CITY OF GAINESVILLE
every path starts with passion
FLORIDA

2017 City of Gainesville Benefit Booklet

Information for Employees

This Enrollment Guide Is Not A Contract

This guide provides a detailed summary of benefits available to City of Gainesville active employees and eligible dependents, as well as laws, procedures, and regulations required to obtain and use such benefits. This guide is published by the City of Gainesville Risk Management Department. It does not change the terms of your benefit plans or its controlling documents. However, if inconsistencies occur between the contents of this enrollment guide and the contracts, rules, or laws regulating administration of the various programs, the program contract terms and/or appropriate legislation supersede this guide. In some instances, limitations and exclusions may apply.

2017 Open Enrollment
October 1-October 31, 2016

f you do not enroll online, coverage will default to single only health coverage…

This is the time of year when you have the opportunity to review your benefit choices and make changes that best suit you and your family's needs. Before you get started, here are some things you should know:

• Open Enrollment elections must be completed via Employee Self Service (ESS) no later than October 31, 2016 at 11:59pm. If you do not enroll by the deadline, your current coverage will term and you will be enrolled in single only health coverage, per the PPACA Employer Mandate.

• The benefit elections you make during Open Enrollment stay in effect until the end of the 2017 Plan Year (January 1, 2017 to December 31, 2017).

- Changes during the Plan Year will be permitted only if you have a qualified life event change - a change in family or employment status - that affects your benefit coverage. Changes must be requested within 30 days of the qualified life event, along with copies of proof of eligibility or ineligibility.

Important Deadlines	
Enrollment Period	**October 1-October 31, 2016**
Last Day to Make Changes	**October 31, 2016**
Documentation Deadline	**October 31, 2016**

• When you elect a medical, dental, or vision plan you can choose which eligible family members you want to cover under each plan. It doesn't have to be the same family members in each plan. For example, you can cover yourself and your dependents for medical benefits, but only yourself for dental care.

• If you and your spouse are both employees of the City of Gainesville, you may each enroll as an individual or one of you can elect two-person or family health care coverage. If you elect coverage separately, you cannot cover each other as dependents and your eligible dependent child(ren) may only be covered by one of you.

Note: If adding a dependent, see the section on "Open Enrollment Dependent Eligibility Verification" for requirements.

• Elect or make changes to Supplemental Life Insurance for you and/or your eligible dependents.

Note: If you want to increase your life insurance by more than $10,000 or in excess of the guaranteed issue amount of $150,000, you will be asked to provide proof of good health by completing an Assurant application and returning it to the Risk Management Department, no later than November 3, 2016.

If you make any changes to your life insurance elections, you must submit an application and HIPAA statement. Your coverage will remain at its current level until your application is approved by the insurance company.

Be sure to make the necessary changes to your benefits by the deadlines and make sure that you comply with all documentation requirements!!

New Hires

You have maximum of 60 days from your first day of employment to make elections for your voluntary benefits. If you do not meet this deadline, you will have to wait until the next Open Enrollment period. If you do not make an election, the only way to make any change to your coverage is through a qualifying event or during the next open enrollment. Any changes must be requested within 30 days of the qualifying event and proof of the qualifying event must be provided.

If hired prior to October 1st, please make sure to log into ESS to elect your benefits for the upcoming year. If you do not make online elections during open enrollment, your current benefits will terminate December 31st and you will be automatically enrolled in single only health coverage for the following year, per the federal employer mandate.

If hired after October 1st, you will need to make your elections on paper for your 2017 benefits. If you do not enroll in your benefits within 60 days of your hire date, you will be automatically enrolled in single only health coverage, per the federal employer mandate.

Remember...elected benefits are effective the first of the month following your 31st day of employment.

Getting Started

Please make sure to thoroughly read this guide and reference this booklet all year.

If you were hired prior to October 1st, access Employee Self-Service (ESS) to and enroll in your desired benefits for the subsequent year. Please submit all required documentation to Risk Management no later than October 31st. **If you were hired after October 1st**, please make sure that you submit paper applications to Risk Management for your 2017 benefits. If you have questions, please contact the Risk Management Department at 352-334-5045.

All open enrollment elections are effective January 1st of the year, provided that all supporting documentation required is received and approved.

A post enrollment confirmation letter is not distributed to employees. Please check your paystub to make sure the proper deductions are being taken. If you notice a discrepancy, please contact the Risk Management Department at 352-334-5045.

Remember these ESS Tidbits for Online Enrollment

Please note: Selecting the Save and Exit button during the enrollment process ***does not*** enroll you in your benefits. Your enrollment is not finalized until you click ***Submit Enrollment.*** If you exit the system anytime before clicking ***Submit Enrollment***, your elections will be saved.

If you re-enter the system after clicking ***Submit Enrollment*,** you will override your previous elections, if you make any changes.

On the ***Summary Page,*** you want to review all of your elections prior to clicking the ***Submit Enrollment*** button. If you need to make a change, you may click the ***Prior Page*** button to return to the previous page(s).

After Risk Management has processed all open enrollment documents (mid-November), you may access a list of your 2017 benefits by clicking on the ***Future*** tab, under the ***Benefits Tab*** in ESS***.*** (The only way to see this is after all open enrollment documents have been processed). ***You will not be able to receive confirmation of your 2017 benefits by contacting the Risk Management Department.***

Each year during open enrollment, you have an opportunity to consider your options so that you may choose the benefits for the following year that offer you the best value, coverage and peace of mind.

1 **Please log-in to ESS (https://ess.cityofgainesville.org/ESS). If you cannot log-in, please contact IT at 352-393-1111. Once logged in, please check your benefits under the Benefits Tab. If you have questions, please contact Risk Management at 352-334-5045. or visit us on the Ground Floor of the Old Library Building.**

2 **Thoroughly review this benefit booklet prior to enrolling.**

3 **Have the following information available when logging on to ESS to begin your enrollment:**

- **If adding new dependents, please have the date of birth, Social Security Number, date of marriage.**

4 **Access the Benefit Enrollment Wizard and begin enrolling in the benefits you desire. If you are having difficulties enrolling, please contact Risk Management or check the Open House schedule and attend one of the sessions.**

5 **Once you have completed your enrollment, please review the summary page at the end. If it is correct, please click submit and be sure to email a copy of the submitted enrollment to your personal email account. If you do not email it prior to exiting the system, you will not have record of the enrollment. Please keep a copy of your enrollment.**

Reminders!!!!

- You will need your ESS log-in information prior to enrolling in your benefits. All open enrollment elections will be conducted through ESS. Please print a copy of your summary form after submitting it in the system.
- If you have a CDP and want to enroll your partner in spousal life insurance, you must come to the Risk Management Department to complete this request.
- If you have to submit additional life insurance forms, you must submit them to the Risk Management Department no later than November 3, 2016.
- If you do not make an election to waive health coverage, per federal mandate, you will be enrolled in Employee Only coverage.
- Please review your beneficiaries in ESS. You currently are not able to make changes to beneficiaries in ESS; therefore, if you need to update this information, please submit your updated beneficiary card to the Risk Management Department.
- To delete AFLAC Short Term Disability you must complete an AFLAC Cancellation Notice and submit to Risk. If you send the form directly to the AFLAC national office, you must notify Risk within 24 hours of cancellation. Refunds will not be granted.

ESS Online Enrollment Technical Assistance

Monday, October 3rd	**HR Training Room**	**1:00 pm—4:00 pm**
Thursday, October 6th	**HR Training Room**	**1:00 pm—4:00 pm**
Monday, October 10th	**HR Training Room**	**8:00 am—12:00 pm**
Tuesday, October 11th	**EOC Bldg. 7 IT Training Room**	**1:00 pm—5:00 pm**
Thursday, October 13th	**EOC Bldg. 7 IT Training Room**	**8:00 am—12:00 pm**
Monday, October 17th	**HR Training Room**	**8:00 am—12:00 pm**
Thursday, October 20th	**EOC Bldg. 7 IT Training Room**	**1:00 pm—4:00 pm**
Tuesday, October 27th	**EOC Bldg. 7 IT Training Room**	**8:00 am—12:00 pm**

Frequently Asked Open Enrollment Questions

How do I enroll or update my information?

Visit the City's intranet portal at: https://ess.cityofgainesville.org/ESS, enter your user-name and password and click on Benefit Enrollment Wizard.

What is my user name?

Your username is the first initials of your first and last names (IN CAPS) and your five-digit employee ID number. If you still have difficulty logging in, please call the Help Desk at 352-393-1111.

What is my password?

If you need a password reset, contact the help desk at 352-393-1111. You may also set a password question in the system, so that you may reset your password instead of having to wait for IT to reset it.

What do I do if I forget my password?

You need to call the Help Desk at 352-393-1111 to reset the password or click "Reset", if you have set up password hints.

I have not received my enrollment package. What do I do?

Please contact the vendor (contact information inside of booklet) and request that your enrollment package be mailed to you.

How much time do I have to enroll?

The Open Enrollment Period is from October 1, 2016 through midnight October 31, 2016 for all active City of Gainesville employees. Because employees are enrolling online, you have access to the system, except during payroll downtimes, when the system will be unavailable due to maintenance.

What are considered Qualifying Life Events?

Qualifying Life Events include, but are not limited to: newborn children, marriage, divorce, and dependent loss of coverage.

When does all information have to be submitted to the Employee Benefits office?

All Open Enrollment supplemental documents are due to the Risk Management Department no later than *November 3, 2016*.

What are the time frames associated with my current coverage vs. new coverage plans?

Your current coverage continues through December 31, 2016. The next Coverage Plan Year is January 1, 2017 - December 31, 2017.

What is the worst that could happen if I don't comply with Open Enrollment period guidelines?

You will not have benefits for the 2017 plan year and if you do not waive health coverage, you will automatically be enrolled in Employee Only coverage, per Federal mandate.

When will the Open Enrollment Meetings be held this year?

There will be no open enrollment meetings this year, only open houses (please refer to p. 11 for the open house schedule) to provide technical assistance with online enrollments.

A post enrollment confirmation letter is not distributed to employees. Please check your paystub to make sure the proper deductions are being taken. If you notice a discrepancy, please contact the Risk Management Department at 352-334-5045.

ABOUT BENEFITS…

Benefits such as basic life insurance are automatic. You do not have to choose them because the City of Gainesville pays the entire cost. You must positively elect any benefits that you wish to have. Your portion of the cost is automatically deducted from your paycheck.

Premiums are deducted from your paycheck in two ways:

- PRE-TAX premiums are collected for Medical, Dental, Vision, and Flexible Spending Accounts.
- POST-TAX premiums are collected for the following optional benefit plans: Short-Term Disability, Supplemental Life Insurance and Pre-Paid Legal/ID theft.

MAKING CHANGES

Employee benefit elections must be made during open enrollment or as part of the new employee benefits enrollment process. Generally, you may only change your benefits choices during the annual open enrollment period, which is October 1-October 31 each year. However, you can change your applicable benefit plans during the year if you have a qualifying event.

A list of qualifying events follows:

- Marriage
- Divorce or legal separation
- Addition of Certified Dependent
- Birth, adoption, or placement for adoption of an eligible child
- Death of spouse or covered child
- Change in spouse's or certified partner's work status that affects benefits eligibility (e.g., starting a new job, leaving a job, or leave of absence)
- A significant change in spouse's or certified partner's health coverage attributable to your spouse's or certified partner's employment (e.g., open enrollment of spouse)
- A change in your child's eligibility for benefits
- Becoming eligible for Medicare or Medicaid
- When making a qualifying event change, you will need to provide proof of the change (e.g., a copy of a marriage license or birth certificate). ***If you do not notify Risk Management within 30 days of the change, you will have to wait until the next annual enrollment period to make benefits changes, unless you have another family status change***.

Changes In Family Status

You may change your voluntary benefits during the open enrollment period. You can also change your coverage during the year but only if the application to change coverage is submitted within 30 days of your family status change because of:

- marriage;
- divorce*;
- birth, legal adoption, placement for adoption or custody change of an eligible child;
- death of a spouse or eligible child, or a dependent's leaving the household as a result of a custody agreement; or
- changes in the spouse's employment which affects his/her eligibility for benefits under another employer's group benefits plan.

Coverage will be effective the date of the change in family status. An adjustment of the premium for the level of coverage change will be deducted from your paycheck. Presently, complete and return the Health Status Change Form, located on the intranet and at the Risk Management office.

Facts About Your Insurance

If you do not want health insurance from 01/01/2017-12/31/2017, you must WAIVE coverage using Employee Self-Service.

Coverage for Mental or Physically Disabled Dependent

To provide coverage for a dependent who is incapable of self-support because of a mental or physical incapacity, an employee must provide complete documentation from a physician of the permanent disability.

Anyone removed from the policy is entitled to COBRA (except for non-payment of premiums).

Who is Benefit Eligible?

Elected officials, appointed officials, full-time and part-time permanent employees, temporary employees (working on average more than 30 hours per week, for the year 2015) and their dependents are eligible to enroll in some or all of the City of Gainesville's voluntary benefits. Dependents must meet certain eligibility criteria to be considered.

Benefits Eligibility

In order to be benefit eligible, you must work at least 20 hours per week. If you are in leave without pay status and you exhaust your FMLA, you are no longer benefit eligible and your benefits will be terminated.

All benefits begin on the first of the month, following eligibility, except in certain life events.

No city employee/retiree may have an individual policy and be the dependent of another employee/retiree for health, vision or dental insurance.

Supplemental Life Exclusions

For Supplemental Life Insurance, if your spouse is an employee, you may not cover your spouse. **Children may not be insured by both parents for life insurance coverage.** Please note, spouses may only be covered for half of the amount of the employee. During open enrollment, you may add $10,000 worth of coverage, up to the guaranteed issue amount of $150,000. If you are adding a new Domestic Partner to Life Insurance, this must be done at Risk Management.

Legal Dependents Defined

- A spouse (a husband or wife who is joined in marriage to an employee by a ceremony recognized by the laws of the Federal Government)
- A natural child or stepchild under age 26 permanently residing with the employee and supported by the employee
- A domestic partner (registered with the City of Gainesville)
- A legally adopted child under age 26 or a child, under the age of 26, for whom you have guardianship (permanent or deemed permanent for insurance purposes)
- A child up to the age of 26, unless they have access to their own group coverage, without eligibility rules other than the definition of dependent above. They do not have to be students, or living with you. Repeat, all children up to the age of 26, married or single are now eligible for coverage on their parents' health plan.
- A child 26 years or older who is incapable of self-support due to mental or physical disability; and who has a permanent disability.

Dependent Eligibility By Benefit!!!

Health, Dental & Vision

- Legal dependents are eligible to enroll in these benefits until the age of 26 (whether married, a student or residing with the parent/legal guardian).
- Dependents who are over the age of 26, who are physically or mentally unable to work and are supported by the employee (medical documentation required).
- Grandchildren-Newborns up to 18 months (as long as the parent of the child is covered by the plan).

Supplemental Child Life

- Legal dependents are eligible to enroll in this benefit under the ages of 19. If a full-time student, they may be covered until age 25.

LegalShield

- Never-married dependent children of the employee or employee's spouse who are under 21 **and** living at home
- Children under age 18 for whom the employee or employee's spouse is the legal guardian
- Full-time never-married students under 23 years old, if the student is a dependent of the employee or employee 's spouse
- Any dependent child, regardless of age, who is incapable of sustaining employment because of mental or physical disability and who is chiefly dependent on the employee or employee's spouse for support

IDShield

- Dependents under the age of 18
- Dependents between the ages of 18-26 (living at home or a full time student or have never been married are still able to receive credit restoration services.

Dependent Eligibility Documentation Requirements

Dependents	Documentation Required
For Spouse	Copy of marriage certificate. If previously married, death certificate or divorce decree.
For Removal of Spouse/Child	None at Open Enrollment. Court decree within 30 days of decree during the contract year.
For Natural Child(ren)	Child's birth certificate (showing the parent-child Relationship to employee/retiree and/or spouse).
For Adopted Child(ren)	Placement papers signed by the courts.
For Disabled Child (26 years and older)	Physician verification of permanent disability.
Foreign Adoptions	Adoption papers signed by the courts; visa showing date of entry to USA.
For Step-Child(ren)	Child's birth certificate (showing parent-child relationship with employee/retiree's spouse); copy of marriage certificate.
For Court-Ordered Support	State affidavit; copy of signed court order requiring employee/retiree to provide support for health coverage.
For Guardianship	Court ordered guardianship deemed permanent for insurance purposes.
For Domestic Partner	City of Gainesville Domestic Partner Affidavit (notarized within 30 days of approval and only during Open Enrollment
For Termination of Domestic Partner	None at Open Enrollment; City of Gainesville Notice of Termination within 30 days of termination.

Social Security number and date of birth must be provided for all dependents. Failure to submit the dependent's Social Security number will result in termination/denial of coverage. Documentation also applies to life insurance coverage. No documentation is required at Open Enrollment to delete a dependent. All documentation should contain the employee's name and Social Security number.

Ineligible Dependents

The following are examples of individuals who are not considered eligible dependents: your spouse following a divorce; someone else's child (such as your nieces, or nephews), unless you have been awarded legal custody or guardianship; or parents, parents-in-law, or grandparents, regardless of their IRS dependent status. You must drop coverage for your enrolled dependent within 30 days of the date he or she loses eligibility. For example, if you divorce your spouse or end your domestic partnership relationship, you must contact Risk Management to remove your dependent spouse or domestic partner within 30 days of the divorce or end of domestic partnership. If you fail to remove ineligible dependents, you will be required to pay all costs for any benefits that were paid on their behalf and may be subject to disciplinary action.

2017 Benefit Options

As an eligible City employee, you may enroll in benefits that support your health, help you grow and protect your finances, and promote a balance of work and life. Below is an overview of all of your 2017 benefit options.

Health Insurance

Florida Blue

- Blue Options

Dental Insurance

Florida Combined Life

- Choice
- Copayment
- DHMO

(Blue Dental Prepaid)

Vision Insurance

Humana

- MyCompBenefits

Supplemental Life Insurance

Sun Life Financial System

- Employee Life (up to 5x salary)
- Spousal Life (1/2 Employee election)
- Child Life (up to age 19, non-student, 25, student)
- Accidental Death & Dismemberment (AD &D) (must match employee amount)

Short-Term Disability

AFLAC

- Basic Disability

Flexible Spending Accounts

(Must be off of probation)

125 Company

- Medical– Max-$2,550
- Dependent Care-Max-$5000

Legal Plan & Identity Theft

Legal Shield

- Comprehensive Legal Plan
- Identity Theft

If you do not enroll through ESS and submit your required documentation (if any), coverage will default to the coverage listed below.

	Currently Covered?	Default Coverage
Health	Yes	Employee Only Health
		If enrolled via ESS and documentation to add dependents is not received, your dependents will not be added
Dental	Yes	None
Vision	Yes	None
Flex Spending Account	Yes	None
Supplemental Life	Yes	None
	If enrolled via ESS and documentation is not received	Coverage remains at current level
Short-Term Disability	Yes	None

Frequently Asked Benefit Questions

Q:I went to the doctor for my Wellness Service but I received a bill. I thought the Wellness Services were paid 100% by the City.

A: Wellness Services are determined by your age and gender. If you present for a Wellness Service (please see the Florida Blue Preventive Guidelines-posted on the Risk Management website), the City will pay 100% of the cost associated with the screening. However, if you have other issues that you discuss with your provider that do not relate to the screening, your provider may bill you for that as a separate visit. Please note that these services are diagnosis driven and it is recommended that you start with your Primary Care Physician, if at all possible. If you have questions, please contact FL Blue at 800-664-5295.

Q: There has been a big push for employee/retirees to use Convenient Care Centers and Urgent Care Centers instead of the Emergency Room. What happens if it is during the night and I feel ill?

A: Unfortunately, there are no 24-hour Urgent Care or Convenient Care Centers on the plan. Florida Blue has a 24-hour Nurseline and you can call to speak with a nurse at 1-877-789-2583 to discuss your symptoms and he/she may be able to assist in providing guidance. Remember, the Emergency Room is the gateway to Inpatient hospitalization and it is over-utilized by plan members as a medical home or urgent care.

Q: My daughter is on the plan and is pregnant. Can she remain on the plan as well as the newborn?

A: As long as your daughter remains on the plan (under the age of 26), the newborn may remain on the plan for up to 18 months. Please note, Florida Blue has a toll-free line specifically called Healthy Addition for expectant mothers, especially those with high risk pregnancies. The number is 1-800-955-7635. You may contact someone at this number Monday–Friday, 8:30a-5p.

Q: I went to my pharmacy and under the new plan my copay increased from $50 to $80. Why is that?

A: As of January 1, 2017, the Rx plan changed and there is a $300 Rx deductible that applies to Preferred and Non-Preferred brands. Also, on a quarterly basis, Florida Blue conducts a pharmacy review and updates its formulary. If your copay increased, it may have been due to changes made during this review. Florida Blue posts its changes to the formulary on a quarterly basis, so you are able to retrieve this information at Floridablue.com. You may also contact customer service for questions regarding your pharmacy benefits at 1-800-664-5295.

Q; My provider decided that I need a specialty drug but he doesn't want to purchase the meds and be reimbursed by Florida Blue, so I have to self-administer the drug. Is there a way to keep my costs down with this medication?

A: Specialty medications are typically expensive; however, if you have your specialty prescription filled through Walgreens, you may take advantage of a $160 copay.

Q: I wanted to take advantage of the Employee Assistance program but I do not have the health insurance. Are there other resources available?

A: The Employee Assistance Program is not tied to your health insurance. It is offered as a benefit to all City of Gainesville employees. Any employee and any of his/her legal dependents is able to receive three (3) counseling visits each, per year, at no cost to the employee. (Police officers receive unlimited visits per year and their dependents, six visits.)

Q: I am planning to travel abroad to visit family. What if I get ill while there? Will I be able to access services?

A: Yes. FL Blue has contracted providers in more than 200 countries. If you do plan to travel abroad, the key is to plan ahead by verifying the international benefits prior to leaving. Remember to carry your health ID card with you and always use a Blue Card PPO physician or hospital to decrease your costs. As long as you access these providers, you should not have to pay for any costs "up front". If planning ahead, please contact 1-800-810-2583 and an Assistance Coordinator and medical professional will assist in arranging the care you need. If you become ill while you are away, please call Florida Blue collect at 1-804-673-1177. Hospitalization does require a pre-authorization.

GLOSSARY OF TERMS

This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs.

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

Appeal: A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing: When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. An in-network provider may not balance bill you for covered services.

Coinsurance: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay the coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your Coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.

Complications of Pregnancy: Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Copayment: A fixed amount (for example, $20) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible: The amount you owe for health care services your health insurance or plan covers before your Insurance begins to pay. For example, if your deductible is $600, your plan won't pay anything until you've met your $600 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Durable Medical Equipment (DME): Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition: An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation: Ambulance services for an emergency medical condition.

Emergency Services: Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services: Health care services that your health insurance or plan doesn't pay for or cover.

Habilitation Services: Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance: A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care: Health care services a person receives at home.

Hospice Services: Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care: Care in a hospital that usually doesn't require an overnight stay.

In-network Coinsurance: The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network Coinsurance usually costs you less than out-of-network coinsurance.

In-network Copayment: A fixed amount (for example, $20) you pay for covered health care services to providers who contract with your health insurance or plan. In-network Copayments usually are less than out-of-network copayments.

Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Out-of-network Coinsurance: The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance (deductible applies).

Glossary (cont'd)

Out-of-Network Provider: A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-contracted provider.

Out-of-Pocket Maximum: The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit.

Plan: A benefit your employer, union or other group sponsor provides to you to pay for your health care services. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred (In-Network) Provider: A provider who has a contract with your health insurer or plan to provide services to you at a discount.

Premium: The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage: health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs: Drugs and medications that by law require a prescription.

Prescription Drug Formulary: A list of prescription drugs, both generic and brand name, used by practitioners to identify drugs that offer the greatest overall value. A committee of physicians, nurse practitioners, and pharmacists maintain the formulary. Some health insurance or plans do not cover non-formulary drugs or they are covered at a higher out-of-pocket cost.

Preventive Care: recommended care you receive, based on age and gender, to prevent illnesses or diseases. It also includes counseling to prevent health

Preventive Care (continued)

problems. These services are usually provided at no cost if you use your primary care provider or preferred provider. Once you have received a diagnosis, services are no longer considered preventive.

Primary Care Physician: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery: Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services: Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care: Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

UCR (Usual, Customary and Reasonable): The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care-Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

2017 Prescription (Rx) Plan Changes

$300 Rx Deductible Applies to:

Preferred and Non-Preferred Brands ONLY!!!!!

Generic Drugs do not have a Deductible!!!!!!

Co-Pay Tiers

Generic Drug-$10 $

Preferred Brand Drug-$50 $$

Non-Preferred Brand Drug-$80 $$$

Specialty Drug-$160 $$$$ (Walgreens)

CVS Pharmacies (including ones located inside of Target) are NO longer in-network pharmacies!!!!

Health

The City of Gainesville offers its employees a very comprehensive health plan. Presently, the third party administrator is Florida Blue.

For 2017, there is only one health plan - BlueOptions.

BlueOptions offers covered participants the ability to choose any medical provider they wish. However, participants can maximize their benefits by choosing Network Blue "in-network" medical providers who participate in the Florida Blue PPO provider network.

Bi-weekly Premiums — Employee pays

	Employee	Employee + Spouse	Employee + 1 Child	Employee + 2 More
FULL-TIME (40 HOURS)	$45.57	$223.25	$149.27	$279.22
3/4-TIME (30 HOURS)	$100.92	$299.67	$205.31	$379.38
HALF-TIME (20 HOURS)	$156.28	$376.08	$261.35	$479.54

Bi-weekly Contributions— City pays

	Employee	Employee + Spouse	Employee + 1 Child	Employee + 2 More
FULL-TIME (40 HOURS)	$221.41	$305.66	$224.16	$400.63
3/4-TIME (30 HOURS)	$166.06	$229.25	$168.12	$300.47
HALF-TIME (20 HOURS)	$110.71	$152.83	$112.08	$200.32

Summary of Plan

Please see your group plan description for extensive detail of the coverage offered under the health plan. In the event of any discrepancy between this summary and the official plan document, the official plan document will govern.

	IN NETWORK	OUT-Of NETWORK
Calendar Year Deductible (CYD) - Individual	$600	
Calendar Year Deductible - Family	$1800	
*only effects contracts with 3 or more members		
Primary Care Office Visits Family Practice General Practice Internal Medicine Pediatrician	***In Network*** - $15.00 co-pay	***Out of Network*** - $600 CYD & 40% coinsurance
Specialty Office Visits-Except Some Mental Health Services	***In Network*** -$600 CYD & 20% insurance	***Out of Network***-$600 CYD & 40% insurance
Well Care Services at Primary Care or Specialist Discuss Your Needs with Your Doctor *Diagnostic and Screening Services subject to Age and Gender Appropriate medical guide lines. Examples: Annual Physical, OB/GYN annual visit, Stress Test, Diagnostic Laboratory Test, PSA tests, etc.*	***In Network*** - No Member Cost **Unlimited annual benefit**	***Out of Network*** - 40% coinsurance; **No Deductible**
Mammogram	Paid at 100% of the allowance. You may use any provider	
Colonoscopy - **Routine (screening) Procedures only**	**In Network** - Member pays $0 for physician charges or facility charges for screenings only.	**Out of Network**—payable at 100% of allowance; facility fee subject to $600 CYD and 40% coinsurance
Inpatient Hospital Care	***In Network*** Facility: *Option 1 $750 Co-payment *Option 2 $ 1,000 Co-payment Provider services for mental health—$50 per day co-pay Physician: $600 CYD & 20% co-insurance	***Out of Network*** - $600 CYD & 40% coinsurance
Outpatient Hospital Care	***In Network*** Facility.* *Option 1 $150 Co-payment *Option 2 $250 Co-payment	
Mental Health/Substance Abuse, Physician Services **(at locations other than office, hospital & ER)**	***In Network*** -$600 CYD & 20% co-insurance	**Out of Network**—$600 CYD & 40% co-insurance
Primary Care Physician Specialist	$15 copayment $50 copayment	

* Option 1— North Florida Regional Medical Center
* Option 2— Shands Hospital at University of Florida

Emergency Room	***In Network*** - Facility: $250 co-pay Physician: $600 CYD & 20% coinsurance ***Out of Network*** - Facility: $250 co-pay Physician: $600 CYD & 40% coinsurance
Urgent Care Centers	$30 copay **Out of Network**—$600 Out of Network deductible and 40% coinsurance of the allowance
Free Standing Surgical Center	***In Network*** **-** Facility: $100 co-pay Physician: $600 CYD & 20% coinsurance of allowance **Out of Network**—$600 Out of Network deductible and 40% coinsurance of the allowance
Imaging / X-ray Services - Independent Diagnostic Facility	***In Network*** - Diagnostic services - $50 co-pay *(Except for AIS)* Advanced Imaging Services (AIS) - $125 co-pay *Examples: MRI, MRA, PET, CT, or Nuclear Medicine* *(Includes the test and the reading)* ***Out of Network***— $600 CYD & 40% coinsurance
Lab Services performed at **Quest Diagnostics**	Patient Pays $0
Lab Services performed anywhere that is not Quest Diagnostics (Hospital lab, physician's office, etc.)	***Out of Network*** - $600 CYD & 40% coinsurance All Labs other than Quest Diagnostics are considered "Out-of-Network"
Pharmacy Pharmacy - Generic	**$300 deductible applies to Preferred and Non-Preferred Drugs** $10.00 co-pay or actual drug cost (if less)
Pharmacy - Preferred Brand	$50.00 co-pay or actual drug cost (if less)
Pharmacy - Non-Preferred Brand	$80.00 co-pay or actual drug cost (if less)
Specialty Drugs	$160 co-pay

Mail Order Pharmacy: Get 90 days of medication for the cost of 2 monthly copayments. It's like buying 2 and getting 1 month FREE.

90-Day Supply for Maintenance Drugs only. The mail order program requires payment of co-pays even if the total cost of the drug is less than the co-pay.

Combined Therapy and Spinal Manipulations Note: Maximum Calendar Year Benefit—75 services May have medical guidelines	***In Network*** - $600 CYD & 20% coinsurance ***Out of Network*** - $600 CYD and 40% coinsurance
MAXIMUM OUT OF POCKET Individual/Family Aggregate Once met, medical services are paid at 100% for the remainder of the Calendar Year, including Pharmacy	***In Network*** - $4,500//$7,500 ***Out of Network*** - $5,000/ $10,000
EXCLUDES	♦ Non-covered charges
INCLUDES	♦ Calendar Year Deductible ♦ Coinsurance responsibility ♦ Pharmacy Co-payments

VISION

Humana Vision Care Provider is the administrator of the vision plan.

Bi-Weekly Premiums

Service	Member Pays	Frequency
Eye Exam	$10.00	Once Every 12 Months
Lenses	$15.00	Once Every 12 Months
Frames	$0.00 (if wholesale cost Is $45 or less)	Once Every 24 Months
Contact Lenses	All amounts over $120	Once Every 12 Months

Employee Only	Employee + 1 or more
$3.00	$8.13

Humana

Vision Care Provider

City of Gainesville

	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	100% after $10 copay	$35 allowance after $10 copay
Lenses		
• Single	100% after $15 copay	$25 allowance after $15 copay
• Bifocal	100% after $15 copay	$40 allowance after $15 copay
• Trifocal	100% after $15 copay	$60 allowance after $15 copay
Frames	$45 wholesale allowance	$45 retail allowance
Contact lenses[1]		
• Elective (conventional and disposable)[2]	$120 allowance	$120 allowance
• Medically necessary (limit one pair)[3]	100%	$210 allowance
Frequency (based on date of service)		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months

Additional plan discounts through participating providers

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the participating provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

[1] If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames).

[2] The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on participating provider professional services. The discount for professional services is available for 12 months after the covered eye exam.

[3] Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.

Monthly member rates:

Employee only	$6.50
Employee and family	$17.62

FLHHRM3EN 0114

DENTAL

The City of Gainesville offers three (3) dental plans through Florida Combined Life to its employees. Each plan has advantages and disadvantages. You are encouraged to evaluate each of the three plans carefully in order to choose the plan that best suits your specific needs.

BlueDental Prepaid (DHMO)

The least expensive of the three plans is the BlueDental Prepaid (DHMO). This plan offers limited benefits and a limited provider network.

This plan requires the member to select a primary dental provider from the BlueDental Prepaid provider list and see that provider for all dental care. If the enrollee uses a different provider than assigned, the plan provides no benefit. Members have the option of changing their primary dental provider once every thirty (30) days, if desired.

All claim forms are completed by the primary dental provider. The member is only responsible for the applicable co-payment for covered services. The plan has no waiting periods for Major and Orthodontic services.

BlueDental Prepaid (DHMO)	In Network Member Pays	Out of Network Member Pays
Calendar Year Deductible	$0	No Coverage
Preventative Service	$0.00	No Coverage
Basic Service	Fee Schedule	No Coverage
Major Services	Fee Schedule	No Coverage
Orthodontic Services	25% discount Adults & children	No Coverage
12 Waiting Period	None	No Coverage
Annual Maximum	None	No Coverage

BlueDental CoPay

The BlueDental Choice Copayment plan offers a wide variety of benefits and a moderate provider network.

Enrollees have the freedom to use any dental provider they choose. However, the plan rewards members for using a participating provider with a well-defined co-payment fee schedule. Services received from a non-participating provider are paid at a percentage of allowed charges and the member is responsible for all amounts not paid by the plan.

Participating dental providers are responsible for submitting all claim forms for services provided. The member is responsible for filing all claims for services received at a non-participating provider. There is a twelve (12) month waiting period before the plan covers any Major or Orthodontic services.

Blue Dental Choice Copayment	In Network Member Pays	Out of Network Member Pays
Calendar Year Deductible	$50.00	$50.00
Preventative Service	$10.00	30% of allowance plus balance billing
Basic Service	Fee Schedule	50% of allowance plus balance billing
Major Services	Fee Schedule	65% of allowance plus balance billing
Orthodontic Services Children < 19 only	Cost minus $1,000.00	No Coverage
12 Waiting Period	Yes	Yes
Annual Maximum	$1,500.00	$1,500.00

BlueDental Choice PPO

The BlueDental Choice PPO plan offers a wide variety of benefits and the largest provider networks.

Enrollees have the freedom to use any dental provider they choose. The plan pays a higher percentage when services are rendered by a participating provider. Members will have a larger out of pocket cost for services received from a non-participating provider. The member may experience balance billing for all amounts not paid by the plan when using a non-participating provider.

Participating dental providers are responsible for submitting all claim forms for services provided. The member is responsible for filing all claims for services received from a non-participating provider. The plan has a twelve (12) month waiting period for coverage of any Major or Orthodontic services begins.

Blue Dental Choice PPO	In Network Member Pays	Out of Network Member Pays
Calendar Year Deductible	$50.00	$50.00
Preventative Service	$0.00	20% of allowance plus balance billing
Basic Service	20% of allowance	50% of allowance plus balance billing
Major Services	50% of allowance	60% of allowance plus balance billing
Orthodontic Services Children < 19 only	50% of first allowable $1,000, then 100% of balance.	No Coverage
12 Waiting Period	Yes	Yes
Annual Maximum	$1,500.00	$1,500.00

Bi-Weekly Rates	DHMO	CO-PAY	CHOICE
Employee	**$6.32**	**$8.24**	**$12.06**
Employee/SP	**$10.87**	**$18.03**	**$22.90**
Employee/CH	**$10.87**	**$22.11**	**$28.81**
Employee/CH(ren)	**$16.74**	**$22.11**	**$28.81**
Family	$16.74	$32.81	$39.66

BlueDental Care DHMO

Group Plan P220
Benefits Schedule

THIS IS A PREPAID LIMITED DENTAL PLAN ISSUED BY FLORIDA COMBINED LIFE INSURANCE COMPANY, INC. UNDER CHAPTER 636, FLORIDA STATUTES
These copayments are the maximum fees that will be charged by participating General Dentists for the specified covered services.

ADA Code	Procedure	Patient Pays $
Appointments		
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	15
9430	Office Visit (normal hours)	5
9440	Office Visit (after regularly scheduled hours)	35
9999	Emergency visit during regularly scheduled hours, by report	20
9999	Broken appointments (without 24 hr notice, per 15 min) Maximum $40 per broken appointment. No charge will be made due to emergencies	10
Diagnostic	Periodic oral evaluation	0
120		
140/150/160	Limited/Comprehensive oral evaluation	0
145	Oral eval for patient under 3 yrs. old and counseling w/ primary caregiver	0
180	Comprehensive periodontal evaluation	10
210	X-Ray Intraoral - complete series Including bitewings	0
220	X-Ray Intraoral - periapical first film	0
230	X-Ray Intraoral - periapical- each additional file	0
270	X-Ray Bitewing - single film	0
272	X-Ray Bitewings - two films	0
273	Bitewings - three films	0
274	Bitewings - four films	0
330	Panoramic film	0
460	Pulp vitality tests	0
470	Diagnostic casts	0
Preventive Care		0
1110/1120	Prophylaxis - adult/child - routine (once ev. 6 months)	
1110/1120	Prophylaxis - adult/child - (additional)	20
1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age)	0
1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)	0
1330	Oral hygiene instruction	0
1351	Sealant - per tooth	10
1510	Space Maintainer - fixed - unilateral	45+Lab
1515	Space Maintainer - fixed - bilateral	45+Lab
1520	Space Maintainer removable - unilateral	85+Lab
1525	Space Maintainer removable - bilateral	85+Lab
1550	Recementation of space maintainer	10
Restorative		
2140	Amalgam - one surface, primary or permanent	0
2150	Amalgam - two surfaces, primary or permanent	0
2160	Amalgam - three surfaces, primary or permanent	0
2161	Amalgam - 4+ surfaces, primary or permanent	0
2940	Sedative filing	15
2999	Sedative base (under filings), by report	0
Restoration		
2330	Resin - one surface, anterior	35
2331	Resin - two surfaces, anterior	40
2332	Resin - three surfaces, anterior	50
2391	Resin-based composite - one surface, posterior	60
2392	Resin-based composite - two surfaces, posterior	80
2393	Resin-based composite - 3 surfaces, posterior	100
2394	Resin-based composite - 4+ surfaces, riostP.rior	120
2510	Inlay - metallic - one surface	95
2520	Inlay - metallic - two surfaces	105
2530	Inlay - metallic - three or more surfaces	130
Crown & Bridge		
2740	Crown - porcelain/ceramic substrate	280+Lab
2750*	Crown - porcelain fused to high noble metal	280
2751	Crown - porcelain fused to predominantly base metal	280
2752*	Crown - porcelain fused to noble metal	280
Crown & Bridge (cont)		
2790*	Crown - full cast high noble metal	280
2791	Crown - full cast predominantly base metal	280
2792*	Crown - full cast noble metal	280
2910	Recement inlay	15
2920	Recement crown	15
2930	Prefab stainless steel crown - primary tooth	75
2950	Core build-up, including any pins	45
2951	Pin retention - per tooth	15
2952	Cast post and core in addition to crown	90+Lab
2953	Each additional cast post - same tooth	90+Lab
2954	Prefabricated post and core in addition to crown	90
2962	Labial veneer (porcelain laminate) - laboratory	280+Lab
Endodontics		
3220	Therapeutic pulpotomy	35
3221	Pulpal debridgement, primary and permanent teeth	100
3310	Root canal therapy - anterior (excluding final restoration)	100
3320	Root canal therapy - bicuspid (excluding final restoration)	200
::1::1::10	Roni r;in;il thP.rilflY - moliir (excluding final restoration)	?fiO
3410	Apicoectomy/periradicular surgery - anterior	125
Periodontics (Gum Treatment)		
4210	Gingivectomy/gingivoplasty - 4+ teeth per quad	125
4211	Gingivectomy/gingivoplasty - 1-3 teeth per quad	40
4341	Periodontal scaling and root planing - 4+ teeth per quad	50
4342	Periodontal scaling and root planing - 1-3 teeth per quad	50
4355	Full mouth debridgement to enable eval and diagnosis	45
4381	Localized delivery of antimicrobial agents (per tooth)	45
4910	Periodontal maintenance	50
Prosthodontics		
5110	Complete denture - maxillary	300+Lab
5120	Complete denture - mandibular	300+Lab
5130	Immediate denture - maxillary	300+Lab
5140	Immediate denture - mandibular	300+Lab
5211	Maxillary partial denture - resin base	300+Lab
5212	Mandibular partial denture - resin base	300+Lab
5213	Maxillary partial denture - cast metal framework, resin denture bases	300+Lab
5214	Mandibular partial denture - cast metal framework, resin denture bases	300+Lab
5410	Adjust complete denture - maxillary	15
5411	Adjust complete denture - mandibular	15
5421	Adjust partial denture - maxillary	15
5422	Adjust partial denture - mandibular	15
Repairs to Prosthetics		
5510	Repair broken complete denture base	15+Lab
5520	Replace missing or broken teeth - complete denture (each tooth)	15+Lab
5610	Repair resin denture base	15+Lab
5630	Repair or replace broken clasp	15+Lab
5640	Replace broken teeth - per tooth	15+Lab
5650	Add tooth to existing partial denture	30+Lab
5730	Reline complete maxillary denture (chairside)	50
5731	Reline complete mandibular denture (chairside)	50
5740	Reline maxillary partial denture (chairside)	50
5741	Reline mandibular partial denture (chairside)	50
5750	Reline complete maxillary denture (laboratory)	35+Lab
5751	Reline complete mandibular denture (laboratory)	35+Lab
5760	Reline maxillary partial denture (laboratory)	35+Lab

(The information provided above is the Benefits Schedule for Certificate of Coverage 50480-1102 SR. It is provided to the employee as an aid in deciding whether to enroll in the plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits Under the plan.)

BlueDental Care DHMO

Group Plan P220
Benefits Schedule
(continued)

THIS IS A PREPAID LIMITED DENTAL PLAN ISSUED BY FLORIDA COMBINED LIFE INSURANCE COMPANY, INC. UNDER CHAPTER 636, FLORIDA STATUTES. These copayments are the maximum fees that will be charged by participating. General Dentists for the specified covered services.

ADA Code	Procedure	Patient Pays $
Repairs to Prosthetics (cont.)		
5761	Reline mandibular partial denture (laboratory)	35 + Lab
5850	Tissue conditioning - maxillary	30
5851	Tissue conditioning - mandibular	30
Prosthetics (Fixed)		
6210*	Pontic - cast high noble metal	280
6211	Pontic - cast predominantly base metal	280
6212*	Pontic - cast noble metal	280
6240*	Pontic - porcelain fused to high noble metal	280
6241	Pontic - porcelain fused to predominantly base Metal	280
6242*	Pontic - porcelain fused to noble metal	280
6750*	Crown - porcelain fused to high noble metal	280
6751	Crown - porcelain fused to predominantly base metal	280
6752*	Crown - porcelain fused to noble metal	280
6790*	Crown - full cast high noble metal	280
6791	Crown - full cast predominantly base metal	280
6792*	Crown - full cast noble metal	280
6930	Recement fixed partial denture (per unit)	10
Extractions/Oral and Maxillofacial Surgery		
7111	Coronal Remnants, deciduous tooth	0
7140	Extraction, erupted tooth or exposed root	0
7210	Surgical removal of erupted tooth	40
7220	Removal of impacted tooth - soft tissue	50
7230	Removal of impacted tooth - partially bony	70
7240	Removal of impacted tooth - completely bony	85
7250	Surgical removal of residual tooth roots	35
7310	Alveoloplasty in conjunction with extractions - per quadrant	35
7320	Alveoloplasty not in conjunction with extractions - per quadrant	70
7510	Incision and drainage of abscess - intraoral	25
Adjunctive General Services		
9215	Local anesthesia	0
9230	Analgesia (nitrous oxide - per 15 minutes)	15
9450	Case presentation, detailed and extensive treatment planning	0
9951	Occlusal adjustment - limited	25
9952	Occlusal adjustment - complete	150

*THESE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS (HIGH NOBLE) AND SEMIPRECIOUS (NOBLE) METAL.

THE ADDITIONAL COST OF PRECIOUS METAL SHALL NOT EXCEED $125 PER UNIT AND $75 PER UNIT FOR SEMIPRECIOUS METAL.

NOTE:

1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
2. UNLISTED PROCEDURES ARE AT THE DENTIST'S USUAL FEE LESS 25%.
3. WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL $50.00 PER UNIT.

SPECIALISTS

Should you need a specialist, (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist**), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. Upon identification of yourself as an FCL member, you will receive a 25% reduction from usual and customary fees for service performed. Specialist services are available only in areas where the dental plan has a participating specialist.

**Limited to treatment of children up to age 11.

Limitations and Exclusions

1. No service of any dentist other than a participating general dentist or participating specialist will be covered by FCL, except out-ofarea emergency care as provided in the certificate.
2. FCL does not provide coverage for the following services:
   a) Cost of hospitalization and pharmaceuticals, drugs or medications.
   b) Services which in the opinion of the participating general dentist or participating specialist are not needed to establish and/or maintain the member's good oral health.
   c) Any service that is not consistent with the normal and/or usual services provided by the participating general dentist or participating specialist or which in the opinion of the participating general dentist or participating specialist would endanger the health of the member.
   d) Any service or procedure which the participating general dentist or participating specialist is unable to perform because of the general health or physical limitations of the member.
   e) Any dental treatment started prior to the member's effective date for eligibility of benefits.
   f) Services for injuries and conditions which are covered and paid for under Workers' Compensation or employers' liability laws.
   g) Treatment for cysts, neoplasms and malignancies.
   h) General anesthesia.

BlueDental Choice Copayment

Benefit Summary

Group Name: City of Gainesville
Group Anniversary Date: 1/1

Deductible	In-Network	Out-of-Network
No Deductible for Preventive Services (or ortho if selected) Per Person Per Plan Year	$ 50	$ 50
Per Family Per Plan Year	$ 150	$150

Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.

		Copayment You Pay	Coinsurance We Pay*	Coinsurance You Pay**
Periodic Oral Evaluation (0120)	Preventive	$0	70%	30%
Comprehensive Oral Evaluation (0150)	Preventive	$0	70%	30%
Bitewing X-rays, two films (0272)	Preventive	$0	70%	30%
Cleanings - AdulUChild (1110, 1120)	Preventive	$10	70%	30%
Fluoride Treatment - Child (1203)	Preventive	$0	70%	30%
Office Visits (9430)	Preventive	$0	70%	30%
X-rays - Intraoral/Complete Series (0210)	Basic	$17	50%	50%
Sealant - per tooth (1351)	Basic	$6	50%	50%
Amalgam Restorations (Silver Fillings) (2140)	Basic	$15	50%	50%
Resin-Based Restorations - Anterior (2330)	Basic	$20	50%	50%
Extractions - Routine and Surgical (7140)	Basic	$17	50%	50%
Root Canal Molar (3330)	Major	$305	35%	65%
Periodontal Scaling & Root Planing-per quad (4341)	Major	$61	35%	65%
Crowns - Porcelain fused to noble metal (2752)	Major	$302	35%	65%
Complete Dentures (5110, 5120)	Major	$382	35%	65%
Pontic - Porcelain fused to noble metal (6242)	Major	$302	35%	65%
Partial Dentures (5213, 5214)	Major	$420	35%	65%
Surgical placement of implant body - endosteal implant (6010)	Major	$512	35%	65%
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Maj'or	$282	35%	65%

Orthodontia Services BlueDental Coverage	Child(ren) to age 19 50%
Waiting Periods	12 Months
Major Service	12 Months
Benefits Orthodontia Benefits	
Maximum Benefits Plan Year (per person)	$1,000
Lifetime Orthodontia (per person)	$1,000
Dental Rollover	No

The information provided above is a summary of benefits for group certificate: 50485-0802. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

Some limitations may apply.

*Percentage of fee schedule.
**Percentaqe of fee schedule, plus balance of charqes, if any.

Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Florida Combined Life Insurance Company, Inc. (FCL) is an affiliate of Blue Cross Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent licensees of the Blue Cross and Blue Shield Association.

22242-0413
BlueDental Choice Copayment

BlueDental Choice

Benefit Summary

Group Name: City of Gainesville

Group Anniversary Date: 1/1

Deductible	In-Network	Out-of-Network
No Deductible for Preventive Services (or ortho if selected) Per Person Per Plan Year	$ 50	$ 50
Per Family Per Plan Year	$150	$150

Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.

	We Pay*	You Pay*	We Pay*	You Pay**
Preventive Services	100%	0%	80%	20%
Basic Services	80%	20%	50%	50%
Major Services	50%	50%	40%	60%

Periodic Oral Evaluation (0120)	Preventive
Comprehensive Oral Evaluation	Preventive
(0150) Bitewing X-rays, two films	Preventive
(0272) Cleanings - Adult/Child (1110,	Preventive
1120) Fluoride Treatment - Child	Preventive
(1203) Office Visits (9430)	Preventive
X-rays - Intraoral/Complete Series (0210)	Basic
Sealant - per tooth (1351)	Basic
Amalgam Restorations (Silver Fillings)	Basic
(2140) Resin-Based Restorations - Anterior	Basic
(2330) Extractions - Routine and Surgical	Basic
(7140) Root Canal Molar (3330)	Major
Periodontal Scaling & Root Planing - per quad (4341)	Major
Crowns - Porcelain fused to noble metal (2752)	Major
Complete Dentures (5110, 5120)	Major
Pantie - Porcelain fused to noble metal (6242)	Major
Partial Dentures (5213, 5214)	Major
Surgical placement of implant body - endosteal implant (6010)	Major
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major
Orthodontia Services	Child(ren) to age 19
BlueDental Coverage	50%
Waiting Periods	12 Months
Major Service Benefits	12 Months
Orthodontia Benefits	
Maximum Benefits	$ 1,500
Plan Year (per person)	$ 1,000
Lifetime Orthodontia (per person)	
Dental Rollover	No

The information provided above is a summary of benefits for group certificates: 50383-899, 50408-1099, 50528-0603 and 50530-0603. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

Some limitations may apply.

*Percentage of *fee* schedule.
**Percentaae of *fee* schedule. olus balance of charaes. if anv.

Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Florida Combined Life Insurance Company, Inc. (FCL) is an affiliate of Blue Cross Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent licensees of the Blue Cross and Blue Shield Association.

To enroll, go to:
Employee Self Service (ESS)

HAVE YOU EVER?

- ☐ Needed your Will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support
- ☐ Worried about being a victim of Identity theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information on-line
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

WHAT IS LEGALSHIELD?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

- ✓ Legal advice – personal and business legal issues*
- ✓ Letters/ calls made on your behalf*
- ✓ Contracts & documents reviewed (up to 10 pages)*
- ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney,
- ✓ Moving Traffic Violations (available 15 days after enrollment)
- ✓ IRS Audit Assistance
- ✓ Trial Defense (if named defendant/ respondent in a covered civil action suit)
- ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
- ✓ 24/7 Emergency Access for covered situations
- ✓ Residential Mortgage Document Assistance
- ✓ Assistance with Uncontested Separation, Divorce, Name Change, and Adoption

LegalShield legal plans cover the member; member's spouse/partner; never married dependent children under 21 living at home; dependent children under age 18 for whom the member is the legal guardian; never married, dependent children up to age 23 if a full-time college student; and physically or mentally disabled dependent children.

THE IDSHIELD℠ MEMBERSHIP INCLUDES:

Privacy Monitoring
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.

Security Monitoring
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.

Consultation
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

Full Service Restoration
Complete identity recovery services by Kroll Licensed Private Investigators and our $5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

Family IDShield plan covers the member; member's spouse/partner; never married, dependent children and full-time college students up to age 26. Dependents will receive unlimited consultation and complete restoration benefit. Monitoring is not available for dependents between age 18-26.

Payroll Deduction Bi-Weekly	Individual	Family
LegalShield	$7.27	$7.27
IDShield	$3.90	$7.36
Combined	$11.17	$13.25

For more information, please call your independent associate:

Mark Minck
352-317-7500
markminck@legalshieldassociate.com

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

Life Insurance

GROUP LIFE

The City purchases, and pays the premiums for a life insurance policy for each regular employee that is equal to 200% of the annual base salary to the maximum of $50,000 . Term Insurance provides a death benefit only in the face amount stated and will be in force only while you are employed by the City. Each employee must update his/her beneficiary at the Risk Management Department. These cards will be kept on permanent record at the City. If the employee wishes to change the beneficiary, he or she must follow the same process.

If you want additional insurance over and above the group life insurance coverage provided by the City, there is a term life option available for supplemental life insurance.

TERM LIFE

Supplemental term life insurance is offered to City of Gainesville employees through Assurant Employee Benefits. The policy allows employees to purchase life insurance at group rates with the convenience of payroll deduction. Rates are age banded. Therefore, premiums will vary from person to person based on an individual's age and the amount of coverage requested. Premiums are based on the coverage amount and age as of January 1st of the policy year.

This policy has a Guarantee Issue Amount for employees who apply during the first 30 days of eligibility and the employee's spouse or Certified/Registered Domestic Partner. The Guarantee Issue Amount for a newly hired employee is 5 times the employee's annual salary or $150,000, whichever is less.

Spouses and Certified/Registered Domestic Partners are eligible for Guarantee Issue Amounts of half the coverage of the employee or $50,000, whichever is less. Coverage for children is available in amounts of $1,000, $5,000 or $10,000 and your unmarried children from *live* birth but less than age 19, or less than age 25, if a full-time student may be covered. Please remember that if adding Spouse or Child Life, health questions are required and must be completed during open enrollment.

If you and your spouse both work for the City, you cannot cover each other as dependents, and only one of you may insure any dependent children. There is an optional Accidental Death and Dismemberment (AD&D) rider equal to the amount of life insurance. This option is for the employee only.

If you make any changes to your life insurance (e.g., adding dependents or increasing amounts) you must submit supporting documentation to the Risk Management Department. If the Risk Management Department does not receive your documentation by November 3, 2016, your election will not be honored and your coverage will remain at its current level(s).

This policy is portable and can be taken with you, when you leave employment with the City of Gainesville. Term insurance has no cash value accumulated. Rates are for a fixed term and increase as you get older.

Short-Term Disability Insurance

Short term disability insurance is designed to provide partial income replacement should you be out of work due to an illness or injury. Short-term disability coverage does not provide income replacement for a work related injury. There are benefit limitations for disability due to pregnancy and childbirth. This coverage is only available to the employee, not dependents. The bi-weekly premium will vary based on level of benefit, age, and length of elimination period.

Employees must contact the AFLAC representative, Tammy Shipp Gardener at 352-258-2758 for premium quote and enrollment.

Assurant Employee Life Premiums

Benefit in 000's	Age <20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	AD&D
$20	$ 0.47	$ 0.68	$ 0.79	$ 0.86	$ 1.09	$ 1.83	$ 3.18	$ 5.35	$ 8.46	$ 13.18	$ 24.22	$ 38.55	$ 73.45	$0.42
$30	$ 0.71	$ 1.02	$ 1.19	$ 1.29	$ 1.63	$ 2.74	$ 4.76	$ 8.03	$ 12.68	$ 19.77	$ 36.33	$ 57.82	$ 110.17	$0.64
$40	$ 0.94	$ 1.37	$ 1.59	$ 1.72	$ 2.18	$ 3.66	$ 6.35	$ 10.71	$ 16.91	$ 26.36	$ 48.44	$ 77.10	$ 146.90	$0.85
$50	$ 1.18	$ 1.71	$ 1.98	$ 2.15	$ 2.72	$ 4.57	$ 7.94	$ 13.38	$ 21.14	$ 32.95	$ 60.55	$ 96.37	$ 183.62	$1.06
$60	$ 1.41	$ 2.05	$ 2.38	$ 2.58	$ 3.27	$ 5.48	$ 9.53	$ 16.06	$ 25.37	$ 39.54	$ 72.66	$ 115.64	$ 220.35	$1.27
$70	$ 1.65	$ 2.39	$ 2.78	$ 3.00	$ 3.81	$ 6.40	$ 11.11	$ 18.74	$ 29.59	$ 46.14	$ 84.78	$ 134.92	$ 257.07	$1.49
$80	$ 1.88	$ 2.73	$ 3.18	$ 3.43	$ 4.36	$ 7.31	$ 12.70	$ 21.42	$ 33.82	$ 52.73	$ 96.89	$ 154.19	$ 293.80	$1.70
$90	$ 2.12	$ 3.07	$ 3.57	$ 3.86	$ 4.90	$ 8.22	$ 14.29	$ 24.09	$ 38.05	$ 59.32	$ 109.00	$ 173.46	$ 330.52	$1.91
$100	$ 2.35	$ 3.42	$ 3.97	$ 4.29	$ 5.45	$ 9.14	$ 15.88	$ 26.77	$ 42.28	$ 65.91	$ 121.11	$ 192.74	$ 367.25	$2.12
$110	$ 2.59	$ 3.76	$ 4.37	$ 4.72	$ 5.99	$ 10.05	$ 17.46	$ 29.45	$ 46.50	$ 72.50	$ 133.22	$ 212.01	$ 403.97	$2.34
$120	$ 2.82	$ 4.10	$ 4.76	$ 5.15	$ 6.54	$ 10.97	$ 19.05	$ 32.12	$ 50.73	$ 79.09	$ 145.33	$ 231.29	$ 440.70	$2.55
$130	$ 3.06	$ 4.44	$ 5.16	$ 5.58	$ 7.08	$ 11.88	$ 20.64	$ 34.80	$ 54.96	$ 85.68	$ 157.44	$ 250.56	$ 477.42	$2.76
$140	$ 3.30	$ 4.78	$ 5.56	$ 6.01	$ 7.62	$ 12.79	$ 22.23	$ 37.48	$ 59.19	$ 92.27	$ 169.55	$ 269.83	$ 514.14	$2.97
$150	$ 3.53	$ 5.12	$ 5.95	$ 6.44	$ 8.17	$ 13.71	$ 23.82	$ 40.15	$ 63.42	$ 98.86	$ 181.66	$ 289.11	$ 550.87	$3.18
$160	$ 3.77	$ 5.46	$ 6.35	$ 6.87	$ 8.71	$ 14.62	$ 25.40	$ 42.83	$ 67.64	$ 105.45	$ 193.77	$ 308.38	$ 587.59	$3.40
$170	$ 4.00	$ 5.81	$ 6.75	$ 7.30	$ 9.26	$ 15.54	$ 26.99	$ 45.51	$ 71.87	$ 112.04	$ 205.88	$ 327.66	$ 624.32	$3.61
$180	$ 4.24	$ 6.15	$ 7.14	$ 7.73	$ 9.80	$ 16.45	$ 28.58	$ 48.18	$ 76.10	$ 118.63	$ 217.99	$ 346.93	$ 661.04	$3.82
$190	$ 4.47	$ 6.49	$ 7.54	$ 8.16	$ 10.35	$ 17.36	$ 30.17	$ 50.86	$ 80.33	$ 125.22	$ 230.10	$ 366.20	$ 697.77	$4.03
$200	$ 4.71	$ 6.83	$ 7.94	$ 8.58	$ 10.89	$ 18.28	$ 31.75	$ 53.54	$ 84.55	$ 131.82	$ 242.22	$ 385.48	$ 734.49	$4.25
$210	$ 4.94	$ 7.17	$ 8.34	$ 9.01	$ 11.44	$ 19.19	$ 33.34	$ 56.22	$ 88.78	$ 138.41	$ 254.33	$ 404.75	$ 771.22	$4.46
$220	$ 5.18	$ 7.51	$ 8.73	$ 9.44	$ 11.98	$ 20.10	$ 34.93	$ 58.89	$ 93.01	$ 145.00	$ 266.44	$ 424.02	$ 807.94	$4.67
$230	$ 5.41	$ 7.86	$ 9.13	$ 9.87	$ 12.53	$ 21.02	$ 36.52	$ 61.57	$ 97.24	$ 151.59	$ 278.55	$ 443.30	$ 844.67	$4.88
$240	$ 5.65	$ 8.20	$ 9.53	$ 10.30	$ 13.07	$ 21.93	$ 38.10	$ 64.25	$ 101.46	$ 158.18	$ 290.66	$ 462.57	$ 881.39	$5.10
$250	$ 5.88	$ 8.54	$ 9.92	$ 10.73	$ 13.62	$ 22.85	$ 39.69	$ 66.92	$ 105.69	$ 164.77	$ 302.77	$ 481.85	$ 918.12	$5.31
$260	$ 6.12	$ 8.88	$ 10.32	$ 11.16	$ 14.16	$ 23.76	$ 41.28	$ 69.60	$ 109.92	$ 171.36	$ 314.88	$ 501.12	$ 954.84	$5.52
$270	$ 6.36	$ 9.22	$ 10.72	$ 11.59	$ 14.70	$ 24.67	$ 42.87	$ 72.28	$ 114.15	$ 177.95	$ 326.99	$ 520.39	$ 991.56	$5.73
$280	$ 6.59	$ 9.56	$ 11.11	$ 12.02	$ 15.25	$ 25.59	$ 44.46	$ 74.95	$ 118.38	$ 184.54	$ 339.10	$ 539.67	$1,028.29	$5.94
$290	$ 6.83	$ 9.90	$ 11.51	$ 12.45	$ 15.79	$ 26.50	$ 46.04	$ 77.63	$ 122.60	$ 191.13	$ 351.21	$ 558.94	$1,065.01	$6.16
$300	$ 7.06	$ 10.25	$ 11.91	$ 12.88	$ 16.34	$ 27.42	$ 47.63	$ 80.31	$ 126.83	$ 197.72	$ 363.32	$ 578.22	$1,101.74	$6.37
$310	$ 7.30	$ 10.59	$ 12.30	$ 13.31	$ 16.88	$ 28.33	$ 49.22	$ 82.98	$ 131.06	$ 204.31	$ 375.43	$ 597.49	$1,138.46	$6.58
$320	$ 7.53	$ 10.93	$ 12.70	$ 13.74	$ 17.43	$ 29.24	$ 50.81	$ 85.66	$ 135.29	$ 210.90	$ 387.54	$ 616.76	$1,175.19	$6.79
$330	$ 7.77	$ 11.27	$ 13.10	$ 14.16	$ 17.97	$ 30.16	$ 52.39	$ 88.34	$ 139.51	$ 217.50	$ 399.66	$ 636.04	$1,211.91	$7.01
$340	$ 8.00	$ 11.61	$ 13.50	$ 14.59	$ 18.52	$ 31.07	$ 53.98	$ 91.02	$ 143.74	$ 224.09	$ 411.77	$ 655.31	$1,248.64	$7.22
$350	$ 8.24	$ 11.95	$ 13.89	$ 15.02	$ 19.06	$ 31.98	$ 55.57	$ 93.69	$ 147.97	$ 230.68	$ 423.88	$ 674.58	$1,285.36	$7.43
$360	$ 8.47	$ 12.30	$ 14.29	$ 15.45	$ 19.61	$ 32.90	$ 57.16	$ 96.37	$ 152.20	$ 237.27	$ 435.99	$ 693.86	$1,322.09	$7.64
$370	$ 8.71	$ 12.64	$ 14.69	$ 15.88	$ 20.15	$ 33.81	$ 58.74	$ 99.05	$ 156.42	$ 243.86	$ 448.10	$ 713.13	$1,358.81	$7.86
$380	$ 8.94	$ 12.98	$ 15.08	$ 16.31	$ 20.70	$ 34.73	$ 60.33	$ 101.72	$ 160.65	$ 250.45	$ 460.21	$ 732.41	$1,395.54	$8.07
$390	$ 9.18	$ 13.32	$ 15.48	$ 16.74	$ 21.24	$ 35.64	$ 61.92	$ 104.40	$ 164.88	$ 257.04	$ 472.32	$ 751.68	$1,432.26	$8.28
$400	$ 9.42	$ 13.66	$ 15.88	$ 17.17	$ 21.78	$ 36.55	$ 63.51	$ 107.08	$ 169.11	$ 263.63	$ 484.43	$ 770.95	$1,468.98	$8.49
$410	$ 9.65	$ 14.00	$ 16.27	$ 17.60	$ 22.33	$ 37.47	$ 65.10	$ 109.75	$ 173.34	$ 270.22	$ 496.54	$ 790.23	$1,505.71	$8.70
$420	$ 9.89	$ 14.34	$ 16.67	$ 18.03	$ 22.87	$ 38.38	$ 66.68	$ 112.43	$ 177.56	$ 276.81	$ 508.65	$ 809.50	$1,542.43	$8.92
$430	$ 10.12	$ 14.69	$ 17.07	$ 18.46	$ 23.42	$ 39.30	$ 68.27	$ 115.11	$ 181.79	$ 283.40	$ 520.76	$ 828.78	$1,579.16	$9.13
$440	$ 10.36	$ 15.03	$ 17.46	$ 18.89	$ 23.96	$ 40.21	$ 69.86	$ 117.78	$ 186.02	$ 289.99	$ 532.87	$ 848.05	$1,615.88	$9.34
$450	$ 10.59	$ 15.37	$ 17.86	$ 19.32	$ 24.51	$ 41.12	$ 71.45	$ 120.46	$ 190.25	$ 296.58	$ 544.98	$ 867.32	$1,652.61	$9.55
$460	$ 10.83	$ 15.71	$ 18.26	$ 19.74	$ 25.05	$ 42.04	$ 73.03	$ 123.14	$ 194.47	$ 303.18	$ 557.10	$ 886.60	$1,689.33	$9.77
$470	$ 11.06	$ 16.05	$ 18.66	$ 20.17	$ 25.60	$ 42.95	$ 74.62	$ 125.82	$ 198.70	$ 309.77	$ 569.21	$ 905.87	$1,726.06	$9.98
$480	$ 11.30	$ 16.39	$ 19.05	$ 20.60	$ 26.14	$ 43.86	$ 76.21	$ 128.49	$ 202.93	$ 316.36	$ 581.32	$ 925.14	$1,762.78	$10.19
$490	$ 11.53	$ 16.74	$ 19.45	$ 21.03	$ 26.69	$ 44.78	$ 77.80	$ 131.17	$ 207.16	$ 322.95	$ 593.43	$ 944.42	$1,799.51	$10.40
$500	$ 11.77	$ 17.08	$ 19.85	$ 21.46	$ 27.23	$ 45.69	$ 79.38	$ 133.85	$ 211.38	$ 329.54	$ 605.54	$ 963.69	$1,836.23	$10.62

Assurant Supplemental Term Life Insurance - Spouse Premiums

Benefit in	Age												
000's	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$5	$ 0.12	$ 0.17	$ 0.20	$ 0.21	$ 0.27	$ 0.46	$ 0.79	$ 1.34	$ 2.11	$ 3.30	$ 6.06	$ 9.64	$ 18.36
$10	$ 0.24	$ 0.34	$ 0.40	$ 0.43	$ 0.54	$ 0.91	$ 1.59	$ 2.68	$ 4.23	$ 6.59	$ 12.11	$ 19.27	$ 36.72
$15	$ 0.35	$ 0.51	$ 0.60	$ 0.64	$ 0.82	$ 1.37	$ 2.38	$ 4.02	$ 6.34	$ 9.89	$ 18.17	$ 28.91	$ 55.09
$20	$ 0.47	$ 0.68	$ 0.79	$ 0.86	$ 1.09	$ 1.83	$ 3.18	$ 5.35	$ 8.46	$ 13.18	$ 24.22	$ 38.55	$ 73.45
$25	$ 0.59	$ 0.85	$ 0.99	$ 1.07	$ 1.36	$ 2.28	$ 3.97	$ 6.69	$ 10.57	$ 16.48	$ 30.28	$ 48.18	$ 91.81
$30	$ 0.71	$ 1.02	$ 1.19	$ 1.29	$ 1.63	$ 2.74	$ 4.76	$ 8.03	$ 12.68	$ 19.77	$ 36.33	$ 57.82	$110.17
$35	$ 0.82	$ 1.20	$ 1.39	$ 1.50	$ 1.91	$ 3.20	$ 5.56	$ 9.37	$ 14.80	$ 23.07	$ 42.39	$ 67.46	$128.54
$40	$ 0.94	$ 1.37	$ 1.59	$ 1.72	$ 2.18	$ 3.66	$ 6.35	$ 10.71	$ 16.91	$ 26.36	$ 48.44	$ 77.10	$146.90
$45	$ 1.06	$ 1.54	$ 1.79	$ 1.93	$ 2.45	$ 4.11	$ 7.14	$ 12.05	$ 19.02	$ 29.66	$ 54.50	$ 86.73	$165.26
$50	$ 1.18	$ 1.71	$ 1.98	$ 2.15	$ 2.72	$ 4.57	$ 7.94	$ 13.38	$ 21.14	$ 32.95	$ 60.55	$ 96.37	$183.62
$55	$ 1.29	$ 1.88	$ 2.18	$ 2.36	$ 3.00	$ 5.03	$ 8.73	$ 14.72	$ 23.25	$ 36.25	$ 66.61	$106.01	$201.99
$60	$ 1.41	$ 2.05	$ 2.38	$ 2.58	$ 3.27	$ 5.48	$ 9.53	$ 16.06	$ 25.37	$ 39.54	$ 72.66	$115.64	$220.35
$65	$ 1.53	$ 2.22	$ 2.58	$ 2.79	$ 3.54	$ 5.94	$ 10.32	$ 17.40	$ 27.48	$ 42.84	$ 78.72	$125.28	$238.71
$70	$ 1.65	$ 2.39	$ 2.78	$ 3.00	$ 3.81	$ 6.40	$ 11.11	$ 18.74	$ 29.59	$ 46.14	$ 84.78	$134.92	$257.07
$75	$ 1.77	$ 2.56	$ 2.98	$ 3.22	$ 4.08	$ 6.85	$ 11.91	$ 20.08	$ 31.71	$ 49.43	$ 90.83	$144.55	$275.43
$80	$ 1.88	$ 2.73	$ 3.18	$ 3.43	$ 4.36	$ 7.31	$ 12.70	$ 21.42	$ 33.82	$ 52.73	$ 96.89	$154.19	$293.80
$85	$ 2.00	$ 2.90	$ 3.37	$ 3.65	$ 4.63	$ 7.77	$ 13.50	$ 22.75	$ 35.94	$ 56.02	$ 102.94	$163.83	$312.16
$90	$ 2.12	$ 3.07	$ 3.57	$ 3.86	$ 4.90	$ 8.22	$ 14.29	$ 24.09	$ 38.05	$ 59.32	$ 109.00	$173.46	$330.52
$95	$ 2.24	$ 3.24	$ 3.77	$ 4.08	$ 5.17	$ 8.68	$ 15.08	$ 25.43	$ 40.16	$ 62.61	$115.05	$183.10	$348.88
$100	$ 2.35	$ 3.42	$ 3.97	$ 4.29	$ 5.45	$ 9.14	$ 15.88	$ 26.77	$ 42.28	$ 65.91	$121.11	$192.74	$367.25
$105	$ 2.47	$ 3.59	$ 4.17	$ 4.51	$ 5.72	$ 9.60	$ 16.67	$ 28.11	$ 44.39	$ 69.20	$127.16	$202.38	$385.61
$110	$ 2.59	$ 3.76	$ 4.37	$ 4.72	$ 5.99	$ 10.05	$ 17.46	$ 29.45	$ 46.50	$ 72.50	$133.22	$212.01	$403.97
$115	$ 2.71	$ 3.93	$ 4.56	$ 4.94	$ 6.26	$ 10.51	$ 18.26	$ 30.78	$ 48.62	$ 75.79	$139.27	$221.65	$422.33
$120	$ 2.82	$ 4.10	$ 4.76	$ 5.15	$ 6.54	$ 10.97	$ 19.05	$ 32.12	$ 50.73	$ 79.09	$145.33	$231.29	$440.70
$125	$ 2.94	$ 4.27	$ 4.96	$ 5.37	$ 6.81	$ 11.42	$ 19.85	$ 33.46	$ 52.85	$ 82.38	$151.38	$240.92	$459.06
$130	$ 3.06	$ 4.44	$ 5.16	$ 5.58	$ 7.08	$ 11.88	$ 20.64	$ 34.80	$ 54.96	$ 85.68	$157.44	$250.56	$477.42
$135	$ 3.18	$ 4.61	$ 5.36	$ 5.79	$ 7.35	$ 12.34	$ 21.43	$ 36.14	$ 57.07	$ 88.98	$163.50	$260.20	$495.78
$140	$ 3.30	$ 4.78	$ 5.56	$ 6.01	$ 7.62	$ 12.79	$ 22.23	$ 37.48	$ 59.19	$ 92.27	$169.55	$269.83	$514.14
$145	$ 3.41	$ 4.95	$ 5.76	$ 6.22	$ 7.90	$ 13.25	$ 23.02	$ 38.82	$ 61.30	$ 95.57	$175.61	$279.47	$532.51
$150	$ 3.53	$ 5.12	$ 5.95	$ 6.44	$ 8.17	$ 13.71	$ 23.82	$ 40.15	$ 63.42	$ 98.86	$181.66	$289.11	$550.87
$155	$ 3.65	$ 5.29	$ 6.15	$ 6.65	$ 8.44	$ 14.16	$ 24.61	$ 41.49	$ 65.53	$ 102.16	$187.72	$298.74	$569.23
$160	$ 3.77	$ 5.46	$ 6.35	$ 6.87	$ 8.71	$ 14.62	$ 25.40	$ 42.83	$ 67.64	$ 105.45	$193.77	$308.38	$587.59
$165	$ 3.88	$ 5.64	$ 6.55	$ 7.08	$ 8.99	$ 15.08	$ 26.20	$ 44.17	$ 69.76	$ 108.75	$199.83	$318.02	$605.96
$170	$ 4.00	$ 5.81	$ 6.75	$ 7.30	$ 9.26	$ 15.54	$ 26.99	$ 45.51	$ 71.87	$ 112.04	$205.88	$327.66	$624.32
$175	$ 4.12	$ 5.98	$ 6.95	$ 7.51	$ 9.53	$ 15.99	$ 27.78	$ 46.85	$ 73.98	$ 115.34	$211.94	$337.29	$642.68
$180	$ 4.24	$ 6.15	$ 7.14	$ 7.73	$ 9.80	$ 16.45	$ 28.58	$ 48.18	$ 76.10	$ 118.63	$217.99	$346.93	$661.04
$185	$ 4.35	$ 6.32	$ 7.34	$ 7.94	$ 10.08	$ 16.91	$ 29.37	$ 49.52	$ 78.21	$ 121.93	$224.05	$356.57	$679.41
$190	$ 4.47	$ 6.49	$ 7.54	$ 8.16	$ 10.35	$ 17.36	$ 30.17	$ 50.86	$ 80.33	$ 125.22	$230.10	$366.20	$697.77
$195	$ 4.59	$ 6.66	$ 7.74	$ 8.37	$ 10.62	$ 17.82	$ 30.96	$ 52.20	$ 82.44	$ 128.52	$236.16	$375.84	$716.13
$200	$ 4.71	$ 6.83	$ 7.94	$ 8.58	$ 10.89	$ 18.28	$ 31.75	$ 53.54	$ 84.55	$ 131.82	$242.22	$385.48	$734.49
$205	$ 4.83	$ 7.00	$ 8.14	$ 8.80	$ 11.16	$ 18.73	$ 32.55	$ 54.88	$ 86.67	$ 135.11	$248.27	$395.11	$752.85
$210	$ 4.94	$ 7.17	$ 8.34	$ 9.01	$ 11.44	$ 19.19	$ 33.34	$ 56.22	$ 88.78	$ 138.41	$254.33	$404.75	$771.22
$215	$ 5.06	$ 7.34	$ 8.53	$ 9.23	$ 11.71	$ 19.65	$ 34.14	$ 57.55	$ 90.90	$ 141.70	$260.38	$414.39	$789.58
$220	$ 5.18	$ 7.51	$ 8.73	$ 9.44	$ 11.98	$ 20.10	$ 34.93	$ 58.89	$ 93.01	$ 145.00	$266.44	$424.02	$807.94
$225	$ 5.30	$ 7.68	$ 8.93	$ 9.66	$ 12.25	$ 20.56	$ 35.72	$ 60.23	$ 95.12	$ 148.29	$272.49	$433.66	$826.30
$230	$ 5.41	$ 7.86	$ 9.13	$ 9.87	$ 12.53	$ 21.02	$ 36.52	$ 61.57	$ 97.24	$ 151.59	$278.55	$443.30	$844.67
$235	$ 5.53	$ 8.03	$ 9.33	$10.09	$ 12.80	$ 21.48	$ 37.31	$ 62.91	$ 99.35	$ 154.88	$284.60	$452.94	$863.03
$240	$ 5.65	$ 8.20	$ 9.53	$10.30	$ 13.07	$ 21.93	$ 38.10	$ 64.25	$ 101.46	$ 158.18	$290.66	$462.57	$881.39
$245	$ 5.77	$ 8.37	$ 9.72	$10.52	$ 13.34	$ 22.39	$ 38.90	$ 65.58	$ 103.58	$ 161.47	$296.71	$472.21	$899.75
$250	$ 5.88	$ 8.54	$ 9.92	$10.73	$ 13.62	$ 22.85	$ 39.69	$ 66.92	$ 105.69	$ 164.77	$302.77	$481.85	$918.12

FLEXIBLE CARE SPENDING

The City of Gainesville offers two Flexible Spending Accounts (FSA) to its employees; a Medical Reimbursement Account and a Dependent Care Reimbursement Account. These accounts allow employees to set money aside to pay for health care or dependent care expenses on a pre-tax basis. Any reimbursement from the account is also tax-free. **Important Note: These contributions are deducted from your earnings prior to calculation of federal taxes.** The employee determines the annual amount he or she wishes to contribute. The annual contribution amount is divided by 26, the number of checks per year, and deducted from the employees pre-tax earnings over the course of the year.

Flexible Spending Accounts are "use it or lose it" accounts. Any amounts not used by the end of the plan year are forfeited. **A mandatory bi-weekly administration fee of $1.75 must be paid in addition to your bi-weekly Medical and Dependent Care Reimbursement Account deduction.**

Medical Reimbursement Account

A Medical Reimbursement Account can be used to offset eligible medical, dental, or vision expenses incurred by you, your spouse, or eligible dependent children. Expense eligibility is determined by the Internal Revenue Service. Examples of eligible expenses are deductibles, co-payments, and co-insurance payments. The employee has access to 100% of the elected contribution amount January 1, 2017. Presently, the maximum one can contribute to this account this year is $2,550.

In order to be eligible for reimbursement, services must be performed/received between January 1, 2017 and February 28, 2018 and while you are an active participant in the account. **All claims for reimbursement from a 2017 account must be received by The 125 Company no later than May 31, 2018.** All participants will receive a Debit Card for health-related expenses. Should you want more than one card, please contact The 125 Company, additional fees apply. New cards are issued once your current one expires. Please check the expiration date on the front of your card.

Some common examples of expenses you might have are:

- Calendar Year Deductibles
- Co-payments and Co-insurance
- Prescriptions
- Dental Fees and Services and/or Orthodontic Fees
- Eye Exams, Glasses, Contacts and/or Lasik
- Hearing Aides

Maximum Per Paycheck
$98.08

Annual Maximum
$2,550

Dependent Care Reimbursement Account

The Dependent Care Reimbursement Account gives the employee an opportunity to set aside pre-tax dollars to pay for qualifying dependent daycare expenses. Presently, the maximum one can contribute to this account this year is $5,000.

A Dependent Care Reimbursement Account may be right for you if:

- You incur daycare expenses so you can work or look for work.
- You are married and you incur daycare expenses so you can work full time and your spouse can work or go to school full time.
- You incur daycare expenses so you can work full time and your spouse, legal dependent or elderly parent is incapable of self-care.

Maximum Per Paycheck	Annual Maximum
$192.30	$5,000

Expenses eligible for reimbursement include the cost of care for dependents who meet the IRS definition of a dependent as follows:

- Charges for care of dependents under the age of 13, who reside in your household.
- Charges for the care of dependent adults or children, who are mentally or physically incapable of self-care, and spend at least eight hours a day in your household. You must provide proper documentation of such conditions).
- The cost of summer camp tuition if it is a day camp.

The Dependent Care Reimbursement Account is a "dollar in, dollar out" type of account where an employee can only be reimbursed the amount currently contributed. **All claims for reimbursement from a 2017 account must be received by The 125 Company no later than May 31, 2018.**

Retirement Planning

City Defined Benefit Pension Plans

The City of Gainesville has established and maintains two define benefit pension plans for its employees. The Consolidated Police Officers' and Firefighters' Retirement Plan covers any full-time regular employee who is certified as a firefighter as a condition of employment or any full-time regular employee who is certified or required to be certified as a law enforcement officer for the City of Gainesville. All other regular employees of the City of Gainesville are covered under the Employees' Pension Plan.

Participation in either pension plan requires a mandatory contribution from both the employee and the City of Gainesville. The City takes responsibility for producing the needed level of investment returns to meet the current and future pension benefit obligation of its retirees. Currently employees covered by the Consolidated Police Officers' Plan contribute 7.5% and employees in the Consolidated Firefighters' Retirement Plan contribute 9% of earnings during participation in the Plan. Those covered by the Employees' Pension Plan are required to contribute 5% of earnings during participation in the Plan. Contributions cease when an employee enters the Deferred Retirement Option Program (DROP).

These plans are tax-qualified defined benefit plans. Because the Plans are tax-qualified, you will not pay any income tax currently on the contributions you make to that Plan. Instead, you will be taxed when you receive benefits under the Plans, at which time you may be in a lower tax bracket than during your peak earning years. Because the Plans are defined benefit plans, your ultimate benefit depends upon factors such as your compensation level, years of service, and the form in which your benefits are paid.

The Plans are designed to provide a measure of economic security for retirement in addition to that provided by Social Security and your own personal savings. You are encouraged to establish and maintain your own retirement savings program and not to rely solely on Social Security and Employer provided retirement benefits.

Although both plans are very similar in how they work, each plan has different criteria to define eligibility, plan multipliers for benefit calculation, COLA eligibility and DROP eligibility.

Summary Plan Descriptions for all plans are located on both the Risk Management Internet site for the City of Gainesville http://www.cityofgainesville.org and the Risk Management Intranet site. These Summary Plan Documents (SPD)

Supplemental Retirement Planning

Retiree Health Saving (RHS)

The City of Gainesville provides a Retiree Health Savings (RHS) plan which serves as a tool to help employees save money for post-employment medical expenses.

City of Gainesville regular employees (excluding Police, Fire, and CWA) contribute a mandatory 0.5% (half of a percent) to an RHS account on a bi-weekly basis.

City of Gainesville Police Lieutenants contribute a mandatory 5% (five percent) to an RHS account on a bi-weekly basis.

City of Gainesville Fire District Chiefs contribute a mandatory 2.5% (two and a half percent) to an RHS account on a bi-weekly basis.

City of Gainesville CWA covered employees contribute a mandatory 1.5% (one and a half percent) to an RHS account on a bi-weekly basis.

The money deposited into the account goes in tax-free, the earnings on the account grow tax-free, and the best part is, when you make a withdrawal for qualified medical, dental, vision, or long-term care expenses, the reimbursements from the account are tax-free.

A qualified expense is any out of pocket expense related to your health plan such as a deductibles, co-pays, non-cosmetic dental and vision services. Reimbursement can be made for the account holder and any eligible dependents.

The money in the account can start being withdrawn when the employee retires (or otherwise leaves employment).

Initially all funds are invested in the ICMA-RC Milestone Fund. However, this is your money and you can choose how to invest it. **Investment options can be changed by calling ICMA-RC at 1-800-669-7400 or logging on to the ICMA-RC website at www.icmarc.org.**

Supplemental Retirement Planning

(continued)

In addition to the City's mandatory pension plan, employees can also contribute to a 457 Deferred Compensation Plan to help build additional income for retirement. Employees can save tax-deferred money for retirement with the convenience of pretax payroll deductions. Contributions are taxed only upon withdrawal from your account and there is no penalty associated with the withdrawal of your 457 money after leaving employment. Withdrawal may not be made while you are still employed except under an extreme hardship condition as defined by the IRS. You control your investments and have several investment options available to you. Annual maximum regular contributions are presently 18,000. If you are over the age of 50, you may contribute an additional $5,500 per year. There is also a catch up provision available to those who are within four years of normal retirement. Contributions may be either a set dollar amount or a percent of your earnings.

Employees are also able to contribute to a ROTH IRA through payroll deduction. Contributions in a ROTH IRA are made after taxes, however, the growth is tax free and if the account is held for five years and you are age 59 1/2 you will not pay taxes on the amount you withdraw from your account. At any time, the ROTH IRA owner may withdraw up to the total contributions (in nominal dollars) without penalty. Withdrawal of the earnings prior to the above mentioned rules will result in federal income tax plus a 10% penalty on the amount. You control your investments and have several investment options available to you. Regular contributions are currently $5,500. If you are age 50 you may contribute and additional $1,000. Contributions can only be made as a set dollar amount.

What are my options if I leave the City?

Cobra Continuation Coverage

Under COBRA—the Consolidated Omnibus Reconciliation Act of 1985, Title X, terminated employees and their eligible dependents may continue group health plan coverage. We urge you to read this description of the "continuation coverage" option carefully, and to make sure you read and understand the rights and responsibilities in connection with this continuation of coverage.

The Benefits

If you are currently covered under The City of Gainesville Health Plan, you will be entitled to continue your and your family's Health Plan coverage for up to 18 months from the date coverage would have terminated because of voluntary or involuntary termination. The 18-month period may be extended also if other events (such as a death or divorce) occur during that 18-month period. Dependents who no longer qualify as dependents under the City of Gainesville Health Plan are eligible to apply for continuation of coverage. If you should die or become divorced, and if your spouse and dependents are covered by the City of Gainesville Health Plan at that time, they will be entitled to continue health coverage for up to 36 months. If you have a new born child, adopt a child or have A child placed in your home pending adoption (for whom you have financial responsibility), while your COBRA continuation is in effect, you may add this child to your coverage.

The Cost

Continuation of coverage is optional on the part of the employee or dependent. Those who elect continuation of coverage will be required to pay 102% of the total monthly group premium for the applicable class of coverage. There will be no contribution made by the City of Gainesville. Premiums are due monthly and in advance. You should note that your continuation coverage will stop if the premiums for this coverage are not paid on time. If you elect to continue coverage new dependents may be added during the period of continuation on the same basis as they are added for active employees. If during continuation of coverage, health benefits and premium rates change, your coverage and costs will be affected accordingly. Should open enrollment occur during the period of your continuation, you will retain your right to switch to a different option.

When Coverage Ends

If you or covered members of your family become entitled to Medicare or are covered under another employer-sponsored health plan, which does not limit coverage due to preexisting conditions, the continuation coverage from the City of Gainesville Health Plan will cease. In addition, your coverage will cease if City of Gainesville should terminate the Health Plan or you cease to pay premium. Once the period of coverage continuation has expired, anyone receiving continuation coverage will be eligible to convert to individual policies, as provided under the City of Gainesville Plan.

What happens to my 457 and/or IRA?

If you separate employment or retire, you have access to your supplemental investment accounts. Due to the IRS regulations and tax ramifications, the City suggests that you meet with your financial investment expert or contact Adam Ferguson with ICMA to schedule an appointment to discuss your options. Mr. Ferguson may be contacted at 866-928-4672 or at: afergson@icmarc.org.

What if I want to retire?

When you retire, your coverages will terminate at the end of the month of your retirement. You will need to meet with the Retirement & Pension Analyst 90 days prior to your retirement and you will receive information regarding your retirement calculation as well as the cost of your retiree health insurance. Retirees are only eligible for health insurance. If you wish to keep your dental or vision benefits, you will need to do so through COBRA. You will receive notice within two (2) weeks of your retirement from an independent company offering you continued coverage with COBRA rates. If you elect to continue these benefits, you would work directly with that vendor for your dental or vision coverage. Any other benefits that you wish to keep, you will need to contact that vendor directly to ask if converting to a personal policy is allowed.

Work & Life

The City of Gainesville strives to offer its employees a comprehensive benefits package. The benefits include paid holidays, a variety of leave time, tuition reimbursement, access to health, dental and vision insurance, deferred compensation supplemental retirement accounts and much more.

Jury Duty

Any employee who is required to perform jury service during his or her normal working hours in a County, State or Federal Court will be paid his or her regular rate of pay for the period of such service.

Paid Holidays

All regular employees receive the following paid holidays:

- New Year's Day
- MLK's Birthday
- Memorial Day
- Independence Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day
- Labor Day

MAP employees receive one additional Holiday, to be determined by City Administration. Employees covered by collective bargaining agreements should refer to their unit contract for additional holiday information.

Banking

City employees may become members of the Alliance Credit Union of Gainesville.

SunTrust Bank offers free personal checking to City employees with payroll direct deposit, as well as offers other bonuses and discounts.

Military Leave

Reserve or Guard Annual Training

The City shall grant a military leave of absence with pay to any employee called to temporary active or inactive duty for:

- Annual training purposes with the National Guard
- A reserve unit of the United States Military
- Attending evening or weekend military training which conflicts with his/her work schedule.

Time off shall be granted for the purpose of attending Military training for the period not to exceed two hundred forty (240) working hours in any one calendar year.

Reserve or Guard Active Military Service (not annual training)

- The City shall grant military leave of absence to any employee called to active military service (not annual training) with the National Guard or military reserve unit of the United States.
- For the purpose of active military service, the first thirty (30) calendar days of any such leave of absence shall be with full pay from the City.

Training Classes

Gainesville Corporate University (GCU) provides a comprehensive learning environment designed to meet the developmental needs of employees. GCU identifies needs and provides learning opportunities designed to address everything from technical knowledge to leadership development. Classes are available to employees at no cost.

Bereavement Leave

In the event of a death in an employee's immediate family (as defined in HR Policy Number L-2 or appropriate Collective Bargaining Agreement), he or she may be granted bereavement leave with pay for up to a maximum of three (3) working days.

Leave Accruals

The City of Gainesville offers its employees paid vacation and sick time or PTO (paid time off) depending upon the specific CBA (Collective Bargaining Agreement.)

Personal Leave

An employee may be granted Personal Leave for a period of time not to exceed a total of one year, for the following reasons:

- Family health related problems not defined within the FMLA policy, or beyond the time limits of the FMLA
- Military leave not covered under the Military Leave Policy (HR Policy L8)
- Education
- Extenuating personal reasons

ATU, CWA* & MAPS EMPLOYEES	
Continuous Service	**Accrual Rates**
0- 5 Years	**6 Hours and 10 Minutes**
5- 10 Years	**7 Hours and 42 Minutes**
10– 15 Years	**8 Hours and 37 Minutes**
15– 20 Years	**9 Hours and 14 Minutes**
20- 25 Years	**10 Hours and 28 Minutes**
25 Years or more	**10 Hours and 47 Minutes**

* CWA employees only have access to a total of 24 hours PTO during the initial 6 month probationary period. The remaining balance will be credited to the employee upon successful completion of probation.

FOP AND PBA POLICE DEPARTMENT	
Continuous Service	**Accrual Rates**
1- 5 Years	**80 Hours**
5- 10 Years	**96 Hours**
10– 15 Years	**120 Hours**
15– 20 Years	**136 Hours**
20- 25 Years	**168 Hours**
25 Years or more	**176 Hours**

IAFF FIRE DEPARTMENT			
Continuous Service	**Accrual Rates 40 Hour Employees**	**Accrual Rates 24-hour Shift Employees**	**Accrual Rates 40 Hour IAFFDC Employees**
1-5 Years	**80 Hours**	**120 Hours**	**96 Hours**
5-10 Years	**96 Hours**	**144 Hours**	**112 Hours**
10– 15 Years	**120 Hours**	**168 Hours**	**136 Hours**
15– 20 Years	**128 Hours**	**192 Hours**	**152 Hours**
20 Years of more	**160 Hours**	**240 Hours**	**184 Hours**

Family and Medical Leave Act (FMLA)

Eligible employees may take a maximum of twelve weeks of family and medical leave each calendar year. Certification must be obtained from a health care provider and approved by Employee Health Services.

This leave may be paid (if applicable leave is available) or unpaid. The FMLA Leave Year is defined as the twelve month period measured forward from January 1st each year. FMLA will be granted for:

- The birth of a child and care for a child within twelve months following the birth.
- The placement of a child with the employee. Leave must be taken within twelve months following placement.
- To care for the spouse, child, or parent of the employee who has a "serious health condition."
- If the employee is unable to perform his or her own job because of the employee's own serious health condition.
- An eligible employee who is the spouse, son, daughter, parent or next of kin of a covered servicemember, as defined by the FMLA, who is recovering from a serious illnes of injury sustained in the line of duty on active duty is entitled to up to twenty-six (26) weeks of leave in a single twelve-month period to care for the servicemember. This military caregiver leave is available during "a single twelve-month period"

Tuition Reimbursement

The City will reimburse employees 100% of the cost of tuition and lab fees for 18 credit hours per fiscal year. Reimbursement will be equal to the actual cost, not to exceed the State of Florida University System credit-hour rate for undergraduate or graduate courses as applicable.

Eligible employees are those appointed to regular positions who have completed their probationary period and are taking courses for college credit at an accredited institution per the U.S. Department of Education database of accredited postsecondary institutions and programs. Interested employees can refer to the Gainesville Corporate University website http://gcu.cityofgainesville.org) for more details.

Employee Assistance Program

Q: What is an EAP?

A: Your EAP (Employee Assistance Program) provides confidential professional assistance to help employees and their family members resolve issues that affect their personal lives and/or the employee's job performance.

Employee Assistance Program (continued)

Q: Who can use the EAP? The EAP is available to employees and family members.

A: As a benefit to all employees and their families, each employee and each of his/her dependents may receive 3 face-to-face counseling sessions at no cost to him or her. There may be times in your life when you need help and don't know where to turn. Whatever the problem, you do not need to handle it alone. The EAP provides confidential professional assistance to help employees and their families resolve problems that affect their personal lives or job performance. Besides being confidential, the program is voluntary; it is designed to allow employees and their family members to seek help on their own. (Police receive an unlimited number of counseling sessions and their dependents receive 6 face-to-face sessions at no cost to them.)

Employee Health Services

Open Monday through Thursday
Excluding Holidays
7:00 am to 6:00 pm
Phone: 352-334-5037 Fax: 334-3185

Employee Health Services provides many **FREE** and low cost benefits available to help reduce out of pocket health care expenses. Employee Health Services will not be your primary health care provider.

See the Nurse Practitioner for Acute Care Visits BY APPOINTMENT ONLY

Urgent Care Visits (Treatment for):

Sore Throat • Ear Infections • Flu Symptoms • Dizziness • Rashes • Urinary tract infections • Lacerations

Many common generic medications prescribed during your visit are available for $4.00 each.

S.W.E.E.T.S. Program

Diabetes Management Program

Participation provides **FREE** monthly diabetic testing supplies, and waives the co-payment for generic medications used to treat diabetes, high blood pressure, and high cholesterol.

-Available to all employees, retirees and dependents on the health plan.

Laboratory Testing

ALL Employees, Retirees and their Spouses on the City's Health Plan receive any labs drawn at Employee Health Services free of charge. Those without coverage on the health plan are eligible for ONE FREE health panel (inc's electrolytes, iron, kidney and liver functions, glucose, and lipids + PSA for males over 40) per calendar year. No doctor's order is required for this FREE Health Panel. All other laboratory testing requires a physician order. Some tests require special procedures. Please call to confirm availability for testing and to schedule an appointment.

Physical Exams

All employees are eligible for a "5 year physical" beginning at age 30, then every 5 years thereafter.

Injections

*__FREE__ Tetanus Vaccines

*Hepatitis A and B vaccines (small fee)

*__FREE__ Flu shots annually during October through December for Health Plan members. All others may require a small fee. (pending availability)."

Blood Pressure & Blood Sugar Checks

Live a healthier life. Monitor your blood pressure and blood sugar. Available FREE of charge by appointment.

Wellness Services

The City of Gainesville values the wellness of its employees. The City's Wellness Program offers a team of professionals to assist employees and their families establish and maintain a healthy lifestyle. This team includes experts in several areas: exercise physiology and athletic training.

Wellness Coaching Services

FREE Wellness Center Memberships • Personalized Exercise Program Design • Fitness Testing • Body Composition Evaluations • Group Exercise Classes • Health Education Classes • Basic Nutrition Guidance

Athletic Training & Ergonomics

Injury Assessment • Injury Rehabilitation • Injury Management • Brace Fitting • Crutch Fitting • Reconditioning • Fitness Assessment • Ergonomic Assessment and Training • Back Injury Prevention

PROClub

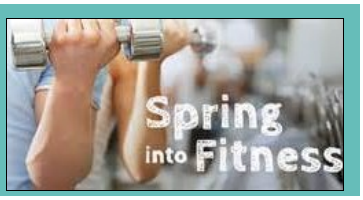
Available to ALL employees and spouses enrolled on the health plan. Between the months of February and October, participants earn points for certain healthy lifestyle activities. By meeting the minimum program point requirement, employees will receive a $350 rebate (additional $250 for spouses) from health insurance premium. The rebate is usually paid in early December. Well Care points are awarded for completing any service covered under adult Well Care Services.

Registration for participation in PROClub is required each year.

Spring into Fitness

This program provides loans to employees to purchase home fitness equipment. Employees can purchase up to $3,000 worth of home fitness equipment with up to a three year repayment period. The program normally takes place during March.

Employees must be off probation in order to participate in this program.



If you have any questions about any of your benefits, please contact representatives at the telephone numbers listed below:

City of Gainesville	
Risk Management Department	**(352) 334-5045**
Employee Health Services	**(352) 334-5037**
Employee Self Service (ESS)	https://ess.cityofgainesville.org/ESS

MEDICAL

Florida Blue - BlueOptions PPO	**1-800-664-5295**
WEBSITE	**www.floridablue.com**

DENTAL

Florida Combined Life	**www.floridablue.com**
BlueDental Care Prepaid-DHMO Plan	**1-877-325-3979**
BlueDental Co-payment and Choice PPO Plans	**1-888-223-4892**

457 DEFERRED COMPENSATION, ROTH IRA, RETIREE HEALTH SAVINGS

ICMA–RC	**1-800-669-7400**
WEBSITE	**www.icmarc.org**
Adam Ferguson	**1-866-328-4672**

SHORT-TERM DISABILITY

AFLAC	**352-258-2758**

TERM LIFE INSURANCE

Assurant Employee Benefits	**1-800-733-7879**

VISION CARE PLAN

Humana VCP	**1-800-865-3676**

FLEXIBLE SPENDING ACCOUNTS

125 Company (Administrator of Flexible Spending Accounts)	**1-877-303-3539**
WEBSITE	**125company.com**

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Clinical Psychology Association of N. Florida	**352-336-2888**

LEGAL SHIELD

Mark Minck	**352-317-7500**
	markminck@legalshieldassociates.com