



# 2017

## Group Insurance Information

Revised October 15, 2016

## Medical Insurance

The County offers a Health Maintenance Organization (HMO) and a Point of Service plan (POS) through CIGNA.

### *Medical Insurance – CIGNA – The County shares the cost of the premium with employee*

Plan	Level of coverage	Actual Cost	Monthly Employer Portion	Biweekly Employer Portion	Monthly Employee Portion	Biweekly Employee Portion
HMO	EE Only	\$771.04	\$741.04	\$370.52	\$30.00	\$15.00
	EE + 1	\$1,604.84	\$1,409.84	\$704.92	\$195.00	\$97.50
	EE+ 2 or more	\$2,202.14	\$1,872.14	\$936.07	\$330.00	\$165.00
	Overage Dep.*	\$462.68	\$0.00	\$0.00	\$462.68	\$231.34
POS	EE Only	\$855.26	\$790.26	\$395.13	\$65.00	\$32.50
	EE + 1	\$1,755.26	\$1,437.26	\$718.63	\$318.00	\$159.00
	EE+ 2 or more	\$2,409.54	\$1,923.54	\$961.77	\$486.00	\$243.00
	Overage Dep.*	\$529.70	\$0.00	\$0.00	\$529.70	\$264.85

**\*Overage Dependent:** Additional amounts for each dep. age 26– 30 will be added to rates for other levels of coverage and 100% employee paid on a post-tax basis

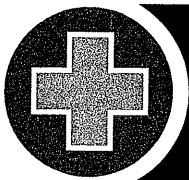
#### *CIGNA Network (HMO) medical plan highlights:*

- In-network benefits only – if you use doctors or hospitals that are out-of-network, you will NOT be covered for services, except for emergency care
- Requires selection of a Primary Care Physician
- Primary care physician selected may be different for yourself and your dependents
- Requires referrals to receive in-network specialty care
- Prior authorization is required for certain services and benefits to be covered (e.g. inpatient hospital services, outpatient facility services, advanced radiological imaging such as MRIs)
- Direct access (no referral required) for OB/GYN services, chiropractor or podiatrist, mental health and substance abuse care and for a maximum of five (5) visits per contract year to dermatologist. Dermatology visits in addition to the five (5) mentioned before are subject to a referral from the primary care physician
- Guest privileges: If you or one of your dependents will be residing temporarily in another location where there is a CIGNA HMO Network, you may be eligible for Managed Health Care Benefits at that location. Contact CIGNA customer service or the on-site CIGNA representative for more information

#### *CIGNA Network (POS) medical plan highlights:*

- Operates exactly like Network HMO Plan when receiving in-network benefits
- Therefore, for in-network benefits primary care physician selection is required as well as referrals; direct access is available as explained under HMO plan
- However, this plan offers out-of-network benefits, subject to deductibles and co-insurance (percentage cost share). Out of network services are subject to a maximum reimbursable charge and members may be balance billed for the difference
- Prior authorization is required for certain services and benefits to be covered (e.g. inpatient hospital services, outpatient facility services, advanced radiological imaging such as MRIs)
- Guest privileges: If you or one of your dependents will be residing temporarily in another location where there is a CIGNA HMO Network, you may be eligible for Managed Health Care Benefits at that location. Contact CIGNA customer service or the on-site CIGNA representative for more information

This booklet is a summary of plan provisions related to the various Group Insurance policies issues. In the event of a conflict between this summary and the applicable Group Insurance policy and/or certificate, the policy and/or certificate shall dictate the insurance and coverage provisions, exclusions, all limitations and terms of coverage. In accordance with the provisions of ADA, this document may be requested in an alternative format. If you have any questions or would like to receive additional benefit plan materials, please contact your Group Insurance office or representative.



## Medical Insurance

The Clerk & Comptroller offers medical insurance through Cigna to benefit eligible employees. The costs per pay period for coverage are listed in the premium tables below. For information about the medical plans, please refer to the summary of coverage document or contact Cigna's customer service.

### Medical Insurance – Cigna OAPIN Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee	\$14.64
Employee + 1 Dependent	\$116.63
Employee + 2 or More Dependents	\$187.14

### Medical Insurance – Cigna OAP Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee	\$32.02
Employee + 1 Dependent	\$127.79
Employee + 2 or More Dependents	\$210.41

Cigna | Customer Service: (800) 244-6224 | www.cigna.com

## Summary of Benefits and Coverage

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

**From:** Human Resources/Benefits Department  
**Address:** 301 North Olive Avenue, 9th Floor  
 West Palm Beach, FL 33401  
**Phone:** (561) 355-4172, Option 3  
**Email:** benefits@mypalmbeachclerk.com  
**At Website URL:** ClerkNet (See page 1 for instructions)

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or Certificate of Credible Coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the actual group Certificate of Coverage can be reviewed and obtained by contacting Human Resources/Benefits Department.

If employees have any questions about the plan offerings or coverage options, please contact Human Resources/Benefits Department.

## Other Available Plan Resources

Cigna offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the summary of coverage document or contact Cigna's customer service at (800) 244-6224 or visit www.cigna.com.

### 24 Hour Help Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Line provides access to helpful, reliable information and assistance from qualified health information nurses on a wide range of health topics 24 hours a day, any day of the year. Not sure what to do for a child who has a fever in the middle of the night? Not sure if treatment from a doctor is necessary for an injury? There are over 1,000 topics in the Health Information Library that include free audio, video, and printed information on aging, women's health, nutrition, surgery, and specific medical conditions to help you weigh the risks and advantages of treatment options. The call is free and is strictly confidential.

### Healthy Rewards

Cigna's Healthy Rewards is provided automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Members can log on to www.mycigna.com and select Healthy Rewards to learn more about these programs or call (800) 870-3470.

- ✓ Vision Care
- ✓ Lasik Vision Correction Services
- ✓ Fitness Club Discounts
- ✓ Nutrition Discounts
- ✓ Hearing Care

### The myCigna Mobile App

The myCigna mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>. With the myCigna mobile app, members can:

- ✓ Find a doctor, dentist or health care facility
- ✓ Access maps for instant driving directions
- ✓ View ID cards for the entire family
- ✓ Review deductibles, account balances and claims
- ✓ Compare prescription drug costs
- ✓ Speed-dial Cigna Home Delivery Pharmacy<sup>TM</sup>
- ✓ Store and organize all important contact info for doctors, hospitals, and pharmacies
- ✓ Add health care professionals to contact list right from a claim or directory search
- ✓ And, much more!

**CITY OF BOYNTON BEACH**  
**2017 - 2018 INSURANCE RATES**

**EMPLOYEE MEDICAL - Cigna High Deductible Health Plan (HDHP)**

**Billing Rates (Per Month)**

EE	556.07
E+SP	1143.79
E+CH	1034.85
Family	1491.76

**Employee Cost (Per Month)**

EE	No charge
E+SP	587.72
E+CH	378.78
Family	723.31

**Employee Deductions (Bi-Weekly – Based on 26 paychecks per year)**

EE	No charge
E+SP	271.26
E+CH	174.82
Family	333.84

**Employee Rates include the following adjustments and subsidies:**

**Family** = \$112.38 monthly premium reduction adjustment

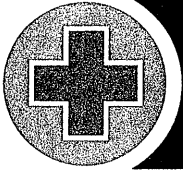
**Family** = \$100.00 monthly premium reduction subsidy for children

**E+CH** = \$100.00 monthly premium reduction subsidy for children

The Village of North Palm Beach  
 Employee Benefits EE/ER Cost Comparison  
 Effective Date: October 1, 2017



		Current			HDHP HMO Base - HDHP PPO & HMO Buyup				
		United Healthcare			Florida Blue				
HMO Plan		Total	Employer	Employee	Total	Employer	Employee	EE Per Pay (24)	COBRA (w/2%)
		HMO			HMO BASE PLAN 126/127				
Employee Only	36	\$583.24	\$583.24	\$0.00	\$460.82	\$460.82	\$0.00	\$0.00	\$470.04
Employee + One Dependent	5	\$1,108.16	\$1,003.18	\$104.98	\$1,028.60	\$872.91	\$155.69	\$77.84	\$1,049.17
Employee + Family	19	\$1,662.23	\$1,446.43	\$215.80	\$1,348.41	\$1,144.32	\$204.09	\$102.05	\$1,375.38
		N/A			PPO Buy-UP Plan 05180/05181				
Employee Only	9				\$518.71	\$438.75	\$79.96	\$39.98	\$529.08
Employee + One Dependent	11				\$1,143.47	\$967.26	\$176.21	\$88.11	\$1,166.34
Employee + Family	26				\$1,499.01	\$1,268.01	\$231.00	\$115.50	\$1,528.99
		N/A			HMO Buy-Up Plan 67				
Employee Only	10				\$512.42	\$434.82	\$77.60	\$38.80	\$522.67
Employee + One Dependent	9				\$1,219.55	\$1,034.87	\$184.68	\$92.34	\$1,243.94
Employee + Family	8				\$1,598.74	\$1,356.64	\$242.10	\$121.05	\$1,630.71
		N/A			H.S.A on HDHP Plans				
Health Savings Account	27				\$1,500	\$1,500	\$0.00		
Employee Only	45				\$3,000	\$3,000	\$0.00		
Employee + Family	61				\$20,875	\$20,875	\$0.00		
MONTHLY PREMIUM	106				\$250,500	\$250,500	\$0.00		
ANNUAL PREMIUM									
TOTAL MEDICAL PREMIUM	133								
MONTHLY PREMIUM		\$146,189	\$132,349	\$13,840	\$153,338	\$135,643	\$17,695	N/A	N/A
ANNUAL PREMIUM		\$1,754,268	\$1,588,185	\$166,083	\$1,840,058	\$1,627,718	\$212,340	N/A	N/A
\$ INCREASE		N/A	N/A	N/A	\$85,790	\$39,533	\$46,257	N/A	N/A
% INCREASE		N/A	N/A	N/A	4.9%	2.5%	27.9%	N/A	N/A
		Humana			Humana				
DHMO		Total	Employer	Employee	Total	Employer	Employee	EE Per Pay (24)	COBRA (w/2%)
Employee Only		\$14.88	\$14.88	\$0.00	\$14.88	\$14.88	\$0.00	\$0.00	\$15.18
Employee + Family		\$43.62	\$37.87	\$5.75	\$43.62	\$37.87	\$5.75	\$2.88	\$44.49
PPO		Total	Employer	Employee	Total	Employer	Employee	EE Per Pay	
Employee Only		\$31.78	\$14.88	\$16.90	\$31.78	\$14.88	\$16.90	\$8.45	\$32.42
Employee + Family		\$95.54	\$37.87	\$57.67	\$95.54	\$37.87	\$57.67	\$28.84	\$97.45
TOTAL DENTAL PREMIUM									
MONTHLY PREMIUM		\$5,946	\$3,826	\$2,120	\$5,946	\$3,826	\$2,120	N/A	N/A
ANNUAL PREMIUM		\$71,355	\$45,916	\$25,438	\$71,355	\$45,916	\$25,438	N/A	N/A
\$ INCREASE		N/A	N/A	N/A	\$0	\$0	\$0	N/A	N/A
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%	N/A	N/A
		EyeMed			EyeMed				
VISION		Total	Employer	Employee	Total	Employer	Employee	EE Per Pay (24)	COBRA (w/2%)
Employee Only		\$6.67	\$0.00	\$6.67	\$6.67	\$0.00	\$6.67	\$6.67	\$6.80
Employee + Spouse/One		\$12.69	\$0.00	\$12.69	\$12.69	\$0.00	\$12.69	\$12.69	\$12.94
Employee + Family		\$18.62	\$0.00	\$18.62	\$18.62	\$0.00	\$18.62	\$18.62	\$18.99
TOTAL VISION PREMIUM									
MONTHLY PREMIUM		\$713	\$0	\$713	\$713	\$0	\$713	N/A	N/A
ANNUAL PREMIUM		\$8,558	\$0	\$8,558	\$8,558	\$0	\$8,558	N/A	N/A
\$ INCREASE		N/A	N/A	N/A	\$0	\$0	\$0	N/A	N/A
% INCREASE		N/A	N/A	N/A	0.0%	0.0%	0.0%	N/A	N/A
		Cigna			Cigna				
LIFE/AD&D		Total	Employer	Employee	Total	Employer	Employee	EE Per Pay (24)	COBRA
Benefits Volume		\$7,310,000	\$7,310,000	\$0	\$7,310,000	\$7,310,000	\$0	\$0	\$0
Life		\$0.120	\$0.120	\$0.00	\$0.120	\$0.120	\$0.00	\$0.00	\$0.00
AD&D		\$0.025	\$0.025	\$0.00	\$0.025	\$0.025	\$0.00	\$0.00	\$0.00
TOTAL LIFE/AD&D PREMIUM									
MONTHLY PREMIUM		\$1,060	\$1,060	\$0	\$1,060	\$1,060	\$0	N/A	N/A
ANNUAL PREMIUM		\$12,719	\$12,719	\$0	\$12,719	\$12,719	\$0	N/A	N/A
		Cigna			Cigna				
LTD		Total	Employer	Employee	Total	Employer	Employee	EE Per Pay (24)	COBRA
Benefits Volume		\$675,293	\$675,293	\$0	\$675,293	\$675,293	\$0	\$0	\$0
LTD		\$0.43	\$0.43	\$0.00	\$0.43	\$0.43	\$0.00	\$0.00	\$0.00
TOTAL LTD PREMIUM									
MONTHLY PREMIUM		\$2,904	\$2,904	\$0	\$2,904	\$2,904	\$0	N/A	N/A
ANNUAL PREMIUM		\$34,845	\$34,845	\$0	\$34,845	\$34,845	\$0	N/A	N/A
TOTAL BENEFITS PREMIUM		Total	Employer	Employee	Total	Employer	Employee	EE Per Pay (24)	COBRA
MONTHLY PREMIUM		\$156,812	\$140,139	\$16,673	\$163,961	\$143,433	\$20,528	N/A	N/A
ANNUAL PREMIUM		\$1,881,746	\$1,681,666	\$200,080	\$1,967,536	\$1,721,199	\$246,337	N/A	N/A
\$ INCREASE		N/A	N/A	N/A	\$85,790	\$39,533	\$46,257	N/A	N/A
% INCREASE		N/A	N/A	N/A	4.56%	2.35%	23.12%	N/A	N/A



## Medical Insurance

The Town offers medical insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below. For information about the medical plans, please refer to the Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

### Medical Insurance – Cigna OAP In-Network Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost Non-Tobacco User	Employee Cost Tobacco User	Town of Jupiter Cost	Total Premium*
Full Time Employee Only	\$112.95	\$125.45	\$284.28	\$397.23
Full Time Employee + 1 Dependent	\$252.23	\$264.73	\$546.66	\$798.89
Full Time Employee + Family	\$387.39	\$399.89	\$816.98	\$1,204.37
Part Time Employee Only	\$222.96	\$235.46	\$174.28	\$397.24

\*Employee Non-Tobacco cost plus Town of Jupiter cost.

### Medical Insurance – Cigna OAP HSA Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost Non-Tobacco User	Employee Cost Tobacco User	Town of Jupiter Cost	Employer Paid Base HSA Funding & Fees	Total Premium*
Full Time Employee Only	\$64.27	\$76.77	\$260.48	\$23.80	\$348.55
Full Time Employee + 1 Dependent	\$129.02	\$141.52	\$502.02	\$44.64	\$675.68
Full Time Employee + Family	\$189.65	\$202.15	\$772.35	\$44.64	\$1,006.63
Part Time Employee Only	\$174.28	\$186.78	\$150.48	\$23.80	\$348.55

\*Employee Non-Tobacco cost plus Town of Jupiter cost.

## Medical Insurance Opt-Out Incentive

If an eligible employee is covered by another medical plan, the Town will share a portion of the cost for the core medical monthly insurance premium with the employee. While the amount may vary from year to year, as it is dependent on the Town's insurance renewal. The current employee opt-out amount for the Town's medical plan is \$150.00 per month. This benefit is paid in the first check of each month and is available to full-time and part-time employees working 30 or more hours under another plan. This option must be renewed each year, is not available to part-time employees working less than 29 hours, and is considered income.

Please remember that all full-time employees must choose some level of medical coverage unless covered under another medical plan. An employee must bring proof of coverage (either a copy of the insurance card(s) or a Certificate of Coverage from the Plan Administrator) identifying the plans in which the employee is currently covered) if declining coverage.

## Tobacco User Surcharge

In response to the increasing cost of delivering employee health care benefits and the overwhelming evidence that tobacco use is a leading cause of serious illness; the Town of Jupiter will continue the tobacco user surcharge of \$25 per month post-tax (\$12.50 per pay period). The surcharge is applicable only to employees covered under the Town of Jupiter health insurance plan. To waive the surcharge, employees must declare that they are tobacco-free and must continue to remain tobacco-free for the entire time they are covered under the Town's health insurance plan. For additional information pertaining to the Tobacco User Surcharge please contact the Human Resources Department.

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)



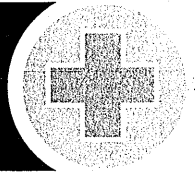
**City of Lake Worth**  
**Employee Benefits Executive Cost Summary**  
**Effective Date: October 1, 2017**



No Employee Contribution Changes (POS HDHP Plan/Dental)

Enroll	Current			Option 2 - PPO Only with PCP/SCP/UC Copay Changes			EE \$ Incr	
	Employee	Employer	Total	Employee	Employer	Total		
<b>Medical</b>								
<b>UnitedHealthcare</b>				<b>Cigna</b>				
<b>UnitedHealthcare</b>				<b>Cigna</b>				
<b>POS HDHP HSA Plan</b>	<b>148</b>			<b>PPO Plan Only Copay Enhancements/Bundle with Dental</b>				
Employee	116	\$0.00	\$409.35	\$409.35	\$0.00	\$587.16	\$587.16	\$0.00
Employee + Spouse	16	\$214.85	\$632.50	\$847.35	\$214.85	\$998.34	\$1,213.19	\$0.00
Employee + Child(ren)	10	\$176.54	\$593.03	\$769.57	\$176.54	\$925.49	\$1,102.03	\$0.00
Employee + Family	6	\$436.71	\$844.56	\$1,281.27	\$436.71	\$1,396.65	\$1,833.36	\$0.00
<b>PPO HDHP HSA Plan</b>	<b>55</b>							
Employee	36	\$63.40	\$592.35	\$655.75	\$0.00	\$587.16	\$587.16	-\$63.40
Employee + Spouse	3	\$306.67	\$1,050.73	\$1,357.40	\$214.85	\$998.34	\$1,213.19	-\$91.82
Employee + Child(ren)	8	\$257.83	\$974.97	\$1,232.80	\$176.54	\$925.49	\$1,102.03	-\$81.29
Employee + Family	8	\$590.63	\$1,461.87	\$2,052.50	\$436.71	\$1,396.65	\$1,833.36	-\$153.92
<b>PPO</b>	<b>129</b>							
Employee	61	\$99.58	\$582.60	\$682.18	\$0.00	\$587.16	\$587.16	-\$99.58
Employee + Spouse	32	\$330.63	\$1,081.48	\$1,412.11	\$214.85	\$998.34	\$1,213.19	-\$115.78
Employee + Child(ren)	13	\$281.84	\$1,000.66	\$1,282.50	\$176.54	\$925.49	\$1,102.03	-\$105.30
Employee + Family	23	\$614.32	\$1,520.91	\$2,135.22	\$436.71	\$1,396.65	\$1,833.36	-\$177.61
<b>H.S.A.</b>								
Employee	152	\$0	\$1,000	\$0	\$0	\$0	\$0	
Employee + Family	51	\$0	\$1,200	\$0	\$0	\$0	\$0	
<b>Annual Total</b>	<b>332</b>	<b>\$627,133</b>	<b>\$2,981,709</b>	<b>\$3,395,642</b>	<b>\$391,060</b>	<b>\$3,076,160</b>	<b>\$3,467,220</b>	
\$ Increase		N/A	N/A	N/A	-\$236,072	\$94,451	\$71,578	
% Increase		N/A	N/A	N/A	-37.6%	3.2%	2.1%	
<b>Dental</b>								
<b>MetLife</b>				<b>Cigna</b>				
<b>PPO</b>	<b>140</b>		<b>Renewal 10/1/2017</b>			<b>10/1/2019</b>		
Employee	70	\$10.05	\$15.50	\$25.55	\$10.05	\$15.58	\$25.63	\$0.00
Employee + Spouse	30	\$30.66	\$16.51	\$47.17	\$30.66	\$16.65	\$47.31	\$0.00
Employee + Child(ren)	15	\$46.84	\$17.34	\$64.18	\$46.84	\$17.54	\$64.38	\$0.00
Employee + Family	25	\$79.39	\$18.94	\$98.33	\$79.39	\$19.23	\$98.62	\$0.00
<b>DHMO</b>	<b>170</b>							
Employee	108	\$0.00	\$14.98	\$14.98	\$0.00	\$16.83	\$16.83	\$0.00
Employee + Spouse	24	\$10.70	\$15.52	\$26.22	\$10.70	\$20.23	\$30.93	\$0.00
Employee + Child(ren)	18	\$15.71	\$15.76	\$31.47	\$15.71	\$22.21	\$37.92	\$0.00
Employee + Family	20	\$27.82	\$16.38	\$44.20	\$27.82	\$27.88	\$55.70	\$0.00
<b>Annual Total</b>	<b>310</b>	<b>\$64,882</b>	<b>\$58,984</b>	<b>\$123,866</b>	<b>\$64,882</b>	<b>\$67,131</b>	<b>\$132,013</b>	
\$ Increase		N/A	N/A	N/A	\$0	\$8,148	\$8,148	
% Increase		N/A	N/A	N/A	0.0%	13.8%	6.6%	
<b>Vision</b>								
<b>MetLife</b>				<b>EyeMed</b>				
<b>Vision</b>			<b>Renewal 10/1/2019</b>			<b>10/1/2021</b>		
Employee	205	\$0.00	\$5.45	\$5.45	\$0.00	\$5.70	\$5.70	\$0.00
Employee + Spouse	54	\$5.46	\$5.46	\$10.92	\$5.72	\$5.70	\$11.42	\$0.26
Employee + Child(ren)	30	\$3.79	\$5.46	\$9.25	\$3.97	\$5.70	\$9.67	\$0.18
Employee + Family	36	\$9.82	\$5.45	\$15.26	\$10.26	\$5.70	\$15.96	\$0.45
<b>Annual Total</b>	<b>325</b>	<b>\$9,143</b>	<b>\$21,262</b>	<b>\$30,405</b>	<b>\$9,568</b>	<b>\$22,230</b>	<b>\$31,798</b>	
\$ Increase		N/A	N/A	N/A	\$425	\$968	\$1,393	
% Increase		N/A	N/A	N/A	4.6%	4.6%	4.6%	
<b>Basic Life and AD&amp;D</b>								
<b>Cigna</b>				<b>Cigna</b>				
<b>Basic Life and AD&amp;D</b>			<b>Renewal 10/1/2017</b>			<b>10/1/2020</b>		
Assuming Volume of:		\$8,631,300	\$8,631,300	\$8,631,300	\$8,631,300	\$8,631,300		
Basic Life Rate		\$0.33	\$0.33	\$0.33	\$0.20	\$0.20		
Basic AD&D Rate		\$0.03	\$0.03	\$0.03	\$0.02	\$0.02		
Total Rate/\$1000		\$0.36	\$0.36	\$0.36	\$0.22	\$0.22		
<b>Annual Total</b>	<b>\$0</b>	<b>\$36,769</b>	<b>\$36,769</b>	<b>\$0</b>	<b>\$22,787</b>	<b>\$22,787</b>		
\$ Increase	N/A	N/A	N/A	N/A	-\$13,983	-\$13,983		
% Increase	N/A	N/A	N/A	N/A	-38.0%	-38.0%		
<b>ANNUAL TOTAL</b>	<b>\$701,158</b>	<b>\$3,098,725</b>	<b>\$3,586,683</b>	<b>\$465,510</b>	<b>\$3,188,308</b>	<b>\$3,653,818</b>		
\$ Increase	N/A	N/A	N/A	-\$235,648	\$89,583	\$67,136		
% Increase	N/A	N/A	N/A	-33.6%	2.9%	1.9%		

\* Services fund of \$10,000, a COBRA fund of \$3,000 and a \$25,000 wellness fund



## Medical Insurance

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

### Medical Insurance – Base OAPIN High Deductible Health Plan (HDHP)

Monthly Premium Deductions

Tier of Coverage	Employee Pays	City Pays	Total Premium
Employee Only	\$28.52	\$541.74	\$570.26
Employee + 1 Dependent	\$270.88	\$812.62	\$1,083.50
Employee + Family	\$406.30	\$1,218.94	\$1,625.24
Police/Fire - 2 Member Family (Employee + 1 Dependent) <sup>1</sup>	\$0	\$1,083.50	\$1,083.50
Police/Fire - 2 Member Family (Family) <sup>1</sup>	\$0	\$1,625.24	\$1,625.24
Over-Age Dependent <sup>2,3</sup>	\$277.92	\$0	\$277.92

1) Two Member Family coverage is used when **two (2) police officers or firefighters**, who are married to each other or who have filed Domestic Partner Affidavits, and both work for the City. For health, dental, and vision insurance, one (1) spouse/domestic partner will enroll all family members, including spouse/domestic partner (City worker) under family coverage.

2) Over-age dependents: Please refer to the Taxable Dependents section on page 4.

3) Additional post tax payroll deduction.

### Medical Insurance

#### Buy-Up OAPIN High Deductible Health Plan (HDHP)

Monthly Premium Deductions

Tier of Coverage	Employee Cost
Employee Only	\$35.32
Employee + 1 Dependent	\$342.34
Employee + Family	\$505.64
Police/Fire - 2 Member Family (Employee + 1 Dependent) <sup>1</sup>	\$71.46
Police/Fire - 2 Member Family (Family) <sup>1</sup>	\$99.34
Over-Age Dependent <sup>2,3</sup>	\$277.92

1) Two Member Family coverage is used when **two (2) police officers or firefighters**, who are married to each other or who have filed Domestic Partner Affidavits, and both work for the City. For health, dental, and vision insurance, one (1) spouse/partner will enroll all family members, including spouse/domestic partner (City worker) under family coverage.

2) Over-age dependents: Please refer to the Taxable Dependents section on page 4.

3) Additional post tax payroll deduction.

### Medical Insurance

#### Base & Buy-Up OAPIN High Deductible Health Plan (HDHP)

#### Domestic Partner

Monthly Reported Imputed Income Value

Tier of Coverage	Employee Cost
Employee + Domestic Partner Value <sup>1</sup>	\$513.24
Employee + Domestic Partner + Employee Child(ren) Value <sup>1</sup>	\$513.24
Employee + Domestic Partner + Domestic Partner Child(ren) Value <sup>1</sup>	\$1,054.98

1) Imputed income amount reportable on employee W-2 Form for value of insurance.

**Please Note the Following:**

- See City Ordinance Section 62-22 for information on the equity for Domestic Partner health insurance benefits.
- If employee is covering employee's own child(ren) AND a child(ren) of a Domestic Partner, please contact the Human Resources/Benefits Department for a customized calculation of the specific scenario.

Cigna | Customer Service: (800) 244-6224 | www.mycigna.com





**Village of Royal Palm Beach**  
**MONTHLY Premium Rate Schedule - Health Insurance Program**  
**10/01/17 – 9/30/18**



**SECTION #1. INSURANCE PREMIUMS - Medical and Dental Monthly Premiums**



**Health Insurance - The Village will pay 80% of the Monthly Premium**

Our Health Insurance Plan is a High Deductible - Open Access - with a H.S.A. Bank Acct

<b>CIGNA H.S.A. PLAN</b>		<b>EE Mthly Cost</b>	<b>Rebate</b>	<b>Montly Cost After Rebate</b>	<b>EE Bi Wkly Cost</b>	<b>Ded/Village Contribution</b>
Single	\$959.59	\$191.92	\$65.00	\$126.92	\$63.46	\$3,000/\$2,000
EE/Spouse	\$1,745.46	\$349.09	\$0.00	\$349.09	\$174.55	\$6,000/\$4,000
EE/Child(ren)	\$1,585.28	\$317.06	\$0.00	\$317.06	\$158.53	\$6,000/\$4,000
Family	\$2,671.78	\$534.36	\$0.00	\$534.36	\$267.18	\$6,000/\$4,000



**Dental Insurance - The Village will pay 80% of the DHMO Plan**

**CIGNA FAOV9 DHMO Plan** (You must select a primary dentist and stay within the network)

	<b>Mthly Cost</b>	<b>EE Cost</b>	<b>EE Bi Weekly</b>	<b>Village Contribution</b>
Single Employee	\$19.29	\$3.86	\$1.93	\$15.43
Employee +1	\$38.05	\$7.61	\$3.81	\$30.44
Family	\$57.07	\$11.41	\$5.71	\$45.66

OR

**CIGNA PPO CY Plan** (You select any dentist you like regardless of network)

	<b>Mthly Cost</b>	<b>EE Cost</b>	<b>EE Bi Weekly</b>	<b>Village Contribution</b>
Single Employee	\$49.90	\$34.47	\$17.23	\$15.43
Employee +1	\$116.98	\$86.54	\$43.27	\$30.44
Family	\$175.47	\$129.81	\$64.91	\$45.66

**SECTION #2. REBATE PROGRAM - Paid each paycheck, except for months with 3 checks**

No Coverage	\$75.83 (\$151.66/month)
Dental Coverage Only	\$54.17 (\$108.33/month)
Single Medical Coverage	\$32.50 (\$65.00/month)

**SECTION #3. VOLUNTARY BENEFITS - Paid by the Employee with No Village Contribution**



**VISION INSURANCE**

<b>CIGNA Vision</b>	<b>Mthly Cost</b>	<b>Bi Weekly</b>
Single	\$7.88	\$3.94
EE + Spouse	\$15.76	\$7.88
EE + Children	\$15.91	\$7.96
Family	\$25.08	\$12.54

**LIFE INSURANCE - Group Paid and Voluntary**

The Village pays 100% premium for a \$30,000 policy or 1 x annual salary, which ever is greater.

Employees can purchase additional life insurance via payroll contribution from CIGNA

**The City of Palm Beach Gardens**  
**Full Time – New Hire**  
**Benefits Summary**  
**Effective 10/1/17 through 9/30/18**

**Eligibility**

Coverage in the City's group insurance plans begins the first of the month following thirty (30) days of employment.

**Health Insurance**

Choice of three (3) plans provided through Florida Blue. Employee contributions are required toward the cost of this insurance on a bi-weekly basis as follows:

	HMO	PPO	HDHP
Employee Only	\$0	\$0	\$0
Family	\$58.00	\$110.00	\$30.00

**On-Site Employee Health and Wellness Center**

Available for use by employees, spouses and dependents enrolled on the City's Health Plan. No-copays for doctor's visits, labs, physicals, or prescription drugs dispensed at the Center.

**Dental Insurance**

PPO plan offered through Ameritas, provided at no cost.

**Life Insurance**

Two (2) times annual salary up to a maximum of \$100,000 provided at no cost.

**Short Term Disability**

Non-probationary employees eligible for 60% of salary up to 26 weeks, provided at no cost.

**Long Term Disability**

60% of salary up to \$5,000 monthly, provided at no cost.

**Employee Assistance Program**

Six (6) visits per calendar year, per issue, provided at no cost.

**Wellness Program**

Voluntary wellness initiatives that promote and reward health awareness.

**Pension Plan**

Provided through the Florida Retirement System (FRS). Choice between the Investment Plan with a one (1) year vesting schedule, and the Pension Plan with an eight (8) year vesting schedule. Mandatory 3% pre-tax contribution.

**Holidays**

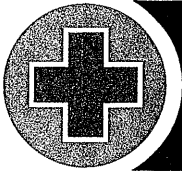
Eleven (11) days per calendar year.  
 One (1) Floating Holiday per calendar year.

**Personal Leave**

Sixteen (16) hours accrued monthly used for vacation, illness, or personal time away from work.

**Optional Voluntary Benefits**

Vision Care Insurance Plan, Supplemental Life Insurance, Flexible Spending Accounts, AFLAC Supplemental Policies, 457 Deferred Compensation Plan, Roth IRA, Recreation Program Discounts, Day Care Discounts, Direct Deposit.



## Medical Insurance

The Village of Wellington offers medical insurance through Cigna to benefit-eligible employees. The monthly costs for coverage are listed in the premium table below. For information about the medical plan, please refer to the Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

### Medical Insurance – Cigna Open Access Plus Plan

Monthly Payroll Deductions

Tier of Coverage	Employee Cost	Total Cost
Employee Only	\$27.43	\$840.30
Employee + Spouse	\$254.62	\$1,803.32
Employee + Child(ren)	\$193.15	\$1,558.34
Employee + Family	\$439.05	\$2,521.33

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)

### Summary of Benefits and Coverage

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

From: Human Resources Department  
 Address: 12300 W Forest Hill Blvd.  
 Wellington, FL 33414  
 Phone: (561) 753-2585  
 At Website URL: [www.mybentek.com/wellington](http://www.mybentek.com/wellington)

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting the Human Resources Department

If employees have any questions about the plan offerings or coverage options, please contact the Human Resources Department.

## Other Available Plan Resources

Cigna offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the summary of benefits and coverage document or contact Cigna's customer service at (800) 244-6224 or visit [www.cigna.com](http://www.cigna.com).

## Other Available Plan Resources

### 24 Hour Help Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Line provides access to helpful, reliable information and assistance from qualified health information nurses on a wide range of health topics 24 hours a day, any day of the year. Not sure what to do for a child who has a fever in the middle of the night? Not sure if treatment from a doctor is necessary for an injury? There are over 1,000 topics in the Health Information Library that include free audio, video, and printed information on aging, women's health, nutrition, surgery, and specific medical conditions to help member weigh the risks and advantages of treatment options. The call is free and is strictly confidential.

### Healthy Rewards

Cigna's Healthy Rewards is provided automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Members can log on to [www.mycigna.com](http://www.mycigna.com) and select Healthy Rewards to learn more about these programs or call (800) 870-3470.

- ✓ Vision Care
- ✓ Lasik Vision Correction Services
- ✓ Fitness Club Discounts
- ✓ Nutrition Discounts
- ✓ Hearing Care

### The myCigna Mobile App

The myCigna mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>. With the myCigna mobile app, members can:

- ✓ Find a doctor, dentist or health care facility
- ✓ Access maps for instant driving directions
- ✓ View ID cards for the entire family
- ✓ Review deductibles, account balances and claims
- ✓ Compare prescription drug costs
- ✓ Speed-dial Cigna Home Delivery Pharmacy<sup>TM</sup>
- ✓ Store and organize all important contact info for doctors, hospitals, and pharmacies
- ✓ Add health care professionals to contact list right from a claim or directory search

### Maintenance Medication

Maintenance medications must be filled in 90-day supply available through CVS, Target, Walmart or the Cigna Home Delivery Pharmacy. Members will be limited to three 30-day maintenance medication fills, after which the plan will no longer cover the cost of the maintenance medication unless switched to a 90-day prescription and filled at one of the aforementioned pharmacy options.



# VILLAGE OF TEQUESTA

Administrative Office Hours: Mon-Fri: 8:30am-5:00pm

## EMPLOYEE BENEFIT PACKAGE 2017/2018

### Pension Plan:

#### General Employees Pension Trust Fund: Defined Benefit Plan

- Employee contributes 5% of gross pay
- Vesting after 6 years.
- Employee only contribution returned with 3% interest upon separation

#### Public Safety Officers Pension Trust Fund: Defined Benefit Plan

(Police officers hired prior to 1/31/2013; Fire Fighters)

- Police officers contribute 5% of gross pay;
- Fire Fighters currently contribute 6% of gross pay
- Vesting after 6 years.

#### 401a: Defined Contribution Plan

(Police officers hired after 2/1/2013)

- Employer contributes 9% of gross pay
- 5-year progressive vesting schedule: Years 1-5: 20%/40%/60%/80% /100%

### Health Insurance:

Employee Coverage: Choice between FloridaBlue Traditional Plan 3768 (Predictable Cost) and FloridaBlue 5180/5181 High Deductible Health Plan with HSA: Bi-Monthly pay period deduction 24 times per year as follows:

	Traditional Plan 3768		HDHP with HSA 5180/5181	
	Village Pays	Employee Pays	Village Pays	Employee Pays
<b>EE Only</b>	\$319.45	\$ 0.00	\$276.12	\$ 0.00
<b>EE/Spouse</b>	\$650.07	\$110.21	\$526.18	\$ 83.35
<b>EE/Children</b>	\$520.69	\$ 67.08	\$422.46	\$ 48.78
<b>EE/Family</b>	\$827.36	\$169.31	\$668.31	\$130.73

**Note:** The Village currently contributes an annual amount of \$1,080 to the Individual HSA account and \$2,760 to the Family.

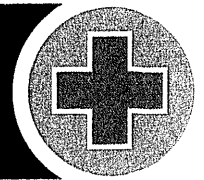
### Vision Insurance:

Employee and dependent coverage paid 100% by employee: Bi-Monthly pay period deduction 24 times per year as follows:

EE Only	\$2.95
EE/Spouse	\$5.92
EE/Children	\$5.01
EE/Family	\$8.26

### Dental Insurance:

Employee coverage paid 100% by the Village. Optional dependent coverage paid by employee with bi-monthly deductions of \$34.86 (24 times per year).



## Medical Insurance

The City offers medical insurance through United Healthcare to benefit eligible employees. The costs per pay period for coverage are listed in the premium tables below. For information about the medical plans, please refer to the summary of coverage document or contact United Healthcare's customer service.

### Medical Insurance – United Healthcare Core Plan (Salary Under \$35,000)

26 Payroll Deductions - Per Pay Period Cost

Plan Type	With Completed Incentive Non-Tobacco User	With Completed Incentive Tobacco User	Without Completed Incentive Non-Tobacco User	Without Completed Incentive Tobacco User
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$79.73	\$99.66	\$91.69	\$111.62
Employee + Child(ren)	\$63.85	\$79.82	\$73.43	\$89.40
Employee + Family	\$135.28	\$169.10	\$155.58	\$189.39

### Medical Insurance – United Healthcare Core Plan (Salary \$35,000 to \$50,000)

26 Payroll Deductions - Per Pay Period Cost

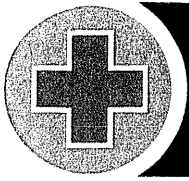
Plan Type	With Completed Incentive Non-Tobacco User	With Completed Incentive Tobacco User	Without Completed Incentive Non-Tobacco User	Without Completed Incentive Tobacco User
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$87.70	\$109.63	\$100.86	\$122.78
Employee + Child(ren)	\$70.24	\$87.80	\$80.78	\$98.34
Employee + Family	\$148.81	\$186.01	\$171.13	\$208.33

### Medical Insurance – United Healthcare Core Plan (Salary Above \$50,000)

26 Payroll Deductions - Per Pay Period Cost

Plan Type	With Completed Incentive Non-Tobacco User	With Completed Incentive Tobacco User	Without Completed Incentive Non-Tobacco User	Without Completed Incentive Tobacco User
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$95.68	\$119.60	\$110.03	\$133.95
Employee + Child(ren)	\$76.62	\$95.78	\$88.12	\$107.28
Employee + Family	\$162.34	\$202.92	\$186.69	\$227.27

United Healthcare | Customer Service: (800) 357-0978 | [www.myuhc.com](http://www.myuhc.com)



## Medical Insurance *(Continued)*

The City offers medical insurance through United Healthcare to benefit eligible employees. The costs per pay period for coverage are listed in the premium tables below. For information about the medical plans, please refer to the summary of coverage document or contact United Healthcare's customer service.

### Medical Insurance – United Healthcare Buy-Up Plan *(Salary Under \$35,000)*

26 Payroll Deductions - Per Pay Period Cost

Plan Type	With Completed Incentive Non-Tobacco User	With Completed Incentive Tobacco User	Without Completed Incentive Non-Tobacco User	Without Completed Incentive Tobacco User
Employee Only	\$31.78	\$39.73	\$36.55	\$44.49
Employee + Spouse	\$166.31	\$207.88	\$191.25	\$232.83
Employee + Child(ren)	\$140.89	\$176.12	\$162.03	\$197.25
Employee + Family	\$255.30	\$319.13	\$293.59	\$357.42

### Medical Insurance – United Healthcare Buy-Up Plan *(Salary \$35,000 to \$50,000)*

26 Payroll Deductions - Per Pay Period Cost

Plan Type	With Completed Incentive Non-Tobacco User	With Completed Incentive Tobacco User	Without Completed Incentive Non-Tobacco User	Without Completed Incentive Tobacco User
Employee Only	\$31.78	\$39.73	\$36.55	\$44.49
Employee + Spouse	\$182.94	\$228.67	\$210.37	\$256.11
Employee + Child(ren)	\$154.98	\$193.73	\$178.23	\$216.97
Employee + Family	\$280.83	\$351.04	\$322.95	\$393.16

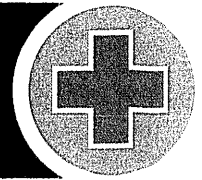
### Medical Insurance – United Healthcare Buy-Up Plan *(Salary Above \$50,000)*

26 Payroll Deductions - Per Pay Period Cost

Plan Type	With Completed Incentive Non-Tobacco User	With Completed Incentive Tobacco User	Without Completed Incentive Non-Tobacco User	Without Completed Incentive Tobacco User
Employee Only	\$31.78	\$39.73	\$36.55	\$44.49
Employee + Spouse	\$199.56	\$249.46	\$229.50	\$279.39
Employee + Child(ren)	\$169.07	\$211.34	\$194.43	\$236.70
Employee + Family	\$306.36	\$382.94	\$352.31	428.90

United Healthcare | Customer Service: (800) 357-0978 | [www.myuhc.com](http://www.myuhc.com)





## Medical Insurance *(Continued)*

The City offers medical insurance through United Healthcare to benefit eligible employees. The costs per pay period for coverage are listed in the premium tables below. For information about the medical plans, please refer to the summary of coverage document or contact United Healthcare's customer service.

### Medical Insurance – United Healthcare Choice Plus Plan *(Salary Under \$35,000)*

26 Payroll Deductions - Per Pay Period Cost

Plan Type	With Completed Incentive Non-Tobacco User	With Completed Incentive Tobacco User	Without Completed Incentive Non-Tobacco User	Without Completed Incentive Tobacco User
Employee Only	\$12.02	\$15.02	\$12.02	\$15.02
Employee + Spouse	\$60.26	\$75.32	\$60.26	\$75.32
Employee + Child(ren)	\$50.30	\$62.88	\$50.30	\$62.88
Employee + Family	\$100.61	\$125.76	\$100.61	\$125.76

### Medical Insurance – United Healthcare Choice Plus Plan *(Salary \$35,000 to \$50,000)*

26 Payroll Deductions - Per Pay Period Cost

Plan Type	With Completed Incentive Non-Tobacco User	With Completed Incentive Tobacco User	Without Completed Incentive Non-Tobacco User	Without Completed Incentive Tobacco User
Employee Only	\$12.02	\$15.02	\$12.02	\$15.02
Employee + Spouse	\$75.32	\$94.15	\$75.32	\$94.15
Employee + Child(ren)	\$59.66	\$74.55	\$59.66	\$74.58
Employee + Family	\$119.33	\$149.16	\$119.33	\$149.16

### Medical Insurance – United Healthcare Choice Plus Plan *(Salary Above \$50,000)*

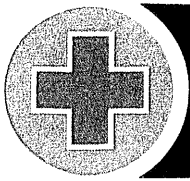
26 Payroll Deductions - Per Pay Period Cost

Plan Type	With Completed Incentive Non-Tobacco User	With Completed Incentive Tobacco User	Without Completed Incentive Non-Tobacco User	Without Completed Incentive Tobacco User
Employee Only	\$12.02	\$15.02	\$12.02	\$15.02
Employee + Spouse	\$90.38	\$112.98	\$90.38	\$112.98
Employee + Child(ren)	\$71.53	\$89.42	\$71.53	\$89.42
Employee + Family	\$143.08	\$178.85	\$143.08	\$178.85

United Healthcare | Customer Service: (800) 357-0978 | [www.myuhc.com](http://www.myuhc.com)

## Other Available Plan Resources

United Healthcare offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the summary of coverage document or contact United Healthcare's customer service at (800) 357-0978 or visit [www.myuhc.com](http://www.myuhc.com).



## United Healthcare Core Plan At-A-Glance



### Locate a Provider

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



### Plan References

*\*LabCorp is the preferred lab for bloodwork through United Healthcare. When using labs other than LabCorp, please be sure to confirm they are contracted with United Healthcare's Choice Network prior to receiving services.*



### Important Notes

• Services received by providers and facilities not in the United Healthcare Choice Network will not be covered.

Network	Choice
<b>Plan Year Deductible (PYD)</b>	
Single	In-Network \$1,500
Family	\$3,000
<b>Coinsurance</b>	
Member Responsibility	20% After PYD
<b>Plan Year Out-of-Pocket Limit</b>	
Single	\$3,000
Family	\$6,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx
<b>Physician Services</b>	
Primary Care Physician (PCP) Office Visit	\$40 Copay
Premium Tier 1 Specialist	\$50 Copay
Non-Premium Tier 1 Specialist	\$65 Copay
<b>Non-Hospital Services; Freestanding Facility</b>	
Clinical Lab (Blood Work): LabCorp*	No Charge
X-rays	No Charge
Advanced Imaging (MRI, PET, CT)	20% After PYD
Outpatient Surgery in Surgical Center	20% After PYD
Physician Services at Surgical Center	20% After PYD
Urgent Care (Per Visit; Waived if Admitted)	\$50 Copay
<b>Hospital Services</b>	
Inpatient Hospital (Per Admission)	20% After PYD
Physician Services at Hospital	20% After PYD
Emergency Room (Per Visit; Waived if Admitted)	\$500 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>	
Inpatient Hospitalization	20% After PYD
Outpatient Services	\$40 Copay
<b>Prescription Drugs (Rx)</b>	
Generic	\$20 Copay
Preferred Brand Name	\$50 Copay
Non-Preferred Brand Name	\$75 Copay
Mail Order Drug (90 Day Supply)	2x Retail Copay