2017 City of Tampa Benefits Booklet for Employees Open Enrollment October 17 - November 14, 2016





Growing Healthy Every Step of the Way



To all City of Tampa Employees and Their Families:

We Built This: Transforming Tampa Together is this year's budget theme. These are exciting times in the City of Tampa. Development is kicking up and our City is making lists for being "best" for so many desirable things. We are one of the best United States (U.S.) cities in which to live, one of best cities for recreation, and one of the most tax friendly cities in the U.S. Known as the crown jewel of downtown, one of the City's economic development projects, the Riverwalk was completed in May 2016. The Riverwalk provides for over 2.3 miles of continuous walkway through the heart of Tampa highlighting one of Tampa's most precious commodities, the Hillsborough River.

All around the City, employees are engaged in a variety of projects, the likes of which we haven't seen in years, if at all. Whether you are working on deteriorating infrastructure, stormwater and transportation issues, helping children during extended hours at one of our many parks, or upholding public safety in a neighborhood, the health and well-being of you and your family are very important to us.

Our citizens expect the very best from each of us, and we can't let them down. So each year, your Human Resources Team works hard to ensure that our benefits offerings continue to attract and retain the very best employees.

Again this year, the employee's benefits booklet, open enrollment video, and additional information are available to you on the City's Intranet. You can also attend one of the Open Enrollment Informational Meetings being conducted in October to learn more about the benefit options for 2017. Thanks for everything you do for Tampa because **We Built This: Transforming Tampa Together**.

Thank You

Mayor Bob Buckhorn

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Introduction

This benefits booklet will give you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. For your convenience, we have summarized the provisions of these legal documents. If any information presented here conflicts with the legal documents, the legal documents will govern. For more detailed information and your legal rights under the plans, be sure to read the certificates of coverage that are posted on the Human Resources page that can be obtained by visiting the City's Intranet, or by calling 813-274-5757, or e-mailing general guestions to benefitsquestions@tampagov.net.

Highlights & What's New for 2017?



- Introducing the Simple Wellness PPO Plan In order to remain compliant with ongoing changes under Healthcare Reform and the Equal Employment Opportunity Commission (EEOC), the City will be offering one medical plan to all employees and their eligible dependents effective January 1, 2017. You can review our new single plan option on page 17 of this guide. Completion of your Personal Health Assessment (PHA) and Tobacco Free Certification will allow you to increase the Dollar First Benefit Allowance.
- 2. Your **dental plans are moving to Humana** effective January 1, 2017. The HumanaDental plan options will include a PPO plan with both in and out-of-network benefits as well as an in-network only DHMO in which you will elect a primary care Dentist to oversee your care. Humana's PPO plan has an unlimited annual maximum which means there is no limit on the benefits payable during the year. More information on the new Humana dental plans are on pages 20-21 of this document.
- 3. The City is offering you the opportunity to enroll in the Trustmark Accident Insurance Plan effective January 1, 2017. Accident insurance is designed to cover unexpected expenses that result from all kinds of accidents, even sports-related and household mishaps. It provides cash benefits to offset portions of the expenses your primary health insurance may not, such as deductibles, copayments, transportation, everyday bills and more. Benefits are paid to you without restriction on how you can use them.
- 4. The City is also offering you the opportunity to enroll in the Trustmark Critical Illness with Cancer Insurance Plan effective January 1, 2017. News of a critical illness can be quite a shock and sadly, many do not have the financial resources to cover the treatment costs. That is where Critical Illness with Cancer insurance comes in. It provides immediate financial relief from the overwhelming expenses of illnesses such as a heart attack, stroke or cancer. The policy will pay a lump-sum cash benefit when you are diagnosed with a covered illness.
- 5. To continue to ensure that coverage is provided for all dependents eligible for the plan and that each of us, as plan participants, do not pay for dependents that are not eligible, newly hired employees and those with a status change due to a mid-year qualifying event will be required to verify their dependent's eligibility.
- 6. Continuing with our **Go Green Initiative**, we will not be printing individual employee benefit booklets this year. Employees with access to a computer can visit the City's Intranet to view all 2017 Open Enrollment information. Just click on the Open Enrollment information 2017 icon along with the benefits tree logo that is located on the main page. Once there, you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted.
- 7. Due to an ORACLE system configuration update for 2017, employees participating in the deferred compensation plans must take the following actions during Open Enrollment in Employee Self-Service: **Nationwide pre-tax program:** No action required to reestablish your deduction. **Nationwide Roth IRA**: Must reestablish the deduction during Open Enrollment. **Florida League of Cities Pre-Tax and Roth IRA**: Must reestablish the deduction during Open Enrollment.

Who is Eligible to be Covered by a City of Tampa Health Insurance Plan?

An individual who meets the eligibility criteria specified below is an Eligible Dependent:

- 1. The Covered Employee's present legal spouse. Per IRS rules, same-sex couples married in a U.S. or foreign jurisdiction that recognizes same-sex marriage, are afforded the same access to medical benefits as those married under Florida statutes. (Note: an ex-spouse does not meet eligibility criteria even if insurance coverage is specified by a judge in a divorce decree.)
- 2. The Covered Employee's natural, newborn, adopted, foster, or stepchild(ren) (or a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian) until the end of the calendar month in which the child reaches age 26 (for medical, dental and vision) regardless of marital status, residency, student status, financial dependence, employment status, eligibility for an employer's health plan or eligibility for COBRA coverage.
- 3. Medical Plan eligibility criteria for dependent children between the ages of 26 and 30: Coverage may be extended to the end of the calendar year in which the dependent reaches age 30, if the dependent child is: a) Unmarried with no dependents of their own, AND b) A resident of Florida OR a full-time or part-time student AND c) Otherwise uninsured and not entitled to benefits under Title XVIII of the Social Security Act.
- 4. The newborn child of a covered plan participant other than the Covered Employee or Covered Employee's spouse. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.
- 5. Disabled Children (Check with Employee Relations for specific details at 813-274-8041.)
- 6. Domestic Partner: You may cover a domestic partner if you and your partner meet the requirements listed in the City of Tampa Employee Declaration of Domestic Partnership, including proof of eligibility. These documents will be available during Open Enrollment. (Check with Employee Relations for specific details at 813-274-8041.)
- 7. Children of a domestic partner are eligible if they meet the same criteria as the dependent children of an employee's legal spouse, and all other eligibility requirements as described in the plan document and/or City documents.
- 8. Dual Employment: If you and your lawful spouse or domestic partner are both full-time eligible City employees with dependent children, the City provides one family plan at no cost to you. If you have no dependents you must elect two single plans instead of a family plan.

NOTE: Knowingly covering an ineligible dependent constitutes insurance fraud and is subject to disciplinary action. If you are currently covering a dependent who does not meet the eligibility criteria defined in items 1-8, then you must remove them during the Open Enrollment period that ends on November 14, 2016.

Important Notice Regarding Dependent Eligibility Verification

The City has the right to request documentation for any dependents claimed on the City's health plan in 2017. Documentation examples include:

- Spouse Copy of Marriage License
- Child Copy of Birth Certificate; Adoption Certificate; Court Order establishing legal guardianship
- Grandchild* Copy of Birth Certificate (*If grandchild is the child of the employee's currently covered dependent. A grandchild can only remain on the employee's coverage up to 18 months of age)
- Eligibility for a foster child extends through the end of the child's placement in the foster care system
- Employee has legal custody of a minor child Court Order establishing legal guardianship
- Domestic Partner City of Tampa Declaration of Domestic Partnership



Qualifying Event

Due to IRS regulations, insurance choices made during Open Enrollment (October 17 - November 14, 2016) cannot be changed until the next annual Open Enrollment period. The only exception to this IRS Section 125 Rule is if you experience a "Qualifying Event." A Qualifying Event allows you to make a change to your benefit elections within 30 days of the event.

Examples of Qualifying Events include, but are not limited to:

- Change in legal marital status (marriage, divorce, legal separation or death)
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other insurance coverage (including group coverage, COBRA, Medicaid, etc.)

If you experience a Qualifying Event, contact HR-Employee Relations at 813-274-8041 and submit all requested documents within 30 days of the event.

Examples of Required Documentation:

- Dependent Satisfied or Ceases to Satisfy Eligibility Requirements Written notification from the employee, including date of change in eligibility
- Judgment, Decree or Order
 Copy of the Judgment, Decree or Order
- Termination or Commencement of Employment by Employee's Spouse/Dependent Proof from spouse's or child's employer stating date of change and type of benefit change
- Entitlement to Medicare or Medicaid

Copy of Plan Identification Card

Elective Benefits Mid-Year Changes

Some elective benefits, such as Short Term Disability, Universal Life Insurance, Accident Insurance, Critical Illness with Cancer Insurance and the Legal Plan do not fall within Section 125 of the IRS guidelines. The City only permits changes to these elective benefits during Open Enrollment. Mid-Year changes are not permitted. If you enroll in any of the elective benefits for the 2017 plan year, you cannot cancel mid-year. You will remain enrolled until December 31, 2017.

Dependent Verification for New Employees and Those Experiencing a Mid-Year Change

Newly hired employees and those with a status change due to a mid-year qualifying event will be required to verify their dependent's eligibility.



Things To Do During Open Enrollment

- Meet with a Benefit Counselor from Employee Family Protection (EFP) and review the benefit options available for 2017;
- Attend an Open Enrollment Informational Meeting to learn about your benefit options;
- Complete your Tobacco Free Certification in Oracle EBS Self Service;
- Print your confirmation statement to verify all of your benefit options. Human Resources does not print
 confirmation statements. Employees are responsible for making certain that confirmation statements are
 printed and reviewed for accuracy;
- Check beneficiary information for life insurance, pension benefits and last check payout in Oracle EBS Self Service;
- Verify your Deferred Compensation contributions;
- Set up a Flexible Spending Account (FSA);
- If applicable, complete your Declaration of Domestic Partnership form (this is a one time only requirement.) and;
- Verify that your dependents are enrolled for medical, dental or vision coverage by checking the box next to the
 dependent's name. If the check box is not completed next to the dependent's name, that dependent will not be
 enrolled in coverage.

Legal Notices/Disclosures

There are numerous required legal notices and disclosures that employers have the responsibility to supply to their employees on a regular basis. Please find the disclosures regarding HIPAA, COBRA, Women's Health and Cancer Rights Act of 1988, CHIPRA, Medicare Part D, Special Enrollment Rights, EEOC Wellness Plan Notice and others on the City of Tampa Intranet Human Resources Page.

Open Enrollment Counselors, Employee Family Protection (EFP)

Since 2012, the City has provided employees access to Open Enrollment Benefits Counselors from Employee Family Protection (EFP). Benefits Counselors offer one-on-one sessions to help employees understand their benefits, make decisions and enroll in voluntary benefits plan options. Employee Family Protection (EFP) will be available at various city locations throughout the Open Enrollment period. To sign up with an EFP Benefits Counselor, call Employee Family Protection at 844-231-1623 or visit the training link on the Intranet to view the Benefits Counselor schedule. Please review pages 26-27 to review the benefit plan options that must be elected through EFP.

Open Enrollment is October 17 through November 14, 2016 through the Oracle EBS Self Service.

To learn more, sign up for an Open Enrollment Informational Meeting on the City's Intranet training link.

By attending a meeting, you can get first-hand information from the benefit providers.



Employee Assistance Program (EAP)

Wood and Associates offers City of Tampa employees, spouses, domestic partners and dependents an Employee Assistance Program (EAP) also known as People First EAP.

The City of Tampa's mission is to deliver outstanding services to enhance the quality of life of citizens within our community. To do so we rely on our employees who play a major role in meeting this mission. Employee well-being and safety, both on and off the job, is a critical component in the delivery of services. For this reason, the City of Tampa offers a confidential Employee Assistance Program at no cost to employees, spouses, domestic partners and dependents up to four face-to-face visits and unlimited phone contacts per problem or issue per year. All initial contacts will be with a doctoral level EAP counselor and assistance is available 24 hours a day seven days a week including holidays.

People First EAP is a voluntary program to assist with finding help for a wide variety of concerns. Participants are encouraged to call when they first become aware of a problem rather than wait until the problem has grown. No problem is too small or too large. Counselors will help the participant to identify the problem and find a qualified resource near work or home to help resolve the concern. People First EAP is not a treatment program but an evaluation, brief counseling, support and referral program. After talking with the employee, family or significant other regarding the issue that prompted the call or visit, the People First EAP counselor will find the best source of help. Beyond EAP, any additional services may be covered by one's health insurance plan and/or will be the recipient's responsibility.

Problems that your EAP can help resolve:

- Relationship issues: marital, family, separation, divorce, work, domestic violence
- Financial or credit: distress or planning
- Child/adolescent concerns
- Academic, learning or career issues
- Distress, anxiety, depression grief or other emotional concerns
- Alcohol/drug use/abuse/dependence
- Legal concerns
- Elder care issues
- Personal and Professional development
- Interpersonal issues: effective communication, self-awareness, conflict management etc.
- Work and life balance needs

Confidential and Here to Help!



800-343-4670

For more information and a periodic subject of interest visit www.PeopleFirstEAP.com

You can also visit: www.woodassociates.net to view a six minute EAP employee orientation video, a six minute EAP supervisory training video and monthly spotlighted articles. Look for streaming video presentations.

Contact Information: Gary L. Wood & Associates, P.A. 4700 N. Habana Ave., Suite 300 Tampa, FL 33614

In Hillsborough call 813-870-0392 In Pinellas call 727-576-5164 Out-of-Area call 800-343-4670



Employee Assistance Program (EAP)

Care24® services offer you access to a wide range of health and well-being information seven days a week, 24 hours a day. Using one toll-free phone number, you can speak with registered nurses and master's level counselors who can help with almost any problem ranging from medical and family matters to legal, financial and emotional needs.

Care24® services connect people with reliable resources for information and support regarding a wide range of personal concerns. Services are available to you and any family member(s) enrolled in health insurance benefits. Care24® offers you and your eligible family members up to three (3) telephone visit sessions per employee per problem/issue at no charge. Additional services may be covered by your health insurance plan.

If additional visits or services are recommended, the employee will be responsible for the cost. Care24® is a voluntary, confidential program to assist with finding help for a variety of issues.

Confidential and Here to Help!

Web Address: www.myuhc.com 888-887-4114



- Childhood Illnesses
- Minor Illnesses and Injuries
- Medication Safety
- Relationship Worries
- Choosing Appropriate Medical Care
- Stress and Anxiety
- Coping with Grief and Loss
- Personal Legal and Financial Issues
- Self-Care Information
- Help Finding a Doctor
- Information on Medications
- General Health Information



City of Tampa Wellness Centers

The City of Tampa Wellness Centers, operated by CareATC, are available to any employee, non-Medicare retiree and their dependents enrolled in a City Group Health Plan. The centers are located at 4107 North Himes Avenue, Suite 101 in Tampa, and 413 West Robertson Street, Suite A in Brandon. They are managed by physicians and staff who provide easy and cost-free access to the highest quality medical services.

From their inception through August, our two Wellness Centers have seen over 82,816 visits and over 60,533 medications were dispensed with a zero copayment. Each of these transactions represents cost savings to the City's plan and to our employees. For those who utilize the City's Wellness Centers, benefits include a zero co-payment for office visits, and an expanded formulary of available medications at zero co-pay. The current list of available medications and medical supplies is available at the City's website.



To assist patients in registering to see the provider in 2016 CareATC introduced an electronic check-in option at both Wellness Center locations. We invite you to use this option to check-in and to also verify your personal information on file with CareATC including your address and phone number.

Wellness kiosks are also now available in the Wellness Center lobbies. The kiosk (iPads) allow City employees convenient access to the following websites:

For City of Tampa:

- Training Site
- Human Resources Page
- Tampa City Pulse Page
- Employee Benefit Information

For CareATC:

Patient Portal

For UnitedHealthcare:

Myuhc.com



We invite you to use the CareATC Mobile Phone App. This app provides convenient access to medical history appointment scheduling and PHA completion with year over year test results – anytime, anywhere! You can also take advantage of the Health Education Library that provides a wide range of educational materials. Topics include: Diabetes, High Cholesterol, High Blood Pressure, Weight management, and more! Download the app today and log in using the Patient Portal information you currently use to access the website. If you have forgotten your user name or need to reset your password you can reach CareATC at 800.993.8244 or visit patients.careatc.com.



City of Tampa Wellness Centers

Come to the Wellness Center for your Primary Healthcare needs, including:

- Allergies
- Asthma
- Cold & Sinus
- Flu
- Sore Throat
- Stomach Ache
- Headache
- Congestion

- High Cholesterol
- High Blood Pressure
- Diabetes
- Tobacco Cessation
- Physicals Sports and Annual
- PHA Personal Health Assessment
- And More...

Himes Wellness Center

4107 N. Himes Ave. Suite 101 Tampa, FL 33607 Monday - Friday 8:00am to 5:00 pm

Brandon Wellness Center

413 W. Robertson St. Suite A
Brandon, FL 33511
Monday - Friday 8:00am to 5:00 pm
Closed 12:00 pm to 1:00 pm for lunch



How to Schedule an Appointment:

To schedule your appointment call 800-993-8244 or visit CareATC's website (<u>www.careatc.com</u>). The first time that you log in to the system at the CareATC website, you will be asked to enter the following:

- 1. Enter user name provided by CareATC. Contact CareATC if you do not have a user name.
- 2. Use Access Code printed inside your PHA Booklet. Please contact CareATC if you do not have an Access Code.
- 3. You will then be prompted to complete the registration process and will assign your own unique password.

You can then follow the prompts to schedule an appointment.

Please note: You can also schedule an appointment through the CareATC mobile app. You will use the same logon ID and password that you use for the patient portal.



Eurolling in Your Benefits

What Steps Do I Take to Log On to Oracle EBS Self Service to Select My Benefits?

Step 1 - Click the Oracle icon on your computer desktop.



Step 2 - Enter your User Name. Type a period between your first and last name. Example: james.smith.

Step 3 - Enter your password. Click the button. If you have forgotten your password then click the "forgot password click here to reset" button. If this is your first time logging on to Oracle then contact the T&I help desk at 813-274-8067.

Step 4 - From the Oracle Applications Home Page, click the CTPA Employee Self Service link under the Main Menu.



Step 5 - Click Benefits Enrollment to update your benefits.

Step 6 - Select your Benefit for 2017.

Step 7 - Click the Finish button to update your benefits.



If you need additional assistance with on-line enrollment visit the City's Intranet and click the Open Enrollment for 2017 icon along with the benefits tree logo on the main page. Once you click there you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted. The on-line Oracle instructions can be found there as well.

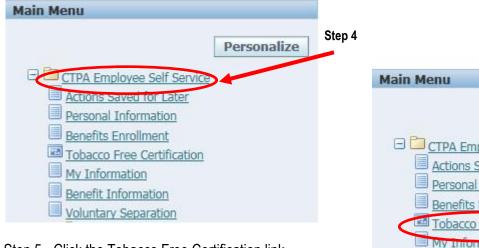
Tobacco Free Certification

What Steps Do I Take to Log On to Oracle EBS Self Service to Select My Benefits?

Step 1 - Click the Oracle icon on your computer desktop.



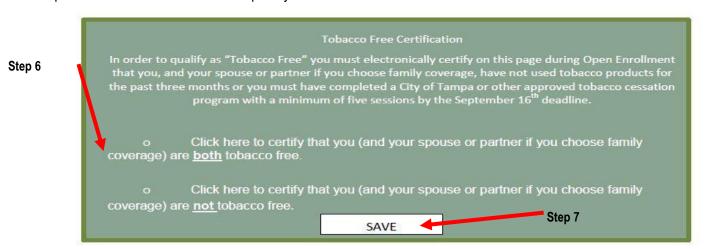
- Step 2 Enter your User Name. Type a period between your first and last name. Example: james.smith.
- Step 3 Enter your password. Click the button. If you have forgotten your password then click the "forgot password click here to reset" button. If this is your first time logging on to Oracle then contact the T&I help desk at 813-274-8067.
- Step 4 From the Oracle Applications Home Page, click the CTPA Employee Self Service link under the Main Menu.



Step 5 - Click the Tobacco Free Certification link.



- Step 6 Click the Tobacco Free Certification Option which applies to you (and your spouse or partner if you choose family coverage)
- Step 7 Click the Save button to complete your Tobacco Free Certification.





Prescription Drug Plan

City of Tampa Prescription Drug Plan

Generic Equivalents and Alternatives

There are **two types of generic drugs**: Equivalents and Alternatives. Here's the difference.

OPTUMRX"

Generic Equivalents

The easiest way to lower your prescription drug costs is to use a generic equivalent instead of a brand name drug whenever one is available. Generic equivalents contain the same active ingredients as the brand name version. They are just as safe and effective as their brand name counterparts. And they usually cost less, in fact, a lot less. So they can help drive health care costs down.

Generic Alternatives

Not every drug approved by the FDA has a generic equivalent available on the market. It sometimes takes up to 17 years before the ingredient or combination of ingredients in a brand name drug become available as a generic drug. Still, most classes have a large number of generic alternatives, which are generic drugs that are approved by the FDA for the exact same use, or for similar use. They aren't considered equivalents because they don't use the same active ingredient, but they treat the same condition, so they give you and your doctor an alternative. For example, there are over three dozen anti-arthritis drugs, over four dozen generic antibiotics, and hundreds of generic drugs to treat various cardiovascular diseases.

Save Money and Ask for Generics

If your physician chooses a brand name drug to treat your condition, ask if a generic is available in the same class of drugs. As long as your physician approves, you will be getting an effective drug that is proven to address your condition, and you will be saving money. Because generic drugs are significantly less expensive and chemically equivalent to their brand name counterparts, it makes sense to save money by asking your doctor to prescribe generic medications. The City of Tampa's prescription drug plan (both retail and mail order) includes a generic program. Under this program, if you request a brand name drug when a generic equivalent is available, you will be responsible to pay the applicable generic co-payment, plus the cost difference between the brand name and generic drug.

How to Obtain Prescription Medications

1 - The UnitedHealthcare Prescription Mail Order Program

As a reward for those who utilize their maintenance medications, the City's prescription drug plan offers two copayments for a 90-day supply of certain maintenance medications. Under this program you get a three-month supply for the cost of two months.

2 - Retail

Certain maintenance prescriptions do not meet the guidelines of mail order services for various reasons. Members continue to have the option of having short-term and maintenance medication prescriptions filled at retail pharmacies.

3 - Wellness Centers

Many generic and maintenance prescriptions will be dispensed at no cost at the Wellness Centers.

Choosing the Right Health Care Setting

After Hours when the Wellness Centers May Not Be Available - Helping you Choose the right Health Care Facility

Choosing the right kind of care for a medical situation can be challenging and confusing; understanding the different levels of care and when to use each one can help save time, money and create peace of mind.



Emergency Rooms (ER)

Going to an ER is appropriate in cases of severe or lifethreatening illnesses or injuries. In the ER, patients with serious conditions are treated before those with less threatening problems. As a result, people can wait for hours before being seen by an ER physician.

Go to the **Emergency Room** for situations such as:

- Severe bleeding or large, gaping wounds
- Sudden weakness or difficulty talking
- Chest pain or upper abdominal pain and pressure
- Sudden change in vision
- Major burns
- Spinal injuries
- Severe head trauma or injury
- Difficulty breathing

Urgent Care Centers

Urgent Care centers are often open after hours and on weekends and don't require an appointment. Urgent Care centers provide treatment for injuries and illnesses that require immediate attention but are not life-threatening.

Retail Clinics (example CVS, Walgreens)

Retail Clinics provide treatment for minor cuts and scrapes including adult vaccinations. The staff at the retail clinic can prescribe medications and send it right to the pharmacy of your choice.

Aside from reduced time in the waiting room, using Urgent Care and Retail Clinic facilities saves you money with a lower copay than the Emergency Room. As always, you will receive the maximum level of benefit when you use an in-network UnitedHealthcare provider.

You can locate participating ERs, Urgent Care centers and Retail Clinics in your area by logging onto www.uhc.com.

Conditions typically treated at **Urgent Care centers** include:

- Sprains and strains
- Minor broken bones
- Mild asthma attacks
- Upper respiratory infections
- Rashes
- Minor cuts or wounds that may require stitches

Conditions typically treated at **Retail Clinics** include:

- Fever (for less than 72 hours)
- Swimmer's ear
- Pink eye and styes
- Ear infections
- Common colds/flu

Nothing is as in-depth and complete as an exam by your doctor. He or she knows your medical history and can provide the most comprehensive care. Be sure to schedule recommended preventive care. Developing a good relationship with your doctor can help you stay healthy in the future.



Medical Benefits

Plan characteristics for 2017 include:

- One Plan Option: In order to remain compliant with the Equal Employment Opportunity Commission (EEOC) regulation released in May 2016, effective January 1, 2017 the City will no longer offer four plan options. The EEOC published guidelines applicable to employer-sponsored wellness programs one under the Americans with Disabilities Act (ADA) and the other under the Genetic Information Non-discrimination Act (GINA). The guidelines state that employers cannot limit participation to certain plan options based on wellness program engagement. For this reason all employees are eligible to enroll in the Simple Wellness PPO Plan.
- **Deductibles:** The deductible is a fixed amount of money that you are responsible to pay before the plan starts paying benefits. Because the City's plan is designed with a Dollar First Benefit Allowance, you do not pay a deductible unless/until your Dollar First Benefit Allowance is used up.
- **Dollar First Benefit Allowance:** An allowance of money paid by the City that is available to pay for medically necessary services received from network providers. The Dollar First Benefit Allowance helps you and your dependents pay for eligible services like physician visits, hospital services, laboratory tests, and x-rays. This means that the allowance is applied before you begin paying deductibles. The Dollar First Benefit Allowance does not apply to co-payments for doctor visits or prescription drugs. **NOTE: Visits to the City's Wellness Centers for laboratory services, medical care, or for generic prescriptions or supplies dispensed at the centers are zero co-payment and DO NOT draw from your Dollar First Benefit Allowance.**
- Out-of-Pocket Maximum: The annual maximum amount that a member will have to pay for covered medical services.
- An 8 hour fasting blood draw which results in a Personal Health Assessment (PHA) is the Wellness Incentive Step that is required in order to be eligible for a \$500 Dollar First Benefit Allowance.
- Tobacco Free Certification (TFC) is the Wellness Incentive Step that is required in order to be eligible for an additional \$500 of Dollar First Benefit Allowance. You must electronically certify on-line through Oracle that you (and your spouse/domestic partner if you choose family coverage) have been tobacco free for three months prior to open enrollment OR that you (or your spouse/domestic partner if you choose family coverage) completed a City of Tampa approved tobacco cessation program by the September 16, 2016 deadline.

UnitedHealthcare[®]

More about your Dollar First Benefit Allowance (DFBA)

The Simple Wellness PPO Plan offers a Dollar First Benefit Allowance. You can increase the amount of your allowance by completing the following Wellness Incentive Steps:

Complete your PHA - DFBA = \$500

Complete your Tobacco Free Certification - DFBA = \$500

Complete your PHA and Tobacco Free Certification - DFBA = \$1,000

The maximum DFBA is \$1,000 per calendar year per member.

Medical Benefits

City of Tampa 2017 Group Health Plan	Simple Wellness PPO Plan	
	In-Network	Out-of-Network
COST SHARING PROVISIONS		
Calendar Year Deductible - Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
"Dollar First" Benefit Allowance	\$500 for PHA/\$500 for Tobacco Free Certification	N/A
Out-of-Pocket Maximum - Individual/Family	\$3,000/\$6,000	\$7,000/\$14,000
CO-PAYMENTS/COINSURANCE		
City of Tampa Wellness Centers	\$0	N/A
Primary Care Physician (PCP)	\$30	30%*
Specialist	\$30 for Tier 1**/\$45 all others	30%*
OB/GYN	\$30 for Tier 1**/\$40 for all others	30%*
Annual Physical	\$0	30%*
Well Childcare PCP (Child Physical)	\$0	30%*
Colonoscopy	\$0	30%*
Mammogram	\$0	30%*
Immunizations (up to age 18)	\$0	30%*
Hospital Services - Inpatient (Including Mental Health)	\$300 per day (4 day max)*	30%*
Emergency Room	\$300*	\$300*
Outpatient Surgery - Hospital	\$150*	30%*
Outpatient Surgery - Free Standing Facility	\$75	30%*
Hospital Services - Outpatient (MRI, MRA, CT and PET)	\$100*	30%*
Prescription Drugs		
Retail (Tier1/Tier2/Tier3/Tier4)	\$30/\$60/\$90/25%	See Benefit Summary
Mail Order (Tier1/Tier2/Tier3/Tier4)	2x's co-pay	See Benefit Summary
Vision Coverage	\$0 - one exam per year	30%*
Urgent Care Center	\$45	30%*

Simple Wellness PPO Plan Bi-weekly Contributions		
Single	\$0	
Family	\$172.62	

Health Insurance premium rates are based on 26 bi-weekly payroll deductions and due to rounding, may vary slightly.

^{*}After Deductible

^{**} Premium Tier 1 UnitedHealthcare Designated Providers

Health & Wellness Program

The City of Tampa is committed to the health and well-being of our employees, dependents and non-Medicare retirees. Our wellness initiative is branded as "**Tampa City Pulse... where every heartbeat counts.**" Take a moment each week and visit the Tampa City Pulse page to stay updated on wellness initiatives and employee benefits. (www.tampagov.net/tampacitypulse)

Our Workplace Wellness initiatives provide training and programs designed to promote healthy lifestyle choices, such as Weighing on Wellness Nutrition and the Be Fit Forever - Movement Program; Diabetes and Pre-Diabetes Training; Back Injury Prevention; Tobacco Cessation support group sessions; and Educational Wellness Seminars on Heart Health, Men & Women's Health, Managing Finances and much more.

After attending the Weighing on Wellness Nutrition sessions, employees are encouraged to take their nutrition to the next level by enrolling in the W.I.N. Program. Implemented in 2015, the Win for Life initiatives allows employees to meet one-on-one with a Dietitian to discover healthier eating options and receive individual meal plans based on personal needs.

We have added to the list of wellness initiatives in 2016 by implementing **Project GEM Stone**. This **G**uide for **E**xpectant **M**others was developed to offer guidance and support, training opportunities, resources and education for expectant mothers and to provide a comfortable, quiet space for return to work nursing moms.

Coming in 2017, once again, we will offer several citywide wellness activities such as our annual **Wellness Fair** – where employees can receive valuable information from benefit providers and various health vendors; and the **Wild on Walking Challenge** - encourages employees to stay active and move more every day.

In recognition of our wellness efforts, we are extremely honored and excited to announce that the City of Tampa has been recognized by the American Heart Association with the Platinum Level Fit-Friendly Worksite Award. This prestigious award recognizes employers who champion the health of their employees and work to create a culture of physical activity in the workplace. Keep up the great work!



This workplace has been recognized by the American Heart Association

For additional information on the various wellness initiatives the City offers, please contact:

Karla Kipi. Wellness Specialist

E-mail: karla.kipi@tampagov.net or Phone: (813) 274-5706



Most wellness initiatives are available to active employees, non-Medicare retirees and their eligible dependents.

On-Site Nurse Liaison

As part of the City of Tampa's continued dedication to health; an on-site Nurse Liaison is provided to employees, non-Medicare retirees and eligible dependents covered under the City's group health plan. The on-site Nurse Liaison is available to meet with you to discuss any issues or concerns regarding your health.

The on-site Nurse Liaison can assist you in managing chronic illnesses; facilitate referrals to clinical programs, and help you in choosing appropriate medical care and understand the treatment options available to you.

What other services does my Nurse Liaison offer?

Your Nurse Liaison will:

- Teach you how to navigate UnitedHealthcare wellness tools and resources
- Motivate and inspire you to adopt a healthier lifestyle
- Assist you in managing chronic illnesses
- ▼ Identify and recommend medical condition-specific programs
- Provide coaching and support to achieve health care goals
- Assistance with finding a physician
- Assist with medication management

All information shared with the nurse is strictly confidential and will not be shared with the City of Tampa. All of your personal health information will be protected in accordance with HIPAA.

Please Note: The on-site nurse liaison is not intended to replace your primary care physician.

About Michelle Kelly RN, BSN

Michelle graduated from Salem State College with a Bachelor of Science Degree in Nursing. She has over 15 years of nursing experience in a variety of acute and non-acute healthcare settings, with clinical experience focused on education and condition management.



How can I reach my On-Site Nurse Liaison?

Office: 952-202-9772

E-mail: michelle_n_kelly@uhc.com



Dental Benefits



If you would like to know more about your dental plan benefits, contact HumanaDental at 800-233-4013. You can also access your benefits on-line at www.humana.com/dental

Humana.

DHMO Bi-weekly Contribution		
Single	\$6.10	
Individual + 1	\$12.08	
Family	\$21.48	
PPO Bi-weekly Contribution		
Single	\$15.59	
Individual + 1	\$29.62	
Family	\$48.84	

^{*}Dental insurance premium rates are based on 26 bi-weekly payroll deductions and due to rounding, may vary slightly.

Your Dental Options

You have two dental plan options available to you; a DHMO and a PPO. For more information on Dental Plans visit the City's Intranet and click the Open Enrollment Information for 2017 icon along with the benefits tree logo on the main page. Once you click there you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted.

DHMO

When you select the DHMO (HS195), you will need to select a contracted dentist for each family member. When seeking dental care, you must go to your DHMO-selected dentist in order to receive plan benefits. Plan benefits are not available when you seek care from a non-contracted dentist.

Your selected dentist will take care of your general needs such as routine check-ups, cleanings, and fillings. Office and service co-payments will apply. Check your plan document for limitations and exclusions.

PPO

This plan provides you with total freedom of choice by allowing you to use any licensed dentist for treatment. The plan reimburses a percentage of eligible expenses based on in-network and out-of-network charges. The PPO includes orthodontic services for children through age 18, with a separate lifetime maximum benefit of \$2,000. The Humana PPO plan has an unlimited annual maximum for all other services.

Things to think about when deciding on your dental coverage:

- Do you have a regular dentist that you want to continue visiting?
 Is he or she a member of the Humana DHMO network?
- If you choose the Humana HS195 plan you must select a dentist from the Humana DHMO directory.
- Review the benefits summaries and make note of the differences between the PPO and the DHMO plans with regard to deductible, calendar year maximums, reimbursement percentages and co-payments.
- Members going out-of-network on the PPO plan in 2017 will be responsible for the difference between the maximum allowable charge paid by Humana and the fee that is charged by the dental provider.

Dental Benefits

Humana			
Plan	DHMO HS 195	Hum	ana PPO
Network Access	In-Network	In-Network	Out-of-Network
Calendar Year Maximum	\$0	Ur	nlimited NEW
	Your Responsibility	Your Re	sponsibility*
Calendar Year Deductible (CYD)			
Individual / Family	\$0	\$50) / \$150
Dental Description	In-Network	In-Network	Out-of-Network**
Preventive-Class I			
Routine Office Visits	\$0	\$0	20%
Teeth Cleaning	\$0	\$0	20%
Full Mouth/Panoramic X-rays	\$0	\$0	20%
Basic-Class II			
Fillings	See Schedule of Benefits	20% after CYD	40% after CYD
Simple Extractions	\$5 co-pay	20% after CYD	40% after CYD
Endodontics	See Schedule of Benefits	20% after CYD	40% after CYD
Major-Class III			
Periodontal scaling	\$50 co-pay per quadrant	50% after CYD	50% after CYD
Dentures***	See Schedule of Benefits	50% after CYD	50% after CYD
Crowns***	See Schedule of Benefits	50% after CYD	50% after CYD
Orthodontia	Children & Adults	Child	Iren to 19
Benefit	See Schedule of Benefits	50% up to \$2	2,000 per lifetime

^{*} Coinsurance above reflects the members responsibility for dental services

^{**} Members are responsible for the difference between the maximum allowable charge paid by Humana and the fee that is charged by the dental provider, this could result in higher out-of-pocket costs

^{***} Replacement of crowns, bridges and dentures will be allowed once every 5 years under the PPO plan



Your vision is important to your health. Whether your vision is 20/20 or less than perfect, everyone needs to take good care of their eyes.

The Advantica vision plan is being offered as a part of the City of Tampa's commitment to your well-being.

The Advantica program provides affordable, quality vision care, nationwide. Through the Advantica provider network, you can obtain a comprehensive vision examination, as well as eyeglasses (lenses and frames) or contact lenses in lieu of eyeglasses.

Carefully review the vision care program summary provided and take advantage of this very important benefit.

As an Advantica member you are also eligible for a discounted rate on laser vision correction. Advantica has partnered with QualSight to provide its members with access to discounts. Prices can range from 40%-50% below the national average price for LASIK. Qualsight has over 800 locations and features a network of ophthalmologists specializing in laser vision correction. For more information on the Vision Plan visit the City's Intranet and click the Open Enrollment Information for 2017 icon along with the benefits tree logo on the main page. Once you click there you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted. Remember to use your City employee ID number and not your Social Security number when submitting vision claims.

Select Plus 125 Bi-weekly Contribution		
Single	\$3.11	
Individual + 1	\$6.23	
Family	\$10.41	

*Vision insurance rates are based on 26 bi-weekly payroll deductions and due to rounding, may vary slightly





Website for Advantica to find participating vision providers: www.advanticabenefits.com

Network Access	In-Network	Out-of-Network	
Eye Exam	\$0 Co-pay per visit	Up to \$40 Reimbursement	
Frequency	12 M	onths	
Materials			
Lenses (Standard P	lastic)		
Single Vision	\$15 Co-pay	Up to \$20 Allowance	
Bifocals	\$15 Co-pay	Up to \$40 Allowance	
Trifocals	\$15 Co-pay	Up to \$60 Allowance	
Frequency	12 Months		
Frames			
Selected Frames	\$125 Allowance after \$15 Co-pay	Up to \$40 Reimbursement	
Frequency	12 Months		
Contacts			
Fitting, Follow Up & Lenses in lieu of glasses and frames (elective)	\$125 Allowance after \$15 Co-pay \$30 Allowance for Contact Lens exam	Up to \$60 Reimbursement (lenses only)	
Medically Necessary Contacts	\$250 Allowance After \$15 Co-pay	\$250 Allowance After \$15 Co-pay	
Frequency	12 Months		

Discount Vision Plan

For those who elect not to enroll in the Advantica Vision Plan for 2017, the UnitedHealthcare group health plan continues to offer a basic vision discount program at no additional cost.

With www.uhcvision.com, you and your family members can get an eye exam. In addition, you save when you purchase eyewear through the UnitedHealth Allies network of vision providers. Take advantage of discounts on frames, and lenses, including access to discounts for laser vision correction surgery. Review your health plan benefit information for details. For more information on the Vision Plan visit the City's Intranet and click the Open Enrollment Information for 2017 icon along with the benefits tree logo on the main page. Once you click there you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted.

Routine Exam: One routine Eye exam per year is covered at 100%. No co-payment applies.

Frames: Up to a 50% discount off retail price.

Laser Vision Correction: While laser vision correction is not a covered benefit, UnitedHealthcare has partnered with the Laser Vision Network of America to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 888-563-4497 or visit their website at www.uhclasik.com.







Flexible Spending Account

Your Flexible Spending Account (FSA)

There are two types of Flexible Spending Accounts: **Health Care and Dependent Care**. For more information on FSAs visit the City's Intranet and click the Open Enrollment Information for 2017 icon along with the benefits tree logo on the main page. Once you click there you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted.

Flexible Spending Accounts (FSA) help you save money by providing a way to pay for certain types of health care and dependent care on a pre-tax basis. The age limit for FSA Dependent Care is 13 years or younger.

How a FSA works

During Open Enrollment, you decide how much money you want to contribute for the year (up to \$2,500 for health care FSA (per family) and up to \$5,000 (per family) for dependent care FSA). You have only one opportunity a year to enroll, unless you experience a qualifying event. The amount you designate for the year is divided in equal installments each pay period and placed in an FSA account. UnitedHealthcare offers a debit card for those enrolled in the program. Once the member registers their card at www.myuhc.com the automatic rollover feature is turned on. If you are responsible for a portion of the cost, this feature allows eligible medical and prescription claims to automatically rollover to the member's FSA for payment. This will automatically reduce the available funds in your FSA. The member can log onto www.myuhc.com and select "Add/Change Automatic Payment Settings" to turn this option off.

A way to save taxes

Enrolling in a FSA can save you money by reducing your taxable income. Your total savings will depend upon your family income, tax status and expected amount of health and dependent care costs.

The contributions you make to a Flexible Spending Account are deducted from your wages before your Federal or Social Security taxes are calculated and are not reported to the IRS.

Estimate expenses carefully

To receive the greatest savings, you must carefully estimate the amount of eligible out-of-pocket expenses you will have for the year. Once you have estimated the total annual amount, divide it by number of pay periods in the year (26).

That amount is what you may want to have deducted from your gross pay (before taxes) each pay period to be used to fund your Flexible Spending Account.

If you terminate employment before the end of the plan year and have an account balance, you may be eligible to elect COBRA for this benefit. If you do not elect COBRA, any unclaimed contributions will be forfeited. You have 60 days from date of termination to file claims for expenses incurred prior to termination. Only active employees have until March 15th of the following year to incur expenses and to submit claims. COBRA participants or separated employees are not eligible for the grace period.

Do not over estimate

Be conservative in your calculations. If you do not incur eligible expenses for the full amount you elected to put in your FSA, the remaining balance in your account will be forfeited according to IRS regulations. Use it or lose it!

Changing your enrollment

You should also remember that once you have made an election for the plan year, you cannot change it until the next annual Open Enrollment period unless you experience a qualifying life event. If you do have a qualifying life event and you want to change your FSA, it is your responsibility to do so by contacting Human Resources and submitting all required documents within 30 days of the event.

Eligibility

All full-time active employees are eligible to enroll in an FSA at Open Enrollment only. You are not required to be enrolled in the group health plan to be eligible for a FSA.



Life and Accidental Death & Dismemberment

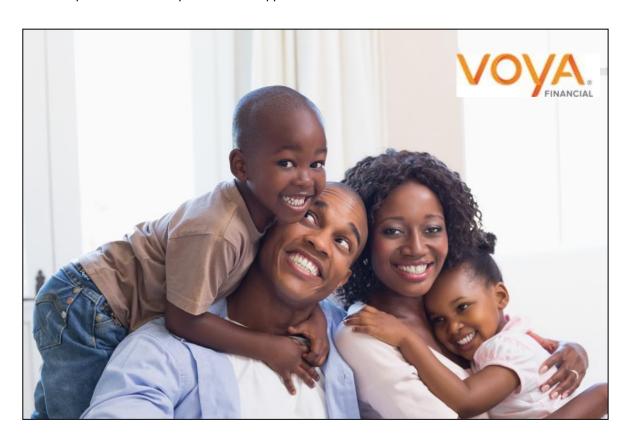
Basic and Supplemental Term Life is underwritten by ReliaStar Life Insurance, a member of the Voya™ Family of Companies

Basic Term Life Insurance

The City provides Group Term Life and Accidental Death & Dismemberment (AD&D) to all active full-time employees. The amount of insurance is specified in the applicable union contract or the Personnel Manual for non-union employees. Special benefits for law enforcement officers and firefighters are also included. For more information on Life and Accidental Death & Dismemberment Insurance, visit the City's Intranet and click the Open Enrollment Information for 2017 icon along with the benefits tree logo on the main page. Once you click there you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted.

Supplemental Term Life Insurance

If you and/or your spouse satisfy the medical underwriting requirements, you may buy up to an additional \$500,000 of supplemental, portable term life insurance coverage through ReliaStar Life Insurance Company. If you or your spouse are covered, you may also cover your children for \$5,000 or \$10,000 from age six months to 19 years of age, or 25 if the child is a full-time student. It is the employee's responsibility to contact the insurer at the time that your child(ren) no longer meet the definition of a dependent. Until the insurer is notified, premiums will continue to be taken from your paycheck; however, the plan would offer no benefits in case of death. You will receive only a refund of premiums paid. The cost of this supplemental insurance is dependent on the amount selected and the age of the covered person. It is automatically adjusted on March 1st of each year to reflect the age increase. If you are interested in increasing your supplemental or dependent life insurance coverage, please contact your department's Personnel Assistant. To increase coverage limits during Open Enrollment, you are requested to complete the medical portion of the application.





Employee Family Protection (EFP) is a national company focused on education, communication, and enrollment of employee benefit offerings. With 35 years of experience, EFP provides one-on-one counseling by experienced Benefit Counselors. For more information on EFP and elective benefits, visit the City's Intranet and click the Open Enrollment Information for 2017 icon along with the benefits tree logo on the main page. Once you click there you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted.

Elective Benefits provided through EFP are Short Term Disability, Universal Life Insurance, Accident Insurance, Critical Illness with Cancer Insurance and Legal Services. To enroll in an elective benefit you may call Employee Family Protection (EFP) at (844) 231-1623. EFP Benefit Counselors will be available at various City locations so that employees have the opportunity to meet with a Benefit Counselor. You can visit the City's Intranet Training link for a list of locations to meet a Benefit Counselor.

To sign up with an EFP Benefit Counselor, call EFP at 844-231-1623 or go to www.efpnow.com/cotappointments.

Elective Benefits are paid for by the employee through payroll deduction while employed by the City of Tampa. Some Elective Benefits are available on a direct bill basis. Please meet with a Benefit Counselor from Employee Family Protection (EFP) between October 17 through November 14, 2016 to learn more, and to enroll in these elective benefits.

Short Term Disability - Enroll through EFP

Short Term Disability Insurance is designed to help employees protect their paycheck if they find themselves out of work due to a covered, non-occupational injury or illness. Benefits are paid for covered conditions regardless of your other insurance. This includes maternity when it begins 10 months after the policy effective date. For more information on Short Term Disability, visit the City's Intranet and click the Open Enrollment Information for 2017 icon along with the benefits tree logo on the main page. Once you click there you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted.

Eligibility: Active, full-time employees between the ages of 17 and 67 regularly working a minimum of 40 hours per week. Elected Officials and part-time Assistant City Attorneys between the ages of 17 and 67 regularly working a minimum of 20 hours per week are eligible to participate.

Pre-existing Condition

If an insured becomes disabled because of a pre-existing condition, the disability is not covered if it begins during the first 12 months following the plan effective date.

Things to know for this Open Enrollment

- Short Term Disability is offered as guaranteed issue.
- Premium is level it will not increase as you age.
- Coverage is portable on a direct bill basis if you separate from service or retire.





Universal Life Insurance - Enroll through EFP

Employees may enroll in a Universal Life Insurance policy with Trustmark. This offering is a guaranteed issue Universal Life Insurance policy that offers the flexibility of whole life insurance, and offers a built in Long Term Care Accelerated Benefit when receiving assisted living, home healthcare, adult day care and skilled nursing home care. This offering replaces the Boston Mutual Life Insurance program. Anyone currently enrolled in the Boston Mutual Life Insurance program may remain enrolled and the City will continue payroll deductions.

For employees under the age of 64, Universal Life is Guaranteed Issue up to the lesser of \$18 per week or \$200,000. Benefits will not be paid for a loss due to a pre-existing condition that starts during the first six months after the effective date. The Long Term Care benefit will also not be paid if the condition is due to a pre-existing condition.

Accident Insurance - Enroll through EFP



Employees may enroll in a Accident Insurance policy with Trustmark. Accident insurance is designed to cover unexpected expenses that result from all kinds of accidents, even sports-related and household ones. It provides cash benefits to cover things your health insurance may not such as: deductibles, copayments, transportation and lodging, everyday bills and more.

Benefits come directly to you without restriction on how you use them. You can't predict when accidents will happen, but you can help protect your family from the expenses accidents bring with them. Coverage is available for you, your spouse/partner, children and dependent grandchildren. Benefits are guaranteed issue, if you cover a spouse/partner, they must answer a disability related question.

Critical Illness with Cancer Insurance - Enroll through EFP



Employees may enroll in a Critical Illness with Cancer Insurance policy with Trustmark. Critical Illness with Cancer insurance can provide immediate financial relief from the overwhelming expenses of a serious illness, such as a heart attack, stroke or cancer. It pays a lump-sum cash benefit when you are diagnosed with a covered illness helping to ease your financial worries. Covered conditions include heart attack, stroke, renal failure, organ transplant, invasive cancer and more. The Critical Illness with Cancer insurance benefit also has a built in Health Screening Benefit. The plan will pay the cost of one screening test per calendar year up to a \$100 maximum. Covered screenings include; mammogram, pap smear, PSA test, stress test colonoscopy and more.

Coverage is available for you, your spouse/partner, children and dependent grandchildren.

Pre-existing conditions are not covered under the plan.

Legal Plan - Enroll through EFP

This legal plan offers a large network of providers for many legal services. It also includes Identity Theft Restoration, Free Simple Tax Return preparation, a free simple will and other legal services. This legal plan provides legal services at discounted fees and reduced hourly rates for the whole family for one flat rate of \$6.46 per pay period.



Deferred Compensation

Deferred Compensation is a program that allows you to contribute part of your salary to a retirement account before taxes are taken out. For 2015 you were able to defer up to \$18,000 plus \$6,000 catch up subject to IRS revision (ages 50 and up) or 100% of your income, whichever is less. The minimum monthly contribution was \$20.00.

The 2017 maximum contribution amount will be announced by the IRS after the printing of this booklet. You may contact Human Resources if you are interested in increasing the amount that you contribute to your deferred compensation account once IRS increases the amount at the end of the year.

Employees have the option of enrolling in a pre-tax deferred compensation plan and/or a ROTH IRA. Employees can use Nationwide Retirement Solutions or Florida League of Cities as their Deferred Compensation administrator. Employees cannot have deductions go to both Nationwide and the Florida League of Cities plan during the same plan year. The City does not contribute to the funding of these plans and makes them available to employees as a service. As is the case with any investment, careful consideration regarding the costs and benefits of each plan should be evaluated by the employee prior to making a selection. Plan providers and their contact information are:

Nationwide Retirement Solutions 877-677-3678 or 813-973-8382 www.tampadeferredcomp.com The Florida Municipal Pension Trust Fund 800-342-8112 www.FLCretirement.com

To calculate your payroll deduction take your total annual contribution and divide it by 26 payroll periods. For more information on Deferred Compensation, visit the City's Intranet and click the Open Enrollment Information for 2017 icon along with the benefits tree logo on the main page. Once you click there you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted.

Long Term Disability



Long Term Disability

This coverage replaces part of your income if you meet the policy's definition of disabled and are unable to work. All full-time employees automatically receive the City-paid base plan that replaces 30% of income up to a maximum of \$10,000 per month. This coverage is effective on the first day of the month following 180 days of continuous employment. You may increase your coverage by one level during an enrollment period. For example, you may change from the 30% plan to the 50% plan, but not the 60% plan. However, you will be required to satisfy an additional pre-existing condition period associated with the increase in coverage. See your certificate booklet for details. For more information on Long Term Disability, visit the City's Intranet and click the Open Enrollment Information for 2017 icon along with the benefits tree logo on the main page. Once you click there you will be linked to the Human Resources Department home page where all of the Open Enrollment information is posted.

The cost of coverage depends on your age and salary, and it will be automatically reviewed and adjusted on January 1st of each year. Disability benefits will be coordinated with other sources of income such as Social Security, retirement and workers compensation incomes which ultimately reduce your disability benefit. For more information regarding CIGNA's long term disability benefit or to file a claim, call Risk Management at 813-274-5904.

Pre-existing Condition

Any condition, in which medical treatment was received within six months prior to your effective date of coverage or any change in existing coverage, will be excluded for the first 12 months of coverage.



Can I utilize the Wellness Center and still keep my personal physician?

Yes. Family members enrolled in the City's group health plan can access the Wellness Centers for primary care service and still have access to their personal primary care physicians. Some services may be limited, for example, pediatric services. The Wellness Centers offer no cost primary care services and there are two locations.

What is the Health Allies Discount Program that is offered by UnitedHealthcare?

This program gives members access to discounts of 10% to 50% for services that are not covered under your health plan. Examples include acupuncture, massage therapy, vitamins, dental services and more. Visit myuhc.com for more information.

Explain how the Health4Me mobile application works? How can it benefit UnitedHealthcare members?

UnitedHealthcare's Health4Me provides instant access to you and your family's critical health information—anytime/anywhere. Whether you want to find physicians near you, check the status of a claim or speak directly with a nurse, Health4Me is your go-to resource for everything related to your health.

Is a newborn child automatically added to the member's plan coverage?

No. The member must contact Human Resources-Employee Relations at 813-274-8041 to add a newborn child within **60** days of the birth.

Why do I need to fast for my PHA?

Fasting for a certain length of time before a blood test is one way to ensure that your test results are not contaminated by the food you have eaten. When you are having blood work for certain tests, you need to fast for 8 hours before the test. Fasting is when you consume no food or drinks (including gum or mints), with the exception of water, for a set period of time. It's important to drink plenty of water, not just because you're not eating, but because it's easier to draw blood from your veins when you're well hydrated. Completion of your fasting blood draw offers the opportunity to increase your Dollar First Benefit Allowance.

What is the difference between Wood & Associates EAP and the Care 24 EAP Program?

Wood and Associates, also known as PeopleFirst, is a voluntary program to assist with finding help for a wide variety of concerns. All initial contacts will be with a doctoral level EAP counselor. Assistance is available 24 hours a day, seven days a week including holidays. Employees that are enrolled in the City's group health plan are eligible for up to four (4) face-to-face visits and unlimited phone contact per problem or issue per year.

The Care24 EAP Program offered by UnitedHealthcare offers all employees enrolled in the City group health plan access to a wide range of health and well-being information seven days a week, 24 hours a day. Using one toll-free number, you can speak with registered nurses and master's level counselors who can help with almost any problem ranging from medical and family matters to legal, financial and emotional needs. Care24 Program offers family members enrolled in the health plan up to three (3) telephone visit sessions per employee/issue at no charge.

Does UnitedHealthcare Offer Other Wellness Services?

Yes. For more information regarding UnitedHealthcare Wellness Services and to help you meet your personal health goals, view a copy of UnitedHealthcare's Simple Guide. UnitedHealthcare's mission is to help people live healthier lives. To support this mission they offer a suite of health and wellness programs, services, tools and resources to help its members stay healthy or get healthy. Visit www.myuhc.com and click on the health and wellness tab for member tools and resources.



Frequently Asked Questions

What is a Dollar First Benefit Allowance (DFBA)?

DFBA is a specific amount of money that is set aside by the City of Tampa to pay for a member's eligible medical expenses before the member has to begin to pay a deductible. It is an annual amount that applies to medically necessary services received from in-network participating providers only. It does not apply to any member co-payments, prescription drugs, or covered preventative services. Often, health plans require the member to meet a deductible before the plan will pay any eligible medical expenses, however, DFBA pays out first. Only after the DFBA is exhausted does the member begin to pay their required deductible.

Who pays the Dollar First Benefit Allowance?

The City of Tampa pays the Dollar First Benefit Allowance, which is managed by UnitedHealthcare and is paid to the provider. The amount of the allowance is dependent upon which portion of the wellness program you complete:.

- Complete your PHA (Fasting Blood Draw) = \$500
- Certify that you and your spouse/partner are tobacco free = \$500
- Complete both the PHA and Tobacco Free Certification = \$1,000 (maximum \$1,000)

Does the Dollar First Benefit Allowance go towards the member's deductible?

No, they are calculated separately. The benefit allowance is paid by the City and the deductible is paid by the member.

When does the member pay the deductible?

The member pays the deductible when the Dollar First Benefit Allowance has been exhausted. For example, if the Dollar First Benefit Allowance is \$1,000, this \$1,000 would go towards the costs of medical services before the deductible of \$1,500 would be required to be paid by the member for major services.

Does the member need to pay the deductible before the plan pays any benefits?

No. The deductible is applicable for certain major services such as labs, x-rays, diagnostic testing, inpatient/outpatient hospital care, etc. For more information, review the Group Health Plan chart.

Does the member need to pay the deductible when going to their Primary Care Physician or Specialist?

No. An office visit/consultation requires a co-payment only. If the physician does lab, x-ray or diagnostic testing, that portion may require a deductible to be paid by the member after the Dollar First Benefit Allowance has been exhausted. **Please note:** services available and provided by the Wellness Centers do not utilize your Dollar First Benefit Allowance and there are no co-payments or deductibles since the services are offered at no cost.

What is a network of providers?

A network is a list of doctors, hospitals and other providers that have contracted, or agreed, with an insurance company to do business with the insurance company. The provider's fees have been pre-negotiated, which means the insurance company will not necessarily pay the doctor or hospital's actual bill amount, but will pay a lower pre-negotiated amount.

What is a 1095-C Form?

According to the Patient Protection and Affordable Care Act (PPACA), all self-funded large employers must provide proof of an offer of minimal essential health insurance coverage to all full-time employees. Therefore, in addition to a W-2 form, all full-time employees will receive a 1095-C IRS issued form that is completed by the City as proof of our offer of health insurance coverage and proof of whether you enrolled in that coverage. It is recommended that you keep this document for your records, as you may need it when you file your tax return. You may consult your tax advisor for additional clarity regarding this IRS required form.



Can I add dependents during the year?

Yes. But only if you experience a Qualifying Event such as a birth, marriage or loss of coverage. All new employees and employees experiencing a mid-year qualifying event status change will be required to provide documentation to support the relationship of dependents enrolled in the City's benefits plans.

Is an Out-of-State Dependent covered?

Yes. Members enrolled in the Simple Wellness PPO plan continue to have access to the UnitedHealthcare (UHC) National Choice Plus network of providers. This enhancement offers employees with dependents living out-of-state an opportunity for in-network benefits.

How will an Out-of-State Dependent be covered?

UHC has a large national network, so as long as there is a network in the area, member dependents living out-of-state will be covered in-network. Visit www.myuhc.com website to find physicians/providers by locations.

How does the Prescription benefit work?

Prescription benefits are provided through OptumRx. A 30 day supply of a covered medication can be purchased through retail pharmacies for a one month co-payment, and a 90 day supply can be purchased through mail order for two co-payments.

What is the maximum contribution amount for the Medical and Dependent Care Flexible Spending Account?

Full-time active employees are eligible to participate in both the Medical and the Dependent Care Flexible Spending Account (FSA). During open enrollment, you decide how much money you want to contribute (per pay period) up to \$2,500 annually (per family) for the Medical FSA and up to \$5,000 annually (per family) for the Dependent Care FSA. FSAs help save money by providing a way to pay for certain types of medical and dependent care expenses on a pre-tax basis. You are not required to be enrolled in the group health plan to participate in a flexible spending account. UnitedHealthcare offers a debit card for those enrolled in the program.

How does the member submit charges for reimbursement through their FSA?

UnitedHealthcare offers a debit card for those enrolled in the Flexible Spending Account (FSA). Once the member registers their debit card at www.myuhc.com, the automatic rollover feature is turned on. This feature allows eligible medical and prescription claims, when you are responsible for a portion of the costs, to automatically rollover to your FSA for payment. This will automatically reduce the available funds in your FSA. The member can log onto www.myuhc.com and select "Add/Change Automatic Payment Settings" to turn this option off. When the option is turned off, you will need to present your debit card to the provider to pay for any portion of the costs that you are responsible for paying. Some dental and vision services may require manual claim filing. FSA forms for filing claims can be accessed on www.myuhc.com.

What are elective benefits and how do they benefit our employees and their families?

Elective benefits are personal insurance products that are designed to supplement the benefit package provided by the City. In order to make benefits more flexible to suit different needs, you have the option of purchasing additional benefits through the convenience of payroll deduction.

Elective benefits are voluntary options, available to employees and eligible dependents. The cost is paid by the employee. Elective benefits can fill gaps in coverage based on your individual needs.

Important Phone Numbers

Human Resources Personnel Assistants		
Phone Number	Personnel Assistant	Departments
		Art Programs
		Cable
		City Clerk
		Contract Administration
		Convention Center
274-7727	Maggio Groop	Economic & Urban Development
214-1121	Maggie Green	Human Resources
		Intergovernmental Relations
		Internal Audit
		Office of Chief of Staff
		Purchasing
		Solid Waste
		LAM Logistics & Assets Dept. Fleet
		LAM Logistics & Assets Dept. Parking
274-3250	American Hand	LAM Logistics & Assets Dept. Facility
274-3250	Amy Harrison-Hood	Public Works & Utility Services
		Technology & Innovation
		TSS Transportation/Stormwater Svcs.
		Legal Department
274-7421	Caryn Simon	Planning & Development
		Wastewater Department
		City Council
		Office of the Mayor
		Public Affairs
274-8782	Della Coleman	Revenue & Finance/Budget
		Water Department Administration
		Water Dist. & Consumer Services
		Water Production
	1	32

Important Phone Numbers

274-3306	Lou Grant	Minority Business Development	
214 0000	Lou Orant	Parks & Recreation	
		Clean City Division	
274-7039	Beverly Johnson-Davis	Code Enforcement/Business Tax	
		Neighborhood Relations	
074 7000	21 14/11	E: 5	
274-7008	Sharon Walker	Fire Rescue	
	Police Department		
Personnel Contacts			
354-6691	Lt. Steve Lee	District I	
91-6597	Capt. Yvette Flynn	District II	
242-3897	Cant Calvin Jahnaan		
Z-12 0001	Capt. Calvin Johnson	District III	
231-6114	Thomas Wolff	District III Communications	
231-6114	Thomas Wolff	Communications	
231-6114 276-3355	Thomas Wolff Capt. Paul Lusczynski	Communications Criminal Investigations Division	



Important Phone Numbers

Other Important Phone Numbers	
HR - Employee Relations	813-274-8041
HR - Risk Management	813-274-5757
Advantica (Vision)	866-425-2323
Boston Mutual (Whole Life Insurance–Prior to 2016)	844-231-1623
CareATC Appointments (Wellness Centers)	800-993-8244
Cigna (Long Term Disability)	800-362-4462
Employee Family Protection (EFP)	844-231-1623
Florida League of Cities (Deferred Compensation)	800-342-8112
Florida Pre-Paid College Fund	800-552-4723
HumanaDental	800-233-4013
Legal Club of America (Legal Services)	800-305-6816
Nationwide (Deferred Compensation)	877-677-3678
On-site Nurse Liaison - Michelle Kelly, RN	952-202-9772
Trustmark (Short Term Disability)	844-231-1623
Trustmark (Universal Life)	844-231-1623
Trustmark (Accident)	844-231-1623
Trustmark (Critical Illness with Cancer)	844-231-1623
UnitedHealthcare	800-918-8667
UnitedHealthcare (Care24)	888-887-4114
UnitedHealthcare On-Site Representative	813-274-8279
Voya Financial (Life Insurance)	800-537-5024
Wood & Associates (EAP)	800-343-4670







Growing healthy every step of the way

The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carrier Plan Documents. This guide contains a general description of the benefits to which you and your eligible dependents may qualify for as a City of Tampa employee. This guide does not change or otherwise interpret the terms of the official Plan Documents. To the extent that any of the information contained in this guide is inconsistent with the official Plan Documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.

The City of Tampa reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.

This Benefits Guide is a Presentation Prepared by:



