to \$50 Reimbursement
Trifocal		Up to \$65 Reimbursement
Frames		
Allowance	Up to \$150 Allowance and up to \$170 Featured Frame Brands; Plus 20% Discount on Overage	Up to \$70 Reimbursement
Contact Lenses*		
Non-Elective (Medically Necessary)	No Charge	Up to \$210 Reimbursement
Elective (Fitting, Follow-up & Lenses)	Up to \$150 Allowance After Maximum \$60 Copay	Up to \$105 Reimbursement
LASIK		
Discount Programs	Contact VSP for Program Details	Not Available



Locate a Provider

To find a participating provider, contact customer service or visit www.vsp.com. When searching, select the VSP Choice network.



Plan References

*Contact lenses are in lieu of spectacle lenses and a frame.



Important Notes

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



Vision Insurance

VSP Buy-Up Plan

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

Vision Insurance – VSP Buy-Up Plan
Monthly Premium Cost

Tier of Coverage	City Contribution	Employee Contribution*	Retirees
Employee Only	\$5.82	\$7.79	\$13.61
Employee + Spouse	\$20.42	\$32.46	\$52.88
Employee + Child(ren)	\$11.56	\$18.39	\$29.95
Employee + Family	\$20.59	\$32.74	\$53.33

**Employee contribution rates are subject to change due to collective bargaining or, for non-bargaining unit employees, revised budgetary policies.
Please Note: Coverage for over-age dependents will include an additional monthly premium amount.*

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 VSP Choice 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 also choose to receive services from vision providers who do not participate in the VSP Choice network. When going out of network, the provider will require payment at the time of appointment. VSP 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

Mobile app provides on-the-go access to the vision benefit account to view benefits, download ID card, locate providers or view claims.

Please Note: VSP does not provide paper ID cards. To access an electronic ID card, please contact VSP's customer service, visit www.vsp.com or through the VSP Mobile App.

VSP | Phone: (800) 877-7195 | www.vsp.com



VSP Buy-Up Plan At-A-Glance

Network		VSP Buy-Up Plan	
Services		In-Network	Out-of-Network
Eye Exam		No Charge	Up to \$45 Reimbursement
Frequency of Services			
Examination		12 Months	
Lenses		12 Months	
Frames		12 Months	
Contact Lenses		12 Months	
Lenses			
Single		No Charge	Up to \$30 Reimbursement
Bifocal			Up to \$50 Reimbursement
Trifocal			Up to \$65 Reimbursement
Frames			
Allowance		Up to \$250 Allowance and up to \$270 Featured Frame Brands; Plus 20% Discount on Overage	Up to \$70 Reimbursement
Buy-Up Lens Enhancement* (Choose One)	Progressive Lenses; OR	No Charge	Not Covered
	Anti-Reflective (AR) Coating; OR	No Charge	Not Covered
	Photochromic Plastic Lenses; OR	No Charge	Not Covered
	Lightcare	No Charge	Not Covered
Contact Lenses**			
Non-Elective (Medically Necessary)		No Charge	Up to \$210 Reimbursement
Elective (Fitting, Follow-up & Lenses)		Up to \$200 Allowance	Up to \$105 Reimbursement
LASIK			
Discount Programs		Contact VSP for Program Details	Not Available



Locate a Provider

To find a participating provider, contact customer service or visit www.vsp.com. When searching, select the VSP Choice network.



Plan References

**VSP Buy-Up Plan: Members who choose frames instead of contact lenses may also select one (1) of the additional three (3) plan enhancements. Members that do not utilize all of their frames benefit, can receive Lightcare which allows a frames allowance for nonprescription sunglasses or blue light glasses.*

***Contact lenses are in lieu of spectacle lenses and a frame.*



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

The City offers Flexible Spending Accounts (FSA) administered through P&A Group. The FSA plan year is from October 1 through September 30.

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 the 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. **FSA Accounts do not rollover automatically. Participating employee must re-elect the dollar amount to be deducted each plan year.** There are two (2) types of FSAs:

Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,400. 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).

Listed below are examples of common expenses that qualify for reimbursement.

Please Note: The entire Health Care FSA election is available 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.

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 that 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 Reimbursement Account, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care Reimbursement Account.

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 www.irs.gov/publications/p502/index.html for additional details regarding qualified and non-qualified expenses.

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- A 2.5 month grace period allows additional time to incur claims and use remaining funds on eligible expenses after the plan year ends. For any questions regarding the 2025-2026 FSA grace period, contact Chard Snyder at (800) 982-7715.
- A 90 day run out period allows reimbursement of eligible expenses incurred during the plan year and/or grace period. For any questions regarding the 2025-2026 FSA run out period, contact Chard Snyder at (800) 982-7715.
- Any unused funds still remaining in the account will be forfeited.
- Enrollment is only available during the Open Enrollment Period, New Hire Orientation, or Qualifying Life Events.
- Funds cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Only expenses for services received are eligible for reimbursement.
- Reimbursed expenses cannot be covered by insurance or other compensation.
- Domestic partners' healthcare expenses are ineligible as they are not qualified dependents under Federal law.

Filing a Claim

Claim Form

Submit a completed claim form with a receipt by mail, fax, online, or via the mobile app. The IRS requires participant to keep documentation for a minimum of one (1) year.

Debit Card

FSA participants enrolled in the HRA, will use the same debit card for both the HRA and FSA eligible expenses. Newly enrolled FSA participants will automatically receive a debit card for payment of eligible expenses. If an employee has the HRA and also elects an FSA, FSA monies will be used first since it is employee funded. The card is accepted at many medical providers and pharmacies allowing direct payment instead of reimbursement requests. P&A Group may request supporting documentations for purchases; failure to provide supporting documentation when requested may result in card suspension. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

Mobile App

Mobile app provides on-the-go access to the FSA benefit account to view account activity, file a claim and upload receipts.

HERE'S HOW IT WORKS!



An employee earning \$50,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$83.33 based on a monthly 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
Tax Savings	\$197	

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. This rule is known as "use it or lose it."

If separation of employment from the City occurs, the last date of employment may be the last qualifying date to use funds, unless filing an appropriate claim or staying on the medical plan under COBRA or a retiree.

Claims Submission

Mail: 6400 Main Street, Suite 210, Williamsville, NY 14221
Fax: (877) 855-7105

P&A Group

Phone: (800) 688-2611 | www.padmin.com



Short Term Disability

The City provides Short Term Disability (STD) insurance at no cost to all eligible employees through The Standard. The STD benefit pays employee a percentage of the weekly earnings if employee becomes disabled due to an illness or non-work related injury.

Short Term Disability (STD) Benefits

- STD provides a benefit of 60% of employee's weekly earnings up to a benefit maximum of \$1,500 per week.
- Employee must be disabled for 29 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 30th day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 26 weeks.
- Employee deemed unable to return to work after the STD 26 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income and may be taxable.

The Standard

Phone: (800) 368-1135 | www.standard.com

Long Term Disability

The City provides Long Term Disability (LTD) insurance at no cost to all eligible employees through The Standard. The LTD benefit pays employee a percentage of monthly earnings if employee becomes disabled due to an 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 commence on the 181st 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 and may be taxable.

The Standard

Phone: (800) 368-1135 | www.standard.com

Basic Life and AD&D Insurance

Basic Term Life Insurance

The City provides Basic Term Life insurance for all eligible employees at no cost through The Standard for eligible employees with a benefit amount of \$50,000.

Accidental Death & Dismemberment Insurance (AD&D)

Accidental Death & Dismemberment (AD&D) insurance, will pay in addition and equal to the Basic Term Life benefit when death occurs as a result of an accident. Partial benefits may also be payable.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 55% of the benefit amount at age 70
- › Reduces to 36% of the benefit amount at age 75
- › Reduces to 27% of the benefit amount at age 80

Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Basic Term Life insurance benefit in excess of \$50,000 must be included as income and is subject to Federal, Social Security and Medicare taxes.

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

The Standard

Phone: (800) 368-1135 | www.standard.com

Police Officer State Death Benefit

Please refer to Florida State Statue 112.19 for qualifying benefits and amounts.

City of Port St. Lucie Risk Management

Phone: (772) 871-7371



Voluntary Life Insurance

Voluntary Employee Life Insurance

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

New Hires may purchase Voluntary Employee Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$300,000.

- Units may be purchased in increments of \$10,000 to a maximum of up to five (5) times the employee's annual salary or \$500,000.
- Benefit amounts are subject to the following age reduction schedule:
 - Reduces to 55% of the benefit amount at age 70
 - Reduces to 36% of the benefit amount at age 75
 - Reduces to 27% of the benefit amount at age 80
- Group coverage cancels at retirement or if employment with the City is terminated.

Voluntary Life Rate Table
Monthly Premium

Age Bracket (Based On Employee Age)	Employee/Spouse (Rate Per \$1,000 of Benefit)
Under 30	\$0.068
30-34	\$0.080
35-39	\$0.117
40-44	\$0.135
45-49	\$0.207
50-54	\$0.324
55-59	\$0.603
60-64	\$0.918
65-69	\$1.773
70-74	\$2.871
75+	\$4.635

Voluntary Spouse Life Insurance

New Hires may purchase Voluntary Spouse Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$50,000.

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Units may be purchased in increments of \$5,000, to a maximum of 100% of the employee's Voluntary Life coverage amount or \$250,000.
- Benefit amounts are subject to the following age reduction schedule:
 - Reduces to 55% of the benefit amount at age 70
 - Reduces to 36% of the benefit amount at age 75
 - Reduces to 27% of the benefit amount at age 80
 - Age reductions are based on employee age.

Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- Coverage may be purchased for unmarried dependent child(ren), from date of birth up to age 26.
- Units may be purchased in increments of \$5,000 to a maximum of \$10,000.
- Monthly cost for Voluntary Dependent Child(ren) Life coverage elected is \$0.08 per \$1,000, regardless of number of dependent child(ren) enrolled.

IMPORTANT NOTES

It is the employee's responsibility to notify Human Resources when employee's dependent is no longer eligible to be covered under the plan in order to remove them and/or end dependent coverage and applicable deductions. No retro adjustments will be made. Change forms can be located in Bentek, the City Water Cooler, or by contacting HR and must be returned to HR for processing.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.

The Standard | Phone: (800) 368-1135 | www.standard.com



Employee Assistance Program

As part of the employee's benefits package the City provides a comprehensive Employee Assistance Program (EAP) available to employee and each family member through Evernorth Behavioral Health. EAP offers employee and each family 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. The EAP also includes eight (8) free face-to-face sessions, per member, per issue.

What is an Employee Assistance Program?

An Employee Assistance Program (EAP) offers covered employee and family member(s) free and convenient access to a range of confidential and professional services such as:

- ✓ Mental Health Counseling
- ✓ Work-Life Services
- ✓ Family and/or Marriage Counseling
- ✓ New Parent Programs
- ✓ Lifestyle Coaching
- ✓ Grief and Bereavement
- ✓ Substance Abuse
- ✓ Legal & Financial Consultation(s)
- ✓ Leadership Education
- ✓ Caregiver Support
- ✓ Eldercare Consultants

The City recognizes that employees' personal responsibilities may, at times, spill over into the workplace. To help ensure employee is able to address these concerns with minimal disruption, the program provides employee and family members assistance for a variety of concerns – including child care, elder care, daily-living issues, and other issues that may effect employee or family member(s).

Are Your 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), Evernorth will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to Human Resources. The referring supervisor/manager will not receive specific information regarding the referred employee's case. Human Resources will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

Evernorth EAP

Employee Support Program

Life Services Toolkit

The City offers, at no cost to eligible employees, the Life Services Toolkit through The Standard. The Toolkit is available to employee insured under the Basic Life plan to provide employee and family members with tools and services in the event of a death, now and in the future. Services include:

Legal Services – Online tools for will preparation, estate planning, and health care agent forms for employee and beneficiaries.

Funeral Arrangements – Calculate funeral costs and make decisions for funeral arrangements

Grief Support – Includes six (6) face-to-face grief sessions with a master-level clinician for beneficiaries

Please Note: This program is strictly confidential and no information will be shared with employer.

Life Services Toolkit

Spirence

Spirence is a virtual mental health education and prevention platform for employees and their loved ones. Access includes: virtual library with mental health videos; weekly live and recorded mental health webinars with Q&A; weekly live and recorded family educational webinars and support sessions.

Spirence

Empathy

The City provides Empathy for all employees at no cost. Empathy is an online, confidential platform that provides 24/7 grief support through phone, chat or email. Empathy grief support includes:

- ✓ Funeral planning
- ✓ Claiming benefits
- ✓ Estate planning
- ✓ Estate administration
- ✓ Probate support
- ✓ Accounts deactivation
- ✓ Document sharing
- ✓ And much more!



Supplemental Benefits

Aflac

Aflac offers a variety of supplemental plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction on a pre-tax basis. Aflac pays money directly to participating employee, regardless of what other insurance plans employee may have. To learn more about these Aflac plans and/or to schedule a personal appointment, contact the local Aflac agent. Details regarding available Aflac plans and services are also available online at www.aflacgroupinsurance.com. Available plans include:

Group Accident Plan – Provides cash benefits for expenses resulting from injuries on or off the job, and pays in addition to any other insurance you may have. It includes an Accidental Death Benefit and Annual Wellness benefit per covered person.

Group Critical Illness with Cancer Plan – When diagnosed with a covered Critical Illness, or Cancer (internal or Invasive; noninvasive and skin cancer) Aflac pays a lump sum benefit to help employee better cope financially.

Group Hospital Indemnity Plan – Provides cash benefits for covered illness or injury resulting in hospitalization. Some benefits include Hospital Admission and Confinement, Inpatient and Outpatient Surgery, Outpatient Doctor's Office Visits, Chiropractor Visits and more.

Aflac | Phone: (800) 443-3036 | www.aflacgroupinsurance.com
Claims Submission: groupclaimfiling@aflac.com
Agent: Margaret Pearson | Phone: (561) 352-3581
Email: margaret_pearson@us.aflac.com

MetLife

MetLife Insurance is offered through Madison Planning Group and may be purchased separately on a voluntary basis. It is available for employee, spouse, children, and grandchildren with premiums paid by payroll deduction after tax. This permanent life insurance policy can be purchased as a supplement to the basic group life insurance offered through the City. The policies are portable, even if you change jobs or retire, as long as you pay the necessary premium you may continue the policy. To learn more about the MetLife Insurance Plan or to schedule an appointment, contact Janet or Tara Froyen.

Metropolitan Life Insurance | www.madisonplanning.com
Agent: Janet Froyen | Phone: (561) 704-4378
Email: jfroyen@madisonplanning.com
Agent: Tara Froyen | Phone: (561) 602-2827
Email: tfroyen@madisonplanning.com

Trustmark

Trustmark offers a Life + Care insurance plan that may be purchased separately on a voluntary basis for employee and employee's spouse with premiums paid by payroll deductions post-tax. Trustmark Life + Care is a hybrid plan that combines Life insurance with caregiving benefits. Trustmark Life + Care is permanent coverage that helps by paying cash benefits when participant needs caregiving services and, because it doubles as Life insurance, has a death benefit payable to employee's beneficiaries. Additional benefits of the Life + Care plan include:

- Includes either a Long-Term Care or a Chronic Care benefit that provides coverage for both professional and family caregiving services; and
- Restores the original death benefit each time caregiving benefits are paid to ensure the full death benefit remains available to beneficiaries; and
- Offers death-benefit reduction options to meet changing needs of employee; and
- Is guaranteed issue with premiums fixed at employee's issue age. Guaranteed issue amount is minimum \$10,000 up to \$125,000.

Trustmark Life + Care can be purchased as a supplement to the group Basic Term Life and Voluntary Term Life insurance plans offered by the City. To learn more about the Trustmark Life + Care insurance plan, contact Trustmark.

Trustmark | Phone: (866) 813-7192, ext. 3
Email: GroupServiceVB@trustmarkbenefits.com
www.trustmarksolutions.com
Agent: Angela Faria | Phone: 561 508-9494
Email: afaria@innovativeworkplacebenefits.com



Supplemental Benefits *(Continued)*

ASPCA

The City provides the employees the opportunity to purchase pet insurance benefits on a voluntary basis directly through ASPCA. Coverage includes exam fees, diagnostics and treatments for:

Dogs and cats:

- ✓ Accidents
- ✓ Hereditary Conditions
- ✓ Illness
- ✓ Behavioral Issues
- ✓ Cancer
- ✓ Dental Disease

Pets must be older than 8 weeks to enroll and a 14 day waiting period will apply at enrollment. To learn more and sign up visit the ASPCA website or call customer service.

ASPCA | Phone: (877) 343-5314

Legal & Identity Theft Plans

LegalShield

The City offers legal assistance plans through LegalShield on a voluntary basis via payroll deduction. The LegalShield plan gives members access to professional legal counsel not only for traditional legal problems, but for everyday events such as buying a house or a car, creating a will, handling a problem with an insurance company, dealing with identity theft and other instances in which legal review should be considered.

To learn more about the types of legal plans available, including Identity Theft Shield, contact the City's LegalShield Representative. Employee can also contact LegalShield's customer service at (800) 729-7998 for assistance.

IDShield

LegalShield also offers a voluntary pre-paid identity theft protection program, IDShield. IDShield offers comprehensive privacy and security monitoring. This plan will give employee and spouse access to their credit report, plus daily monitoring of credit report. If victim of identity theft, this membership will provide an investigator to help with the restoration process. This includes contacting the State DMV, the Medical Information Bureau, all 3 Credit Repositories, Financial Institutions, the Social Security Administration, and even Criminal Records. To learn more about the benefits of this plan, contact Rebecca Smith by using the contact information provided below.

Legal Insurance

Monthly Premium Cost

	LegalShield	IDShield	LegalShield & IDShield
Member	\$14.95	\$8.95	\$23.90
Family	\$14.95	\$18.95	\$29.90

LegalShield | Phone: (800) 729-7998 | www.legalshield.com

Agent: Rebecca Smith | Phone: (904) 262-2311

Fax: (904) 239-5467



Retiree Healthcare Coverage

Benefit-eligible employees participating in the City's group insurance plan(s) at the time of retirement shall be afforded the option to continue coverage as a Retiree. The retiree contribution rate is established at 100% of the determined costs for the class of coverage elected and is assessed annually for rate adjustments each October 1. The City will not pay the costs, or a portion thereof, of any such continuation of coverage for its retirees and eligible dependent(s). For any questions, please contact the benefits division of Human Resources at (772) 344-4131 or Benefits@cityofpsl.com.

A "Retiree" is defined as an employee who voluntarily withdraws from one's position and has satisfied at least one of the following conditions:

Employees Hired Before 7/12/10:

- Completed at least five (5) years of full-time service
- Reached the age of 55
- Otherwise qualifies as a retiree under the City's Code of Ordinances or Section 112.0801(2), Florida Statutes

Employees Hired on or After 7/12/10:

- Employee's combined attained age in whole years and Credited Service in whole years equals at least 62 with a minimum of ten (10) years of full-time service and has reached the age of 52
- Otherwise qualifies as a retiree under the City's Code of Ordinances or Section 112.0801(2), Florida Statutes

Retirees and eligible dependents may continue coverage under the Plan effective the first day of the month following the employee's separation from service. Retiree coverage includes the same health, prescription, vision, and dental benefits provided to active employees. Retirees who continue medical coverage may also maintain retiree-only coverage under the City's Group Life Insurance plan by paying the applicable monthly premium.

Retiree Healthcare Subsidy

Employees hired before October 25, 2010, who remained employed on or after that date, may qualify for a Retiree Healthcare Subsidy if they meet the City's retiree eligibility requirements. The subsidy is a City contribution toward retiree-only health insurance premiums and may be applied to the City's health plan or, if eligible, reimbursed toward other qualifying healthcare coverage. Dependents are not eligible. To qualify, employees must retire in good standing, meet age and service requirements, be enrolled in the City's health plan at retirement, and satisfy all proof-of-coverage and policy requirements.

Retirement Plans

Police Officers

Municipal Police Officers Retirement Trust Fund

Provided under Florida State Statue 185. The plan has a "5-years + 1 day of eligible service" vesting requirement. The plan offers an early retirement option at age 50 with 10 years or more of service. Normal retirement age is 52 with 25 years of service, or age 55 with 10 years of service. Police Officers are required, by Ordinance, to contribute 9% of pre-taxed gross earnings. Employee becomes eligible on date of hire.

For additional information, please contact:

General Office Email: PolicePensionOffice@cityofpsl.com

Sandra Steele | Phone: (772) 344-4070 | Email: ss Steele@cityofpsl.com

Danneshia Brown | Phone: (772) 871-5112 | Email: danneshiab@cityofpsl.com

Nakesha Cuff | Phone: (772) 873-6469 | Email: ncuff@cityofpsl.com

Melissa D'Agostino | Phone: (772) 344-4219 | Email: melissad@cityofpsl.com

General Employees

MissionSquare 401(a) Defined Contribution Plan

Phone: (800) 669-7400 | www.missionsquare.org

The City contributes to the MissionSquare 401(a) Defined Contribution Plan based on employee bi-weekly earnings. Eligible employees begin receiving contributions on the first of the month following 60 calendar days of full-time employment.

Non-Exempt Employees: *The plan has a 5-year vesting requirement, or employee becomes fully vested upon reaching age 55.*

- Non-union, non-sworn: the City contributes an amount equal to 12% of employee's bi-weekly earnings and employee contributes a mandatory 3% of their gross taxable earnings.
- Local 298: the City contributes an amount equal to 11.4% of employee's bi-weekly earnings and employee contributes a mandatory 1% of their gross taxable wages.

Exempt Employees: *The plan vests immediately.*

- Non-union, non-sworn: the City contributes an amount equal to 12% of employee's bi-weekly earnings and employee contributes a mandatory 3%
- Local 298: the City contributes an amount equal to 11.4% of employee's bi-weekly earnings and employee contributes a mandatory 1% of their gross taxable wages.

Please Note: Employee contribution rates are subject to change due to collective bargaining or, for non-bargaining unit employees, revised budgetary policies.

Contributions are pre-taxed. Loans, hardships, and withdrawals are not permitted. Employee may not withdraw funds until after separation of employment.



Retirement Plans *(Continued)*

Elected Officials

Florida Retirement System (FRS)

FRS Plan Administrator: (866) 446-9377 | www.myfrs.com

City Council members may participate in the Florida Retirement System (FRS) under the Elected Officers Class. The participant must make an online selection for either the FRS Pension Plan or the FRS Investment Plan. There are different vesting requirements and distribution requirements for each of the plans. The required contribution is determined by the State Legislation annually for each class.

General Employees, Police Officer and Elected Officials

MissionSquare 457(b) Deferred Compensation Plan

Phone: (800) 669-7400 | www.missionsq.org

Full-time and part-time employees may choose to contribute their own dollars, through payroll deduction, into the MissionSquare 457(b) Deferred Compensation Plan. With a 457(b) plan, employee controls how much to save and where those savings are invested, while enjoying tax advantages. The plan offers before-tax and after-tax Roth contributions. The IRS determines the annual contribution limit, and a participant may not exceed the annual contribution amount. Employee may not withdraw funds until termination of employment. A loan option is available for this plan. Employee becomes eligible on date of hire.

MissionSquare Roth IRA Plan

Phone: (800) 669-7400 | www.missionsq.org

Full and part-time employees may choose to contribute after-tax dollars to a Roth IRA through payroll deduction. Participants can take tax-free withdrawals of their contributions at any time. Withdrawal of earnings may be subject to tax and penalties. The IRS determines the annual contribution limit. Eligibility to contribute to a Roth IRA is subject to IRS Earned Income limits. Employee becomes eligible on date of hire.

For additional information, please contact:

General Office Email: RetirementOffice@cityofpsl.com

Reyna Hahn | Phone: (772) 344-4223 | Email: rhahn@cityofpsl.com

Regina Valente | Phone: (772) 871-7648 | Email: rvalente@cityofpsl.com

BENCOR Special Pay Plan

U.S. BENCOR/MidAmerica | Participant Support: (866) 296-9712

bencorplans.usretirementpartners.com

U.S. BENCOR/MidAmerica offers the BENCOR Special Pay Plan, representing a significant retirement benefit for governmental employees with accumulated vacation and sick leave payouts. This mandatory plan is for non-union classified sworn and non-union classified non-sworn employees who do not have an existing Final Pay Deferral Plan.

For covered employees that have accumulated payouts of \$5,000 or more at the time of separating from the City, the City transfers these balances automatically to the BENCOR plan. By the City making these contributions to the BENCOR Special Pay Plan, employee has the income tax deferred on these contributions until they are withdrawn, and they permanently avoid the Social Security and Medicare taxes (7.65%) on those contributions.

Employee has the option to leave the funds in the BENCOR plan for investment purposes, make a full or partial withdrawal, or roll the funds into another qualified account. The contributions to the plan are 100% vested and can be withdrawn at any point. The City also provides a Make-Whole provision in the plan for employees who separate from the City prior to the year in which they turn age 55 and take a qualified withdrawal of funds within 30 days of separation from employment.

For additional information, please contact:

General Office Email: RetirementOffice@cityofpsl.com

Reyna Hahn | Phone: (772) 344-4223 | Email: rhahn@cityofpsl.com

Karen Russell | Phone: (772) 344-4190 | Email: krussell@cityofpsl.com

Employee Family Health Center

Participants in the City’s medical insurance plan may utilize the on-site Employee Family Health Center for primary and urgent care medical services at no cost. Services received at the Employee Family Health Center are completely voluntary and confidential.

Examples of services available at the Employee Family Health Center:

- ✓ Lab Work
- ✓ Sinus Infections
- ✓ Headaches/Migraine
- ✓ Sprains
- ✓ Minor Cuts
- ✓ Earaches
- ✓ Colds and Flu
- ✓ Monitoring of Diabetes, Cholesterol and Blood Pressure
- ✓ Medications Dispensed On-Site

Walk-ins are welcome, but patients with appointments will be given preference (except in cases of emergency). Covered dependents in the infant (newborn) category can be seen starting at two (2) weeks' old. However, this service shall not be construed as a replacement for specialty care provided by a Pediatrician. Acute Care is ages 2 and over.

Hours of Operation

Monday	8:00 am – 7:00 pm
Tuesday	8:00 am – 7:00 pm
Wednesday	8:00 am – 7:00 pm
Thursday	8:00 am – 7:00 pm
Friday	8:00 am – 7:00 pm
Saturday	8:00 am – 3:00 pm
Sunday	9:00 am – 3:00 pm

The answering service will answer calls while the office is closed.

Employee Family Health Center
2266 SW Best Street, Port St. Lucie, FL 34984
Phone: (772) 807-4430



Claims, Billing & Benefit Assistance

If employees have questions on claims, receive bills from providers which they do not understand or would like general information on any of the employee benefits provided, please contact the Gehring Group Service Team.

The Service Team works directly with the City and its employees to provide claims and benefits service and will assist employees with their concerns. Please remember this is in addition to the City’s Human Resources and is not replacing assistance employee may need from Human Resources.

Contact a Claims Specialist

[Redacted]

Please include your name, contact information and a brief description of the issue. A Claims Specialist will respond via email or phone call to gather additional information.

OR

[Redacted]

When calling, please identify yourself as an employee of the City of Port St. Lucie and ask to speak to a Claims Specialist or another member of the City's designated team to assist with questions or concerns.

Office hours are Monday through Friday, 8:30 am - 5:00 pm (EST). If calling after office hours, please leave a message indicating you are a City employee who would like to speak to a Claims Specialist. Please leave full name, contact information and a brief message and a Claims Specialist will be in contact with you the following business day.

Our goal is to be your advocate and ensure issues are resolved as quickly as possible.



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

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Notes

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

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This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.