CITY OF SUNNY ISLES BEACH

EMPLOYEE BENEFITS GUIDE

PLAN YEAR 2024-2025

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 46 for more details.

Brown & Brown

WELCOME TO YOUR 2024 BENEFITS

The City of Sunny Isles Beach offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

This enrollment booklet has been designed to provide you with the knowledge needed to make the best possible benefit decisions. If after reviewing the enclosed information you have any questions, please contact Human Resources.

BENEFIT PLANS

EFFECTIVE MARCH 1, 2024

Information provided in this booklet is intended to serve as a convenient reference guide. If any information contained in this booklet differs from any plan documentation, please refer to plan documentation.

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

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U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

THE CITY OF SUNNY ISLES BEACH

The City of Sunny Isles Beach is committed to providing a comprehensive employee benefit package to our staff to ensure that they have the tools to stay healthy, feel secure, and maintain a work/life balance.

STAY HEALTHY
- Medical
- Dental
- Vision

WORK/LIFE BALANCE
- Legal Services
- EAP Program
- Pet Insurance

FEELING SECURE
- Basic Life and AD&D
- Voluntary Life Insurance
- Long Term Disability
- Short Term Disability
- 5 Star Life Insurance
- Colonial Supplemental Insurance
- AFLAC Supplemental Insurance
- FRS Retirement

MOUNT SINAI MUNICIPAL PARTNERSHIP PROGRAM

As a The City of Sunny Isles Beach employee, you will be able to enjoy:

• Access to a private The City of Sunny Isles Beach employee hotline, which provides direct communication with an appointment navigator within Mount Sinai to assist you with appointments at all of the medical center's facilities, including the Mount Sinai Primary & Specialty Care Sunny Isles Beach office.

• A free subscription to Mount Sinai Medical Center's e-newsletter allowing you to customize the viewed content. Choose from topics such as general wellness, women's health, cardiology, urology, and much more!

• Complimentary utilization of the Pelican Community Park Fitness Center.

• Discounted registration rates for athletic, exercise, recreation, and wellness programs at the Community Center.

CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors.
For general information, contact Human Resources.

Human Resources Department | 18070 Collins Ave, 4th Floor | 305-792-1708

Yael Y. Londoño
MSHRM, PHR, SHRM-CP, IPMA-CP
HR & Risk Management Director
ylondono@sibfl.net

Makia Curry, MSHRM, SHRM-CP, IPMA-CP, PHRP
Asst HR & Risk Management Director
mcurry@sibfl.net

Emily Ponce
Human Resources Generalist
eponce@sibfl.net

LaSabrylia Ware
Human Resource Analyst
lware@sibfl.net

Health Insurance

HEALTH INSURANCE
United Healthcare
Member Services:
1-866-801-4409
5901 Lincoln Dr
Edina, MN 55436
myuhc.com
Group #s: 0934974

DENTAL INSURANCE
United Healthcare/Solstice
Member Services:
1-800-955-4137
5901 Lincoln Dr
Edina, MN 55436
myuhc.com
Group #s: 0934974
DHMO / DPPO Dental

VISION INSURANCE
EyeMed
4000 Luxottica Place
Mason, OH 45040
Member Services:
1-866-804-0982
eyemed.com
Group #s: 1016430
PPO Vision

Life & Disability Insurance

LIFE AND AD&D INSURANCE
Mutual of Omaha
P.O. Box 2476
Omaha, Nebraska 68103-2476
Member Services: 1-800-769-7159
Life Claims: 1-800-775-8805
mutualofomaha.com
Group Policy# G000BBK7

LONG-TERM AND SHORT-TERM DISABILITY INSURANCE
Mutual of Omaha
P.O. Box 2476
Omaha, Nebraska 68103-2476
Member Services: 1-800-769-7159
Disbability Claims: 1-800-877-5176
mutualofomaha.com
Group Policy# G000BBK7

Retirement

FLORIDA RETIREMENT SYSTEM PENSION PLAN
FRS Pension Plan Administrator
Division of Retirement
P.O. Box 9000
Tallahassee, FL 32315-9000
Member Services:
1-866-446-9377
myfrs.com

FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN
FRS Investment Plan Administrator
CitiStreet
P.O. Box 56290
Jacksonville, Fl. 32241-6290
Member Services:
1-866-377-2121
myfrs.com

MISSIONSQUARE RETIREMENT
P.O. Box 96220
Washington, DC 20090-6220
Member Services:
1-800-669-7400
missionsquare.org

Employer Plan #s:
401A: General Employees: 108244
401A: Sr. Management: 108245
457: 304596
Roth IRA: 706060

Employee Assistance Program

Mutual of Omaha Employee Assistance Program
1-800-316-2796
mutualofomaha.com/eap

Anytime, 24 hours a day, 365 days a year.

Workers Compensation

WORKERS COMP CLINIC
FAST CARE
20601 E. Dixie Highway, Ste 340
Aventura, FL 33180
Phone: 786-923-4000
myfastcare.com

WORKERS COMP HOSPITAL
MOUNT SINAI AVENTURA
2845 Aventura Boulevard,
Aventura, FL 33180
Phone: 305-692-1000
msmc.com

WORKERS COMP INSURANCE
PREFERRED GOVERNMENTAL CLAIMS SOLUTIONS (PGCS)
PO Box 958456
Lake Mary, FL 32795
Phone: 321-832-1400
Toll Free: 800-237-6617 Ext 4002
Fax: 321-832-1448

Financial Services Information

CREDIT UNION
DADE COUNTY FEDERAL
CREDIT UNION
1425 NE 163 Street
North Miami Beach, Fl. 33162
Phone: 786-245-3281
dcfcu.org

CREDIT UNION
SPACE COAST CREDIT UNION
1672 NE Miami Gardens Dr.
North Miami Beach, Fl. 33179
Phone: 305-882-5000
sccu.com

CREDIT UNION
WE FLORIDA FINANCIAL
680 NE 124th Street
North Miami, FL 33161
Phone: 800-230-0200
wefloridafinancial.com

Voluntary Benefits

VOLUNTARY SHORT-TERM DISABILITY AND VOLUNTARY LIFE AND AD&D
Mutual of Omaha
P.O. Box 2476
Omaha, Nebraska 68103-2476
Member Services:1-800-769-7159
Disability Claims: 1-800-877-5176
Life Claims: 1-800-775-8805
mutualofomaha.com
Group Policy# G000BBK7

SUPPLEMENTAL INSURANCE BENEFITS
American Family Life Assurance Company
1932 Wynnton Road
Columbus, GA 31999
Member Services:
800-992-3522
aflac.com

Tracy Reeves 954-270-7543

SUPPLEMENTAL INSURANCE BENEFITS
Colonial Life & Accident
P.O. Box 1365
Columbia, SC 29202-1365
Member Services:
1-800-325-4368
colonialife.com

Matthew Leggett
matthewl@colonialfl.com
954-914-7550

VOLUNTARY LIFE INSURANCE
5 Star Life Insurance Company
Administrative Office
909 N. Washington Street, Alexandria, VA 22314
5starlifeinsurance.com
Phone: 800-776-2322 | Fax: 703-224-0214

PET INSURANCE
Nationwide Mutual Insurance Company
Phone: 1-877-738-7874
petinsurance.com

LEGAL SERVICES
LEGAL CLUB OF AMERICA
7771 W. Oakland Park Blvd. #217
Sunrise, FL 33351
Member Services:
1-800-305-6816
legalclub.com

COBRA/RETIREE BILLING
PAYLOCITY
Phone: 800-631-3539 Opt. 1
Website:
Cobra.Paylocity.com
Email:
BATCobrasupport@paylocity.com

FLEXIBLE SPENDING ACCOUNTS
PAYLOCITY
Phone: 1-800-631-3539
Website:
bat.paylocity.com
Email:
batinfo@paylocity.com

Benefit Consultant – Brown & Brown Insurance

Brown & Brown of Florida, Inc.
1201 W. Cypress Creek Road
Suite 130
Fort Lauderdale, FL 33309

Tabatha Pineda | Account Executive
Phone: 954-331-1430 | tabatha.pineda@bbrown.com

Analisa VanDelinder | Senior Claims Analyst
Phone: 954-331-1361 | analisa.vandelinder@bbrown.com

Samantha Graveline, GBDS | Senior Vice President
Phone: 954-331-1476 | samantha.graveline@bbrown.com

ENROLLMENT

The City of Sunny Isles Beach is pleased to have the opportunity to offer you a wide variety of benefits to choose from to fit your personal and family needs.

Please take the time to review all sections of this enrollment booklet carefully. Should you have any questions after reviewing the enclosed information, please feel free to contact **Human Resources at 305-792-1708**.

HOW TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to your benefit elections until the next Open Enrollment period. Qualified changes in status, please see below.

CAFETERIA PLAN

The City of Sunny Isles Beach currently offers a Cafeteria Plan which provides a valuable tax benefit to both the City and its employees.

A cafeteria plan is a benefit plan authorized by Section 125 of the Internal Revenue Code, which allows employees to elect benefits on a pre-tax basis*. Changes to your elections may be made at the next Open Enrollment or if you experience a Qualifying Event. A Family Status Change allows employees to add, change or drop coverage during the plan year due to the following reasons listed below (this list is not all-inclusive):

- Marriage or Divorce
- Death of a spouse or dependent child of the participant
- Birth, Adoption or Foster Placement
- Switching from FT to PT, vice versa
- Medicare eligibility
- Loss of Qualified Coverage

Not all Family Status Change events will allow the same election change for each benefit offered. Employees will have 30 days from the change in family status to make changes to the current plans. Proof of the event is required in accordance to the IRS regulations.

** Domestic Partnership Statement: Please note payroll contributions for employees with domestic partnership coverage are not eligible to have payroll deductions taken on a pre-tax basis per IRS tax dependent guidelines. In order for the Domestic Partnership to reflect that it is qualified for coverage, the partnership must be registered within the County of Residence by filing a Declaration of Domestic Partnership and corresponding documentation.*

ELIGIBILITY

WHO'S ELIGIBLE

All full-time employees who work 30 hours or more in one work week – temporary & seasonal employees excluded.

COBRA eligible individuals are eligible to enroll in the medical, dental, and vision plans as applicable. If terminated during the Plan Year you will be eligible to continue that participation through COBRA continuation. COBRA eleigiblwe dependants are those to find by the IRS.

When you enroll, you can also cover your eligible dependents.

WHO CAN BE COVERED?

Eligible dependents include:

- Your spouse**
- Your domestic partner***
- Your Biological, Adopted, Foster and/or Step Child of either the Employee or the Employee's Spouse or Registered Domestic Partner.*

**You will be required to complete an Insurance Affidavit form to verify eligibility. You will be required to show birth certificates if children have different last names, legal documentation for either the adoption of a child or a court order.*
***You will be required to show proof of marriage if the last name of your spouse differs from yours.*
****You are required to complete an affidavit attesting that the domestic partnership has existed for a minimum period of 12 months. In addition, a Declaration of Domestic Partnership is required to be filed within the County in which you reside.*

WAITING PERIOD

Newly hired employees must satisfy a waiting period to becoming eligible for benefits. Your benefits will become effective the first of the month following date of hire. (i.e. if your hire date is February 5, 2024, your benefits effective date is March 1, 2024.)

ENROLLMENT DEADLINES

All Employees must complete their enrollment via the BSwift's online portal.

If for any reason, you cannot make the enrollment deadline, or if you have any questions, you may contact the Human Resource Department for further assistance.

REMEMBER

Once you complete your benefit elections, they will remain in effect for the rest of the plan year. An IRS defined Qualifing event must occur for mid year plan changes. If you have any questions or would like more information about making changes to your benefits, please contact Human Resources.

HEALTH INSURANCE COST

HEALTH INSURANCE

The City of Sunny Isles Beach has a three-tiered plan to help offset the cost of employee health insurance coverage. The three tiers are as follows:

1) OPT OUT - Employees opting out of The City of Sunny Isles Beach's health insurance plan receive a **$550.00** contribution, pro-rated semi-monthly. Only employees who provide proof they are enrolled in a creditable coverage insurance plan or Medicare may **"opt-out"** of The City of Sunny Isles Beach's health insurance plan. **The City of Sunny Isles Beach** reserves the right to verify coverage, request additional information, deny, or cancel this benefit at any time, as stipulated by the IRS for Opt-Out rules.

2) SINGLE COVERAGE - Employees electing single coverage, will receive a contribution of **$938.80** per month, pro-rated semi-monthly.

3) DEPENDENT COVERAGE - Employees choosing Employee & Child(ren) coverage, will receive a monthly contribution amount of **$1,404.65.** Employee & Spouse coverage, will receive **$1,502.48**, and Employee & Family coverage, will receive **$1,967.43** per month, pro-rated semi-monthly.

If the dollar amount of the coverage selected is less than the amount allowed, the employee receives the difference, pro-rated semi-monthly. Likewise, if the dollar amount of the insurance coverage selected exceeds the allowed amount, the employee pays the difference, pro-rated, semi-monthly. **The City of Sunny Isles Beach** will deduct all applicable taxes.

Currently The City of Sunny Isles Beach offers two health insurance plans through **United Healthcare** as follows:

1) HIGH OPTION - Open Access Plus plan with Out of Network Benefits.

2) LOW OPTION - Open Access Plus In Network Only. Slightly Higher Deductibles and Copayments.

EMPLOYEE INSURANCE COVERAGE RATES (BREAKDOWN PER PLAN)

March 1, 2024 – February 28, 2025

United Healthcare Low Medical - Open Access	Bi-Weekly Premium
Single	$(20.12)
Employee + Child(ren)	$147.88
Employee + Spouse	$185.22
Family	$353.29

United Healthcare High Medical - Open Access Plus	Bi-Weekly Premium
Single	$ 0.00
Employee + Child(ren)	$186.09
Employee + Spouse	$227.45
Family	$413.63

United Healthcare Dental - DHMO	Bi-Weekly Premium
Single	$0.00
Employee + Child(ren)	$4.24
Employee + Spouse	$2.73
Family	$6.36

United Healthcare Dental - PPO	Bi-Weekly Premium
Single	$17.52
Employee + Child(ren)	$54.75
Employee + Spouse	$39.56
Family	$77.91

EyeMed Vision - PPO	Bi-Weekly Premium
Single	$0.00
Employee + Child(ren)	$1.25
Employee + Spouse	$1.12
Family	$2.41

2024 RATES

United Healthcare High Plan w/standard (DHMO) dental plan

The City of Sunny Isles Beach contributes to each employee's health insurance premium. Employees may opt-out of health insurance by providing proof of alternate qualified coverage. The City of Sunny Isles Beach pays 100% of the cost for employee coverage for the dental DHMO plan and the vision plan and 50% of the cost for dependent coverage for the dental DHMO plan and the vision plan. Dental and vision insurance are mandatory for employees.

RATES				
RATES PER MONTH	**EMPLOYEE**	**EMPLOYEE + CHILD(REN)**	**EMPLOYEE + SPOUSE**	**FAMILY**
Health Insurance	$919.28	$1,746.34	$1,930.17	$2,757.61
Dental Insurance	$14.53	$31.49	$25.43	$39.97
Vision Insurance	$4.99	$9.97	$9.47	$14.65

	EMPLOYEE	**EMPLOYEE + CHILD(REN)**	**EMPLOYEE + SPOUSE**	**FAMILY**	**OPTED OUT**
"Monthly City Insurance Contribution to Employee"	$938.80	$1,404.65	$1,502.48	$1,967.43	$550.00
"Monthly Cost Health Insurance"	$919.28	$1,746.34	$1,930.17	$2,757.61	$0
"Monthly Cost Dental Insurance"	$14.53	$31.49	$25.43	$39.97	$0
"Monthly Cost Vision Insurance"	$4.99	$9.97	$9.47	$14.65	$0
Total Monthly Cost of Insurance	$938.80	$1,787.80	$1,965.07	$2,812.23	$0
"Monthly Subtotal (insurance Contribution less insurance cost)"	$0	$(383.15)	$(462.59)	$(844.80)	$550.00
FICA / Medicare Tax (7.65%)	$0	$0	$0	$0	$42.08
"Monthly Balance (Subtotal less FICA/ Medicare Tax)"	**$0**	**$383.15**	**$462.59**	**$844.80**	**$507.92**
Pay Period Balance (Cost or Allowance to Employee)	**$0**	**$191.58**	**$231.30**	**$422.40**	**$253.96**

*Note: Amounts in **BLUE** represent monies **PAID TO EMPLOYEE**;
Amounts in **RED** represent monies **PAID BY EMPLOYEE**.

**Pay period balance is based on 24 paychecks; therefore, employees will have two paychecks with NO insurance deductions.

2024 RATES

United Healthcare Low Plan w/standard (DHMO) dental plan

The City of Sunny Isles Beach contributes to each employee's health insurance premium. Employees may opt-out of health insurance by providing proof of alternate qualified coverage. The City of Sunny Isles Beach pays 100% of the cost for employee coverage for dental DMO plan and the vision plan and 50% of the cost for dependent coverage for dental DHMO plan and the vision plan. Dental and vision insurance are mandatory for employees.

RATES				
RATES PER MONTH	**EMPLOYEE**	**EMPLOYEE + CHILD(REN)**	**EMPLOYEE + SPOUSE**	**FAMILY**
Health Insurance	$879.05	$1,669.92	$1,845.70	$2,636.94
Dental Insurance	$14.53	$31.49	$25.43	$39.97
Vision Insurance	$4.99	$9.97	$9.47	$14.65

	EMPLOYEE	**EMPLOYEE + CHILD(REN)**	**EMPLOYEE + SPOUSE**	**FAMILY**	**OPTED OUT**
"Monthly City Insurance Contribution to Employee"	$938.80	$1,404.65	$1,502.48	$1,967.43	$550.00
"Monthly Cost Health Insurance"	$879.05	$1,669.92	$1,845.70	$2,636.94	$0
"Monthly Cost Dental Insurance"	$14.53	$31.49	$25.43	$39.97	$0
"Monthly Cost Vision Insurance"	$4.99	$9.97	$9.47	$14.65	$0
Total Monthly Cost of Insurance	$898.57	$1,711.38	$1,880.60	$2,691.56	$0
"Monthly Subtotal (insurance Contribution less insurance cost)"	$40.23	$(306.73)	$(378.12)	$(724.13)	$550.00
FICA / Medicare Tax (7.65%)	$3.08	$0	$0	$0	$42.08
"Monthly Balance (Subtotal less FICA/ Medicare Tax)"	**$37.15**	**$306.73**	**$378.12**	**$724.13**	**$507.92**
Pay Period Balance (Cost or Allowance to Employee)	**$18.58**	**$153.37**	**$189.06**	**$362.07**	**$253.96**

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2024 RATES

United Healthcare High Plan w/premium (PPO) dental plan

The City of Sunny Isles Beach contributes to each employee's health insurance premium. Employees may opt-out of health insurance by providing proof of alternate qualified coverage. The City of Sunny Isles Beach pays 100% of the cost for employee coverage for the dental DHMO plan and the vision plan and 50% of the cost for dependent coverage for the dental DHMO plan and the vision plan. Dental and vision insurance are mandatory for employees.

RATES				
RATES PER MONTH	**EMPLOYEE**	**EMPLOYEE + CHILD(REN)**	**EMPLOYEE + SPOUSE**	**FAMILY**
Health Insurance	$919.28	$1,746.34	$1,930.17	$2,757.61
Dental Insurance	$49.56	$132.51	$99.10	$183.06
Vision Insurance	$4.99	$9.97	$9.47	$14.65

	EMPLOYEE	**EMPLOYEE + CHILD(REN)**	**EMPLOYEE + SPOUSE**	**FAMILY**	**OPTED OUT**
"Monthly City Insurance Contribution to Employee"	$938.80	$1,404.65	$1,502.48	$1,967.43	$550.00
"Monthly Cost Health Insurance"	$919.28	$1,746.34	$1,930.17	$2,757.61	$0
"Monthly Cost Dental Insurance"	$49.56	$132.51	$99.10	$183.06	$0
"Monthly Cost Vision Insurance"	$4.99	$9.97	$9.47	$14.65	$0
Total Monthly Cost of Insurance	$973.83	$1,888.82	$2,038.74	$2,955.32	$0
"Monthly Subtotal (insurance Contribution less insurance cost)"	$(35.03)	$(484.17)	$(536.26)	$(987.89)	$550.00
FICA / Medicare Tax (7.65%)	$0	$0	$0	$0	$42.08
"Monthly Balance (Subtotal less FICA/ Medicare Tax)"	**$35.03**	**$484.17**	**$536.26**	**$987.89**	**$507.92**
Pay Period Balance (Cost or Allowance to Employee)	**$17.52**	**$242.09**	**$268.13**	**$493.95**	**$253.96**

*Note: Amounts in **BLUE** represent monies **PAID TO EMPLOYEE**;
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2024 RATES

United Healthcare Low Plan w/premium (PPO) dental plan

The City of Sunny Isles Beach contributes to each employee's health insurance premium. Employees may opt-out of health insurance by providing proof of alternate qualified coverage. The City of Sunny Isles Beach pays 100% of the cost for employee coverage for the dental DHMO plan and the vision plan and 50% of the cost for dependent coverage for the dental DHMO plan and the vision plan. Dental and vision insurance are mandatory for employees.

RATES				
RATES PER MONTH	**EMPLOYEE**	**EMPLOYEE + CHILD(REN)**	**EMPLOYEE + SPOUSE**	**FAMILY**
Health Insurance	$879.05	$1,669.92	$1,845.70	$2,636.94
Dental Insurance	$49.56	$132.51	$99.10	$183.06
Vision Insurance	$4.99	$9.97	$9.47	$14.65

	EMPLOYEE	**EMPLOYEE + CHILD(REN)**	**EMPLOYEE + SPOUSE**	**FAMILY**	**OPTED OUT**
"Monthly City Insurance Contribution to Employee"	$938.80	$1,404.65	$1,502.48	$1,967.43	$550.00
"Monthly Cost Health Insurance"	$879.05	$1,669.92	$1,845.70	$2,636.94	$0
"Monthly Cost Dental Insurance"	$49.56	$132.51	$99.10	$183.06	$0
"Monthly Cost Vision Insurance"	$4.99	$9.97	$9.47	$14.65	$0
Total Monthly Cost of Insurance	$933.60	$1,812.40	$1,954.27	$2,834.65	$0
"Monthly Subtotal (insurance Contribution less insurance cost)"	$5.20	$(407.75)	$(451.79)	$(867.22)	$550.00
FICA / Medicare Tax (7.65%)	$0.40	$0	$0	$0	$42.08
"Monthly Balance (Subtotal less FICA/ Medicare Tax)"	**$4.80**	**$407.75**	**$451.79**	**$867.22**	**$507.92**
Pay Period Balance (Cost or Allowance to Employee)	**$2.40**	**$203.88**	**$225.90**	**$433.61**	**$253.96**

*Note: Amounts in **BLUE** represent monies **PAID TO EMPLOYEE**;
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**Pay period balance is based on 24 paychecks; therefore, employees will have two paychecks with NO insurance deductions.

MEDICAL INSURANCE

The City of Sunny Isles Beach is pleased to announce that effective **March 1, 2024** our medical coverage will be with **United Healthcare**. Please see the plan overviews below and refer to the Summaries of Benefits included in your packets for more detailed information.

United Healthcare	UHC CHOICE BWRM-M / RX E27	UHC CHOICE PLUS BWOM-M / RX E27	
SERVICES	**IN-NETWORK ONLY**	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible (CYD) Individual / Family	$1,000 / $2,000	$250/ $500	$1,000 / $2,000
Coinsurance	100%	100%	60% / 40%
Provider Services	**Open Access**	**Open Access**	
Primary Care Office Visit	$15	$15	40% After CYD
Specialist Office Visit	$30	$30	40% After CYD
MDLive	$10	$10	40% After CYD
Adult Wellness (Includes Preventive Lab)	$0	$0	40% After CYD
Mental Health	$0	$0	40% After CYD
Substance Abuse	$0	$0	40% After CYD
Hospital Services Inpatient Hospital	0% After CYD	$250	40% After CYD
Inpatient Physician Services	0% After CYD	0% After CYD	40% After CYD
Outpatient Hospital	0% After CYD	0% After CYD	40% After CYD
Emergency Room	$500	$500	$500
Ambulatory Surgery Center	0% After CYD	0% After CYD	40% After CYD
ASC Physician Services	0% After CYD	0% After CYD	40% After CYD
Lab / X-Ray (Quest Diagnostics & LabCorp)	$0	$0	40% After CYD
Major Diagnostic (MRI,CAT, NM, PET)	$150	$150	40% After CYD
Urgent Care	$30	$30	40% After CYD
Annual Out-of-Pocket Maximum Includes Deductible Individual / Family	Yes $6,850 / $13,700	Yes $6,850 / $13,700	Yes $13,700 / $27,400
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Prescription Drugs Tier1 / Tier2 / Tier3	$7 / $25 / $40	$7 / $25 / $40	50%
Mail Order (90 Day Supply)	$18 / $63 / $100	$18 / $63 / $100	Not Covered

For more detailed information regarding the medical benefits, refer to the summary of benefits.

HOSPITAL INDEMNITY PROTECTION

The City of Sunny Isles Beach is pleased to announce that effective **March 1, 2024** you will have the opportunity to elect a Hospital Indemnity Protection insurance through **United Healthcare**. The Hospital indemnity coverage is designed to help with managing expenses related to a hospital stay. The premiums will be paid by the employee and deducted from the convenience of payroll deductions. Please see the plan overview below.

United Healthcare	UHC HOSPITAL INDEMNITY
PLAN BENEFITS	**ALL ACTIVE FULL-TIME EMPLOYEES**
Hospital Admission Payable once per Injury or sickness, on the day of admission. (1 Day per plan year)	$1,000
Hospital Confinement Payable once per day of confinement for an injury or sickness. Confinement begins on day 2. (up to 364 Days per plan year)	$150
ICU Confinement Payable once per day of confinement for an injury or sickness. Confinement begins on day 2. (up to 364 Days per plan year)	$150
ICU Admission Payable once per Injury or sickness, on the day of admission. (1 Day per plan year)	$1,000
Additional Benefits	
Wellness	$50
Plan Provisions	
Pre-existing Condition Exclusion	Waived
Waiver of Premium	Excluded
Portability	Included
Maternity	Included without a waiting period

For more detailed information regarding the the Hospital Indemnity benefits, refer to the summary of benefits.

UHC HOSPITAL RATES	EMPLOYEE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY
COST PER PAY PERIOD	$5.91	$10.70	$12.67	$18.59

$0 cost for certain medications*

We're making medications that may be essential to your health more affordable.

The new UnitedHealthcare Vital Medication Program offers certain drugs at **no additional cost.*** This means there may be no out-of-pocket costs for preferred insulins and certain other medications, including:

- ✔ **Insulin** – rapid, short and long-acting
- ✔ **Epinephrine** – allergic reactions
- ✔ **Glucagon** – hypoglycemia (low blood sugar)
- ✔ **Naloxone** – opioid overuse
- ✔ **Albuterol** – asthma

To see if you're eligible for no out-of-pocket costs on preferred insulins and other prescription drugs, sign in to myuhc.com/rx

United Healthcare

*Available to eligible members. Check your coverage details at **myuhc.com/rx.**

If you are not currently enrolled with UnitedHealthcare pharmacy benefit coverage, you may access your health plan's member website for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern. This document applies to commercial group members of UnitedHealthcare plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Health plan coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA. Optum Rx® is an affiliate of United HealthCare Insurance Company.

2024 Vital Medication Program

This is a list of drugs in the **Vital Medication Program**. If your plan elects to participate in the Vital Medication Program these drugs will be available to members at a $0 cost share without the member having to satisfy their deductible. Please note this list may not be all-inclusive, is subject to change throughout the year and some of the drugs may have quantity limits and other clinical requirements.

Therapeutic Drug Classes	Requirements & Limits
Asthma	
albuterol HFA (generic ProAir HFA, generic Proventil HFA)	SL
albuterol nebulized solution (generic Proventil)	SL
Diabetes - Insulin[1]	
Humalog cartridge, KwikPen	SL
Humalog Junior KwikPen	SL
Humalog mix 50/50 KwikPen, vials	SL
Humalog mix 75/25 KwikPen, vials	SL
Humulin 70/30 KwikPen, vials	SL
Humulin N KwikPen, vials	SL
Humulin R KwikPen, vials	SL
Insulin Lispro Junior KwikPen (unbranded **Humalog Junior KwikPen)**	SL
Insulin Lispro KwikPen, vials (unbranded **Humalog)**	SL
Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded **Humalog Mix 75/25 KwikPen)**	SL
Lantus SoloStar, vials	SL
Lyumjev KwikPen, vials	SL

Therapeutic Drug Classes	Requirements & Limits
Toujeo Max SoloStar	SL
Toujeo SoloStar	SL
Hypoglycemia	
Baqsimi	SL
glucagon (generic Glucagon Kit)	SL
Gvoke	SL
Zegalogue	SL
Opioid overuse	
Kloxxado nasal spray	SL
naloxone nasal spray (generic Narcan)[2]	SL
naloxone injection (generic Narcan)[1]	SL
Narcan nasal spray[2]	SL
Zimhi	SL
Allergic reactions	
Auvi-Q	SL
epinephrine (generic Adrenaclick, generic EpiPen)	SL
epinephrine (generic EpiPen Jr)	SL
Symjepi	SL

[1] Syringes and needles used for the administration of these Vital Medications may also be covered at $0.
[2] Includes over-the-counter when processed through the pharmacy benefit at a participating pharmacy.

Bold type = Brand-name drug
[Plain type = Generic drug]
SL = **Supply Limits**—Specifies the largest quantity of medication covered per copayment or in a defined period of time. Supply limits can be found at **https://www.uhcprovider.com/en/resource-library/drug-lists-pharmacy.html**.

United Healthcare

Get in on UHC Rewards

UnitedHealthcare Rewards is a program where employees and their spouses can earn dollars for reaching program goals and completing one-time activities. Participants can personalize their experience by what's right for them—and the same goes for ways to spend earnings.

What makes UHC Rewards different?

More than a fitness and wellness program, UHC Rewards goes a step further by combining the best practices from existing incentive programs. UHC Rewards offers:

- **A streamlined digital experience –** Employees may immediately start earning rewards by activating UHC Rewards from the UnitedHealthcare® app and their **myuhc.com®** account
- **Many ways to earn –** Employees can earn rewards by tracking daily steps, active minutes and sleep, as well as by completing one-time reward activities
- **Two incentive offerings –** $300 annual incentive is embedded in most medical plans; $1,000 annual incentive is available as a buy-up to offer to your employees and their spouses

Earning rewards

With daily participation, there's a potential to earn up to $300 or $1,000* with UHC Rewards.

Redeeming rewards

Earnings can be deposited directly into an Optum health savings account (HSA) or redeemed as an electronic Visa® gift card.**

There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. The activities you go for are up to you—same goes for ways to spend your earnings. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you—and look for new ways of earning rewards to be added throughout the year.

Earn up to

$1,000

United Healthcare

continued

EMERGENCY ROOM | URGENT CARE

If you're faced with a sudden illness or injury, making an informed choice on where to seek medical care is crucial to your personal and financial well-being. Making the wrong choice can result in delayed medical attention and it may cost hundreds, if not thousands, of dollars. In fact, Harvard University reported that 62% of personal bankruptcies are caused by medical expenses, making medical debt the leading cause of bankruptcy in America.

If you suddenly fall ill or become injured, how can you determine which facility is most appropriate for your condition?

VS

The Emergency Room (ER) is equipped to handle life-threatening injuries and illnesses and other serious medical conditions. Patients are seen according to the seriousness of their conditions in relation to the other patients.

You should go to the nearest Emergency Room if you experience any of the following:

- Compound fractures
- Deep knife or gun shot wound
- Moderate to severe burns
- Poisoning or suspected poisoning
- Seizures or loss of consciousness
- Serious head, neck or back injuries
- Severe abdominal pain
- Severe chest pain or difficulty breathing
- Signs of a heart attack or stroke
- Suicidal or homicidal feelings
- Uncontrollable bleeding

Urgent Care Centers (UCC) are not equipped to handle life-threatening injuries or medical conditions. These centers are designed to address conditions where delaying treatment could cause serious problems or discomfort.

Some examples of conditions that require a visit to an Urgent Care Center include:

- Control bleeding or cuts that require stitches
- Diagnostic services (X-rays, lab tests)
- Ear infections
- High fever or the flu
- Minor broken bones (e.g., toes, fingers)
- Severe sore throat or cough
- Sprains or strains
- Skin rashes and infections
- Urinary tract infections
- Vomiting, diarrhea or dehydration

Choosing the appropriate place of care will not only ensure prompt and adequate medical attention, but will also help reduce any unnecessary expenses. Although Urgent Care Centers are usually more cost-effective, they are not a substitute for emergency care.

PHARMACY DISCOUNT INFORMATION

Walmart Pharmacy

Visit walmart.com/pharmacy

Your Medical ID Card is not required for the low prices on meds.

$4.00 30 Day Supply / $10.00 90 Day Supply - Generic Only

Since Prescription prices are not regulated, the cost of a prescription may differ by more than $100 between pharmacies. GoodRx is the #1 medical app for iOS and Android. Get prescription drug prices on-the-go, with coupons built unto the app.

- Type your drug name (like Lipitor, Gabapentin, etc.)
- Set your location
- Compare prices, print coupons, save up to 80%

GoodRx

ANDROID APP ON Google play

Download on the App Store

www.goodrx.com

AHF PHARMACY™

Visit ahfpharmacy.org

AHF Pharmacy Services – Specializing in Medications to treat HIV/AIDS

The information contained in this flyer is subject to change without notice.
Please contact the above pharmacies for the most updated information.

DENTAL INSURANCE

The City of Sunny Isles Beach is pleased to announce that effective **March 1, 2024** our dental coverage will be with **United Healthcare**.

United Healthcare	DHMO D1083 - S100B SHP
BENEFITS	**IN NETWORK ONLY**
Calendar Year Deductible Individual / Family	 N/A
Deductible Waived - Class I	N/A
Benefit Description Preventive (Class I) Basic (Class II) Major (Class III)	 N/A N/A N/A
Maximum Annual Benefit	Unlimited
Orthodontia (coverage / lifetime max)	$2,335 Child / $2,435 Adult
BENEFITS	
Reimbursement Schedule	Fee Schedule
Routine Exams - 0120	No Charge
Teeth Cleaning - 1110	No Charge
Full Mouth/Panoramic X-rays - 0210	No Charge
Simple Extractions - 1083	$10
Root Canal Endodontic - 3330	$210
Periodontal Scaling - 4341	$36 per quad
Full or Partial Dentures - 5110	$210
Crowns - 2740	$195

For more detailed information regarding the dental benefits refer to the certificate of coverage.

DENTAL INSURANCE

The City of Sunny Isles Beach is pleased to announce that effective **March 1, 2024** our dental coverage will be with **United Healthcare**.

United Healthcare	PPO CS285	
BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family	$50 / $150	$50 / $150
Deductible Waived - Class I	Yes	Yes
Benefit Description Preventive (Class I) Basic (Class II) Major (Class III)	 100% 100% 60%	 100% 80% 50%
Maximum Annual Benefit	$5,000	$5,000
Orthodontic Treatment	$1,000 Child Only	
BENEFITS		
Reimbursement Schedule	Fee Schedule	90th Percentile
Routine Exams - 9430	100%	100%
Teeth Cleaning - 1110	100%	100%
Full Mouth/Panoramic X-rays - 0330	100%	100%
Simple Extractions - 7111	100%	80%
Root Canal Endodontic - 3330	60%	50%
Periodontal Scaling - 4341	100%	80%
Full or Partial Dentures - 5110	60%	50%
Crowns - 6752	60%	50%

For more detailed information regarding the dental benefits refer to the certificate of coverage.

VISION INSURANCE

The City of Sunny Isles Beach is pleased to announce that effective **March 1, 2024** we will continue our vision program with **EyeMed**. To search for In Network Providers, please visit **eyemed.com** and search the Insight Network.

eyemed	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
NETWORK PROVIDER		
Exam w/ Dilation as Necessary	$10 Copay	Up to $40
Retinal Imaging	Up to $39	Not covered
Retinal Imaging	$40	Not covered
Selected Frames	$130 Allowance + 20% off balance over	Up to $91
Single Vision	$15 Copay	Up to $30
Bifocal	$15 Copay	Up to $50
Trifocal	$15 Copay	Up to $70
Standard Progressive	$80 Copay	Up to $50
Conventional Contacts	$150 Allowance + 15% off balance over	Up to $150
LASIK OR PRK	15% Off of Retail	Not Covered
Frequency		
Eye Exam	Once every 12 months	
Lenses / Contacts	Once every 12 months	
Frames	Once every 12 months	

For more detailed information regarding vision benefits refer to the summary of benefits.

BASIC LIFE AND AD&D INSURANCE

The City of Sunny Isles Beach, automatically provides Basic Life and AD&D coverage, which is paid for 100% by The City of Sunny Isles Beach. Coverage is provided for all actively at work employees on the policy effective date working a minimum of 30 hours per week in the United States. The amount of your benefit is determined by your position. Please remember to update your Beneficiary when necessary.

EMPLOYEE BASIC LIFE INSURANCE

• Life insurance helps protect your family from a sudden loss of income in the event of death.
• Employee Life Insurance will be paid to your beneficiary(s) if you should die.
• You will be required to complete an Evidence of Insurability form for any amounts over the guaranteed issue amount.

Mutual of Omaha	BASIC LIFE AND AD&D INSURANCE		
	Class 1	Class 2	Class 3
Eligibility	Full-Time City Managers	Full-time Department Managers	All Full-Time Employees
Benefit Amount	$300,000	2X annual salary	1X annual salary
Maximum Benefit	$300,000	$300,000	$300,000
Minimum Benefit	$300,000	$10,000	$10,000
Accidental Life & Dismemberment Benefit	Equal to the amount of life insurance benefit.		
Living Care / Accelerated Death Benefit	80% of the amount of life insurance benefit is available to you if terminally ill, not to exceed $240,000.		
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide Evidence of Insurability (health information).		
Reduction Formula At Age 65 At Age 70 At Age 75	 Amount reduce to 65% Amount reduce to 40% Amount reduce to 25%		
Refer to Certificate of Coverage to review all limitations and exclusions			

Please see enrollment package for more details.

Disclaimer: Written terms and conditions of the benefits agreement take precedence over any provisions noted in this brochure

VOLUNTARY LIFE INSURANCE

As an eligible employee of the **The City of Sunny Isles Beach**, you have the option of applying for Voluntary Life and AD&D Insurance for yourself, your spouse and your children available through **Mutual of Omaha**. Employees who want to supplement their group life insurance benefits, may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. After your initial eligibility period, or electing above Guarantee Issue amount you will be subject to Evidence of Insurability (EOI).

Mutual of Omaha	VOLUNTARY LIFE INSURANCE		
Eligibility	All Full-time Eligible Employees		
Benefit Amount	Increment of $10,000, up to 7x's annual salary or $500,000		
Spouse	Increments of $5,000, up to $250,000, and can be up to 100% of employee benefit amount		
Children	$10,000 - To age 30		
Guarantee Issue	Employee	Spouse	Child
	$150,000	$50,000	$10,000
Rates per $1,000	Age	Rate	
	Under 25	$0.080	
	25-29	$0.080	
	30-34	$0.090	
	35-39	$0.150	
	40-44	$0.270	
	45-49	$0.470	
	50-54	$0.730	
	55-59	$1.100	
	60-64	$1.840	
	65-69	$3.360	
	70-74	$4.760	
Refer to Mutual of Omaha Group Certificate of Coverage to review all limitations and exclusions.			

INDIVIDUAL GUARANTEE LIFE INSURANCE TO AGE 100

Nearly **85%** of people said they thought most people need life insurance.*

Yet only **59%** said that they have coverage themselves.*

And **33%** wish their spouse or partner had more life insurance.*

Prepare for the future. Protect your loved ones.

CUSTOMIZABLE
With several options to choose from, select the coverage that best meets the needs of your family.

FAMILY COVERAGE
You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children (14 days to 19 years old, 26 if full-time student) under your coverage or your spouse's. No matter what the future brings, you and your family are protected.

PORTABLE
Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly.

TERMINAL ILLNESS ACCELERATION OF BENEFITS
Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

CONVENIENT
Easy payments through payroll deduction.

PROTECTION YOU CAN COUNT ON
Within one business day of notification, payment of 50% of coverage or $10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

QUALITY OF LIFE
Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

POLICY TERMS
This policy has terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or 5Star Life Insurance Company.

* Scanlon, James T., Terry, Karen R., and Leyes, Maggie, 2018 Insurance Barometer Study, April 4, 2018, www.limra.com/Research/Abstracts_Public/2018/2018_Insurance_Barometer.aspx. Please note there may be a cost associated with this study.

Underwritten by 5Star Life Insurance Company (a Lincoln, Nebraska company); Administered by NTT Data at 777 Research Drive, Lincoln, NE 68521
Product not available in all states. Policy #: ICC18-GFPPPOL

5STAR LIFE INSURANCE COMPANY

FPPg Rate Sheet - Group Size 51-500

Monthly Rates with Quality of Life Rider
Defined Benefit

Employee Coverage						Spouse Coverage		
Issue Age	$10,000	$25,000	$50,000	$75,000	$100,000	$10,000	$20,000	$30,000
18-25	$9.90	$14.98	$23.46	$31.94	$40.42	$9.90	$13.28	$16.68
26	$9.91	$15.04	$23.59	$32.13	$40.66	$9.91	$13.34	$16.75
27	$9.98	$15.20	$23.92	$32.62	$41.34	$9.98	$13.46	$16.96
28	$10.08	$15.45	$24.42	$33.37	$42.34	$10.08	$13.66	$17.26
29	$10.23	$15.82	$25.13	$34.44	$43.75	$10.23	$13.95	$17.68
30	$10.43	$16.32	$26.12	$35.94	$45.75	$10.43	$14.35	$18.28
31	$10.64	$16.84	$27.16	$37.50	$47.84	$10.64	$14.76	$18.90
32	$10.87	$17.42	$28.34	$39.25	$50.17	$10.87	$15.23	$19.61
33	$11.11	$18.02	$29.55	$41.06	$52.58	$11.11	$15.72	$20.33
34	$11.40	$18.75	$31.00	$43.26	$55.50	$11.40	$16.30	$21.20
35	$11.72	$19.54	$32.59	$45.63	$58.67	$11.72	$16.93	$22.16
36	$12.08	$20.44	$34.37	$48.31	$62.25	$12.08	$17.65	$23.23
37	$12.46	$21.41	$36.34	$51.25	$66.16	$12.46	$18.44	$24.40
38	$12.88	$22.44	$38.38	$54.32	$70.25	$12.88	$19.25	$25.63
39	$13.33	$23.59	$40.67	$57.76	$74.83	$13.33	$20.17	$27.00
40	$13.83	$24.81	$43.13	$61.44	$79.75	$13.83	$21.15	$28.48
41	$14.38	$26.19	$45.87	$65.57	$85.25	$14.38	$22.25	$30.13
42	$14.98	$27.70	$48.92	$70.12	$91.34	$14.98	$23.46	$31.96
43	$15.60	$29.25	$52.00	$74.75	$97.50	$15.60	$24.70	$33.81
44	$16.26	$30.90	$55.30	$79.69	$104.08	$16.26	$26.02	$35.78
45	$16.93	$32.58	$58.67	$84.75	$110.83	$16.93	$27.37	$37.80
46	$17.67	$34.42	$62.33	$90.26	$118.17	$17.67	$28.83	$40.00
47	$18.43	$36.31	$66.13	$95.94	$125.75	$18.43	$30.35	$42.28
48	$19.19	$38.23	$69.96	$101.69	$133.42	$19.19	$31.88	$44.58
49	$20.02	$40.31	$74.13	$107.94	$141.75	$20.02	$33.55	$47.08
50	$20.93	$42.58	$78.67	$114.75	$150.84	$20.93	$35.36	$49.81
51	$21.94	$45.11	$83.71	$122.32		$21.94	$37.39	
52	$23.11	$48.04	$89.59	$131.13		$23.11	$39.74	
53	$24.42	$51.29	$96.09	$140.87		$24.42	$42.33	
54	$25.88	$54.96	$103.42	$151.88		$25.88	$45.27	
55	$27.44	$58.84	$111.17	$163.50		$27.44	$48.37	
56	$29.19	$63.21	$119.92	$176.63		$29.19	$51.87	
57	$30.99	$67.73	$128.96	$190.19		$30.99	$55.49	
58	$32.84	$72.35	$138.21	$204.06		$32.84	$59.19	
59	$34.74	$77.09	$147.67	$218.25		$34.74	$62.97	
60	$36.71	$82.04	$157.59	$233.13		$36.71	$66.94	
61	$38.77	$87.19	$167.88	$248.57		$38.77	$71.05	
62	$40.93	$92.58	$178.67	$264.75		$40.93	$75.37	
63	$43.22	$98.31	$190.13	$281.94		$43.22	$79.95	
64	$45.72	$104.54	$202.59	$300.62		$45.72	$84.93	
65	$48.50	$111.50	$216.50	$321.50		$48.50	$90.50	
66*	$49.13	$113.06	$219.63	$326.19		$49.13	$91.75	
67*	$52.62	$121.79	$237.08	$352.38		$52.62	$98.73	
68*	$56.58	$131.71	$256.92	$382.13		$56.58	$106.67	
69*	$61.09	$142.98	$279.46	$415.94		$61.09	$115.68	
70*	$66.18	$155.69	$304.88	$454.06		$66.18	$125.85	

*Quality of Life not available ages 66-70. Quality of Life benefits not available for children.
Available only on children of employee or spouse, 14 days to 19 years or 26 if full time student.
$1.00 monthly for $5,000 coverage and $2.00 monthly for $10,000 coverage.
FPPgDBQOLMonthlyRates

VOLUNTARY STD INSURANCE

As an eligible employee of **The City of Sunny Isles Beach**, you have the option to apply for a Short Term Disability (STD) Plan provided by **Mutual of Omaha.** Short Term Disability Insurance offers you the security of knowing that if you become disabled, replacement of income is available to help carry you through that period before the LTD plan takes effect without seriously affecting your present lifestyle or jeopardizing you and your family's financial security. Employees who want to supplement their disability insurance benefits may purchase this coverage. When you enroll yourself in this benefit, you pay the full cost through payroll deductions.

Mutual of Omaha	VOLUNTARY STD INSURANCE
Eligibility	All Full-time Eligible Employees
Elimination Period	
Injury	14 Days
Illness	14 Days
Maximum Benefit	
Weekly Maximum Benefit	$1,000
Percentage of Weekly Salary	60%
Benefit Duration in Weeks	Up to 11 Weeks
Refer to Mutual of Omaha Group Certificate of Coverage to review all limitations and exclusions.	

LONG TERM DISABILITY INSURANCE

The City of Sunny Isles Beach provides Long Term Disability insurance (LTD) through **Mutual of Omaha** to all eligible employees at **NO COST** to the employee. The LTD benefit pays you a percentage of monthly earnings if you become disabled due to an accident or injury.

Mutual of Omaha		LONG TERM DISABILITY BENEFITS	
Eligibility	**Class 1**	All Eligible City Managers & Department Managers	
	Class 2	All other Eligible Employees	
Minimum Hours Per Week		30 Hours	
Benefit Percentage		60%	
Maximum Monthly Benefit		$10,000	
Minimum Monthly Benefit		$50	
Elimination Period		90 days	
Rates per $1,000		The Insured Employee's Social Security Normal Retirement Age, or the Maximum Benefit Period shown below (whichever is later)	
		Age at Disability	Maximum Benefit Period
		Less than Age 62	To Age 65 or 42 months
		62	42 months
		63	36 months
		64	30 months
		65	24 months
		66	21 months
		67	18 months
		68	15 months
		69 and Over	12 months
Class 1		Benefits are paid to SSNRA based on your ability to perform your regular occupation.	
Class 2		Benefits are paid for a period of 24 months based on your inability to perform your regular occupation.	

Refer to Mutual of Omaha Certificate of Coverage to review all limitations and exclusions

LAW ENFORCEMENT OFFICERS LIFE & ACCIDENT INSURANCE

The City of Sunny Isles Beach provides their Law Enforcement Officers the following benefit in accordance to Florida Statute:

AIG	LIFE INSURANCE		
Eligibility	All sworn Law Enforcement Officers		
Benefit	**Description**	**Hazard**	**Amount**
Accidental Death	Accidental Death Benefit - Loss Period: 365 days	-	$75,000
		-	$75,000
Accidental Death & Dismemberment	Accidental Death & Dismemberment Benefit – Loss Period: 365 days *(For residents of Pennsylvania, the 365 days loss period is not applicable for loss of life only.)*	-	$75,000
Weekly Accident Indem	Weekly Accident Indemnity. Benefit Period: 52 weeks; Elim. Period 30 days. 66.67% of Salary	-	$100
Education Benefit	Education Benefit	-	$2,000
Spouse Education	Spouse Education Benefit	-	$2,000
Day Care	Day Care Benefit	-	$2,000
Refer to the Certificate of Coverage to review all limitations and exclusions			

*** The AD&D Benefit Amount is subject to 80% salary.**

RETIREMENT

Employees are automatically enrolled in one of two retirement plans, depending upon hire date and position. The plans are as follows:

• **Florida Retirement System ("FRS"):** All eligible employees hired after November 2002 are automatically enrolled in the FRS. Under this plan, employees and The City of Sunny Isles Beach make a contribution to the retirement plan in an amount specified according to the employee's classification. The current contribution rates are as follows:

CONTRIBUTION RATES EFFECTIVE JULY 1, 2023

Employer contribution rates are set by law. Rates below include the retirement contribution rate including the applicable UAL[1], 2.00 percent HIS contribution rate, and 0.06 percent administrative/educational assessment.

FRS Membership Plan and Class (Rates below apply to FRS members who are in either the FRS Pension Plan or the FRS Investment Plan)	Employee Contribution Rate	Employer Contribution Rate	Total Contribution Rate
HA/PA – Regular Class	3.00%	13.57%	16.57%
HB/PB – Special Risk Class	3.00%	32.67%	35.67%
HC/PC – Judges - Elected Officers' Class (EOC)	3.00%	44.89%	47.89%
HE/PE – Legislators - EOC	3.00%	62.72%	65.72%
HG/PG – Governor, Lt. Gov., Cabinet - EOC	3.00%	62.72%	65.72%
HH/PH – State Attorney, Public Defender - EOC	3.00%	62.72%	65.72%
HI/PI – County, City, Special District Elected Officers - EOC	3.00%	58.68%	61.68%
HJ/PJ – Special Risk Administrative Support Class	3.00%	39.82%	42.82%
HM/PM – Senior Management Service Class (SMSC)	3.00%	34.52%	37.52%

Employees have the option of choosing the Pension Plan or the Investment Plan. Under the Pension Plan, employees enrolled in the FRS prior to July 1, 2011, need to have 6 years of service to be vested. Employees enrolled in the FRS on or after July 1, 2011, must have 8 years of service to be vested.

Under the Investment Plan, employees need to have 1 year of service to be vested.

• MISSIONSQUARE 401A MONEY MANAGEMENT PLAN:

GENERAL EMPLOYEES: All eligible employees hired before November 2002 were enrolled in the Missionsquare Plan. This plan is not open to newly hired employees. Under this plan, The City of Sunny Isles Beach contributes 11% and the employee 4% to a retirement investment plan. Employees are fully vested after 3 years.

SENIOR MANAGEMENT EMPLOYEES: All eligible employees hired before November 2002 were enrolled in the Missionsquare Plan. This plan is only open to certain positions which are not designated and/or classified under FRS. Under this plan, The City of Sunny Isles Beach contributes 11% and the employee 6% to a retirement investment plan. Employees are fully vested after 3 years.

GET TO KNOW YOUR 457 PLAN

Your pension and Social Security may go far, but you will likely need more income for a truly comfortable future. That's where your 457 deferred compensation plan comes in – see why it matters to you!

1. IT'S EASY TO CONTRIBUTE

- Make automatic paycheck contributions.
- Change your contributions any time.

2. GET TAX BENEFITS ALONG THE WAY

- Pre-tax contributions lower your tax bill, lessening the impact to your take-home pay.
- Delay all taxes, until you take money out.

3. A WIDE RANGE OF INVESTMENTS ARE AVAILABLE

- You control investment decision, choosing from available options.
- Consider a diversified target-date fund or build your own portfolio. Get help with Guided Pathways ® **missionsquare.org/guidedpathways**

4. TAKE OUT WHAT YOU NEED

- You control withdrawals upon separation form service with your employer.*
- Only 457 plans have no early withdrawal penalty regardless of your age.**

** Depending on your plan's rules, withdrawal and loan options may be available while you're still working.*
*** The penalty may apply to non-457 plan assets rolled into a 457 plan and subsequently withdrawn prior to age 59½*

HOW MUCH CAN I CONTRIBUTE?

For 2024, you can save as much as:
- $23,000
- $30,500 if age 50 or over

A participant can make catch-up contributions for a year up to the lesser of the following amounts:
- The catch-up contribution dollar limit, or
- The excess of the participant's compensation over the elective deferral contributions that are not catch-up contributions.

Reminder: you may be able to contribute accrued sick or vacation leave.

Can't save that much? Even small savings can really add up – start with as little as $10 per paycheck.

The sooner you save, the more your money can grow – see how at **missionsquare.org/costofdelay**.

Already enrolled? Aim to save more – see how at **missionsquare.org/savingsboost**

GET HELP ONLINE

- Manage your account **missionsquare.org/login**
- Tips and tolls to help you save, invest, and retire – **missionsquare.org/realize**

MATCH A ROTH IRA WITH YOUR 457 PLAN

DEFERRED COMPENSATION

An optional Section 457 tax deferred savings program is available, through Missionsquare, for employees who wish to supplement future retirement income. The plan allows employees to put aside a portion of their earnings pre-tax each pay period, through payroll deduction, into an account for their retirement and reduce the amount of earnings that is currently taxable.

A Roth IRA and 457 deferred compensation plan can both help you reach your saving goals with added tax benefits and flexibility.

- **For different savings goals** – additional retirement income, health care, a home purchase, college education, emergencies.
- **For different tax benefits** – you can get a tax benefit now when you save to your 457 plan and a tax benefit later when you withdraw from your Roth IRA. And if you retire early, you can withdraw from your 457 plan without penalties.

Roth IRA

Tax-free withdrawals- distributions, including earnings, are tax and penalty-free if you have:
- Owned a Roth IRA for at least five years, as defined by the IRS; and
- A qualifying event, such as age 59½, a "first-time" home purchase, disability or death.

Otherwise, income and penalty taxes may apply to the withdrawal of earnings. But contributions can be withdrawn at any time without taxes or penalties.

And there are no IRS required minimum distributions, so loved ones can receive money you don't need tax free.

2024 tax year contributions – up to $7,000 (if age 50 or older $8,000), or
- if less, your taxable compensation for the year.

457 Deferred Compensation Plan

Pre-tax contributions lower current year taxes and all taxes are deferred until you withdraw. Penalty-free withdrawals – distributions upon separation from service and not subject to the 10% IRS penalty tax, regardless of your age. [2]

2024 tax year contributions [1] – up to
- $23,000 normal limit
- $30,500 if age 50 or over as of year-end

A participant can make catch-up contributions for a year up to the lesser of the following amounts:
- The catch-up contribution dollar limit ($7,500), or
- The excess of the participant's compensation over the elective deferral contributions that are not catch-up contributions

[1] 2024 tax-year contributions may be made up until the tax-filing deadline in April 2025. Income eligibility rules differ slightly. Visit **missionsquare.org/ira** for more information.

[2] A 10% penalty tax never applies to withdrawals of original 45 plan contributions and associated earning but may apply to non-457plan assets rolled into a 457 plan and then withdrawn prior to age 59½.

Missionsquare-RC does not provide specific tax advice.

LEARN MORE

- IRA – **missionsquare.org/ira**
- 457 plan – **missionsquare.org/457**
- Contact your Missionsquare-RC representative

EMPLOYEE ASSISTANCE PROGRAM

There are times when we all need a little help in life's personal challenges. **The City of Sunny Isles Beach** provides an Employee Assistance Program (EAP), providing confidential assistance you and your immediate family members.

Mutual of Omaha	EMPLOYEE ASSISTANCE PROGRAM - EAP
Program Overview	Confidential assistance for problems and work/life concerns, including • Addictions • Depression • Stress/Anxiety • Legal Matters • Financial Issues • Elder or Childcare needs • Marital & Family Problems
Contact Information	• Completely Confidential • 1-800-316-2796 anytime, 24 hours a day, 365 days a year. • Web-site: **mutualofomaha.com/eap**

Questions & Answers Regarding Your Employee Assistance Program

What is an Employee Assistance Program (EAP)?

An EAP is a confidential work-based program designed to assist employees, their family members and significant others with personal and job-related concerns.

Why would your company purchase this program for their employees?

The health and well-being of employees plays a major role in the success of any company. An understanding of this relationship has resulted in more and more companies making EAP services available to their employees in the interest of maintaining optimum health and productivity in the workplace.

Why do people call the EAP?

Thousands of employees and family members call their EAP each year for assistance with a wide range of issues. Certainly, any concern would be a reason to contact the EAP. In many situations, employees and their family members have financial, relationship, stress, parenting, substance abuse, and/or emotional concerns.

Who will know that I have used the EAP?

Contacts with the EAP are confidential and EAP Professionals are strictly bound by ethical and legal considerations in this regard. If you have any questions when you call, please discuss them with your EAP Professional.

Who can use the EAP?

As an employee with your company, you, your immediate dependent family members and significant others are eligible.

Is there a cost for using the EAP?

The EAP service is free of charge.

Who will answer my call to the EAP?

A valuable service of your EAP is immediate access to our Employee Assistance Professionals at any time, day or night, 365 days a year.

What do our customers have to say about the EAP?

Over 95% of clients surveyed said they were very likely to recommend the EAP to co-workers and family members. Furthermore, over 95% said they would not hesitate to contact our EAP again.

What can I expect when I call the EAP?

- To speak directly to our EAP Professional immediately
- To receive support and guidance from a trained professional
- To have a better understanding of the issues you are concerned about
- To work with our EAP Professionals to develop a plan which meets your needs

ADDITIONAL BENEFITS

The City of Sunny Isles Beach offers the following additional benefits:

Sick Leave	Employee earn twelve (12) sick days per calendar year on a prorated basis (1.846 per week).
Vacation Leave	Employees earn vacation leave on a pro-rated basis as follows: • General Employees: Ten (10) days per year (1.539 hours per week). • Department Heads: Fifteen (15) days per year (2.308 hours per week) Vacation accruals are increased incrementally thereafter, as per City policy.
Holidays	Employees are compensated for eleven (11) Federal holidays per year. These include: **New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, and Christmas Day.** Please note: If the holiday falls on a Saturday, **The City of Sunny Isles Beach** observes it on the preceding Friday. If the holiday falls on a Sunday, The City of Sunny Isles Beach observes it on the following Monday.
Floating Holiday	Employees earn floating holidays as follows: • General Employees - Two (2) days per calendar year • Department Heads/Managers - Seven (7) days per calendar year Floating Holidays are pro-rated dependent upon hire date.
Direct Deposit	**The City of Sunny Isles Beach** offers direct deposit of your paycheck to the financial institution(s) of your choice.
Credit Union	**The City of Sunny Isles Beach** offers memberships in Space Coast, Peoples and Dade County Federal credit unions.

EDUCATIONAL REIMBURSEMENT PROGRAM

The City of Sunny Isles Beach provides educational assistance to full-time employees voluntarily participating in training of educational programs designed to maintain or increase knowledge, skills, and/or abilities.

This program is open to all full-time employees of **The City of Sunny Isles Beach**, and any other employees deemed qualified, as may be designated by The City of Sunny Isles Beach Manager.

The City of Sunny Isles Beach will reimburse employees for educational development expenses provided (1) the courses are job-related, (2) the courses are pre-approved by the Department Head, the Human Resources Director, and The City of Sunny Isles Beach Manager, and (3) the Employee receives a grade of "B" or better. Employees will be eligible to receive reimbursement of up to Fifteen Hundred Dollars ($1,500.00), per fiscal year, for the cost of tuition, books, materials, supplies and activity fees.

If less than one-half (1/2) of the educational funds budgeted for the fiscal year are expended or encumbered at the end of the fiscal year, a participating employee may be entitled to receive an additional reimbursement amount, not to exceed Fifteen Hundred Dollars ($1,500.00). The maximum benefit amount shall be Three Thousand Dollars ($3,000.00), per fiscal year.

Senior Staff employees as determined by **The City of Sunny Isles Beach** Manager (e.g. Department Heads, Deputies etc.) and general employees who are seeking a Master's degree or higher will be eligible to receive reimbursement of up to Three Thousand Dollars ($3,000.00), per fiscal year, for the cost of tuition, books, materials, supplies and activity fees.

Participants may be required to reimburse The City of Sunny Isles Beach should they leave, voluntarily or not, within twelve (12) months of receiving program money.

FLEXIBLE SPENDING ACCOUNTS

What is a Flexible Spending Account (FSA)?
An FSA is a Flexible Spending Account, which is authorized by the IRS and available through your employer. There are two types of Flexible Spending Accounts available - a healthcare account and a dependent day care account. Both accounts allow you to set aside money for eligible expenses on a pre-tax basis.

TYPES OF FSAS:
Healthcare Account - Eligible healthcare expenses include deductibles, co-pays, coinsurance and certain over-the-counter (OTC) items, which are not covered by your medical, dental, prescription or vision programs. Starting January 1, 2012, certain OTC medicines and drugs will be considered ineligible unless you have a written prescription from your doctor.

Dependent Day Care Account - Eligible dependent day care expenses include day care, before and after school programs, nursery school or preschool, summer day camp and even adult day care. A dependent day care account reimburses you for expenses that allow you and your spouse, if married, to work while your dependents are being cared for.

FSA 2024 Contribution Limits	
Healthcare or Limited Purpose FSA	$100 Minimum ; $3,200 Maximum
Dependent Day Care FSA	$100 Minimum; $5,000 Maximum if Married filing joint tax returns or $2,500 Maximum if Single or Married filing separate federal tax returns.

The Healthcare and Limited Purpose FSA 2 ½ month grace period allows you to submit for reimbursement under the 2024 Plan Year expenses which are incurred through 3/15/24. However, all eligible expenses for Plan Year 2024, including expenses incurred during the 2 ½ month grace period, must be filed prior to 3/31/25. If you do not use all the money in your account during the Plan Year or grace period, you will forfeit any remaining amount unused.

FLEXIBLE SPENDING ACCOUNTS

Stay Connected with the **Paylocity Benefit Account App!**

What can you do in the Paylocity Benefit Account App?

- Check available balance(s)
- Upload pictures of receipts
- Submit claims for reimbursement
- Receive text alerts & notifications
- Eligible Expense Scanner

Available For Free

Search "Paylocity Benefit Account" and download the App. Log in with the same username and password you use to access your account online.

Download on the App Store | GET IT ON Google Play

Access to your healthcare account information is just a few clicks away at **bat.paylocity.com**

- View account balances & claims history
- Submit claims & upload receipts
- Track healthcare expenses
- View recent notifications
- Update profile information
- Sign-up for direct deposit
- Report your card lost/stolen*

*There is a $10 fee for replacement cards.

For questions or issues, contact us by email at batinfo@paylocity.com or call us at (800) 631-3539.

Get Started Today!

Logging into your healthcare account is easy. Your username is the first initial of your first name, followed by your last name, last four digits of your SSN, and your two-letter home state abbreviation.

Example:
Judy Smith, 000-00-1234, Missouri

Username:
jsmith1234mo (not case sensitive)

Temporary password:
paylocity (all lower case)

COLONIAL INSURANCE

The City of Sunny Isles Beach is offering the following voluntary supplemental plans through **Colonial**:

Colonial Life

Group Medical Bridge℠ – Plan 1 (HSA-Compliant)

Colonial Life's group hospital indemnity insurance plan, Group Medical Bridge, offers a customizable and flexible plan design that will help supplement your major medical plan offering. This coverage provides benefits that your employees can use to offset deductibles, co-pays, and out-of-pocket medical and non-medical expenses related to covered events that cause financial exposure, such as hospital confinement.

This plan is a Health Savings Account (HSA)-compliant plan that may also be offered to employees who do not have an HSA.

Group Disability

Colonial Life's voluntary short-term disability insurance policy is a group plan that is sold via payroll deduction at the workplace. It insures your employee's paycheck by replacing a portion of your employee's income if he becomes disabled because of a covered accidental injury or covered sickness.

Group Accident (GAC4000)

Our Group Accident (GAC4000) insurance is an indemnity plan providing employees and their families with injury, hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident. These benefits can help with the out-of-pocket medical and non-medical expenses associated with an accident.

Group Critical Care

Colonial Life's Group Critical Care insurance helps your employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as cancer, heart attack or stroke. It provides a lump sum benefit to help with the out-of–pocket medical and/or non-medical expenses of a critical illness and/or cancer. There are options as well to include ongoing benefits for the extended treatment and care of cancer (internal or invasive) or carcinoma in situ.

Coverage is available to: Employee; Employee and Spouse; One-Parent family (Employee and Dependent Children); and Two-Parent Family (Employee, Spouse and Dependent Children).

Face amounts for the employee range from $5,000 - $25,000 in $1,000 increments. The maximum face amount will equal the Guaranteed Issue amount allowed for each case size as indicated in the underwriting section below. If a spouse is covered under the employee's plan, their face amount is 50% of the employee's coverage. If dependent child(ren) are covered, their face amount is also 50% of the employee's coverage.

AFLAC SUPPLEMENTAL INSURANCE

The City of Sunny Isles Beach is offering the following voluntary supplemental plans through **Aflac**:

- **PERSONAL ACCIDENT INDEMNITY PLAN** - Benefits are payable for a covered person's death, dismemberment, or injury caused by a covered accident that occurs on or off the job.

- **PERSONAL SICKNESS INDEMNITY PLAN** - Benefits are payable for a covered sickness that occurs while coverage is in force. Hospital Confinement Benefit, Hospitalization, Major Diagnostic Exams, Surgical Benefit, and Ambulance Benefits are all included in the plan. Limitations exclusions may apply.

- **PERSONAL CANCER INDEMNITY PLAN** - Benefits are payable on First Occurrence, Hospital Confinement, Medical Imaging, Radiation and Chemotherapy, Immunotherapy, Cancer Screening Wellness and much more.

- **PERSONAL DISABILITY INCOME PROTECTOR** - If you are working at a full-time job while coverage is in-force and a covered sickness or covered off-the-job injury causes you to become totally disabled, Aflac will pay you one thirtieth of the benefit shown in the Policy Schedule for each day you remain totally disabled. A full-time job is defined as a job at which you work 30 or more hours per week for pay or benefits.

- **SPECIFIED HEALTH EVENT PROTECTION** - Policy provides hospital intensive care coverage for sickness and injury, and provides specified health event coverage for critical illness. Some benefits are payable for both hospital intensive care and specified health events, and some benefits apply only to specified health events. Some benefits reduce at age 70. Read each benefit carefully.

- **HOSPITAL PROTECTION PLAN – LEVEL 3** - Policy provides annual hospitalization Confinement, Daily Hospital Confinement, Invasive Diagnostic Exams, Wellness, plus much more.

- **HOSPITAL INTENSIVE CARE PROTECTION** – Policy provides Hospital Intensive Care Unit Benefit, Step-Down Intensive Care Unit Benefit, Major Human Organ Transplant Benefit and a Progressive Benefit.

- **LIFE PROTECTOR** – Life insurance is not "what if" insurance, but "when". Protect your loved ones with the money they will need in your absence. 10, 20, and 30 Year Term and Whole Life policies are available. Face amounts are now available for up to $200,000. You can also provide policies for your spouse and child(ren).

LEGAL CLUB OF AMERICA

Employees and family members will have toll free access to behavioral health experts anytime, 24 hours a day, and 365 days a year. All calls are answered directly by licensed, degreed clinical staff, and all services are handled with complete confidentiality.

Legal Club Member Services (800) 305-6816
legalclub.com

SATISFACTION AND CLOSURE
Counselors follow-up with member in a timely fashion to ensure quality and satisfaction of services. Counselors close the case only after determining with member, and the provider, that the issue has been successfully resolved and member has completed all recommended treatment.

LEGAL CLUB MEMBERS RECEIVE:
• Unlimited advice on federal taxation via toll-free phone call/fax/email
• Free tax return preparation (includes 1040EZ, 1040A and 1040)**
• Free preparation of any tax schedules that accompany the form 1040**
• Unlimited advice on federal taxation for small business owners (sole proprietors)
• IRS audit assistance
• IRS notification assistance
• Tax planning
• Review of prior year's tax return**
• Member portal with: tax tips, tax law changes, tax organization area, IRS audit area, IRS notification area and Member advice online
• Alternatively, members receive a discount off services at H&R Block***

HIGHLIGHTS
• Program includes the member, their spouse or domestic partner, and their dependent children. Membership also includes any person who is dependent on the member, such as a student, or is a resident of their home. This would include students or any family members residing in their home, such as a grandparent or in-law.
• 9 unlimited use free basic legal services provided to all members including; a free simple will.
• Free tax preparation and advice year round.
• Free financial education hotline and counseling.
• Free Identity Theft restoration service that includes monitoring and $1,000,000 of insurance to cover qualified costs associated with restoring the member's identity to its pre-theft state if an incident occurs.
• No limitations on "pre-existing conditions" for the Family Legal Plan.
• Can never be used against the plan sponsor, their agent or administrator.
• The Family Legal Plan is not an insurance product. Good in all 50 states.
• No claim forms, for the Family Legal Plan.
• Nationwide proprietary network.
• Available on an employer and employee paid basis.
• Completely portable.

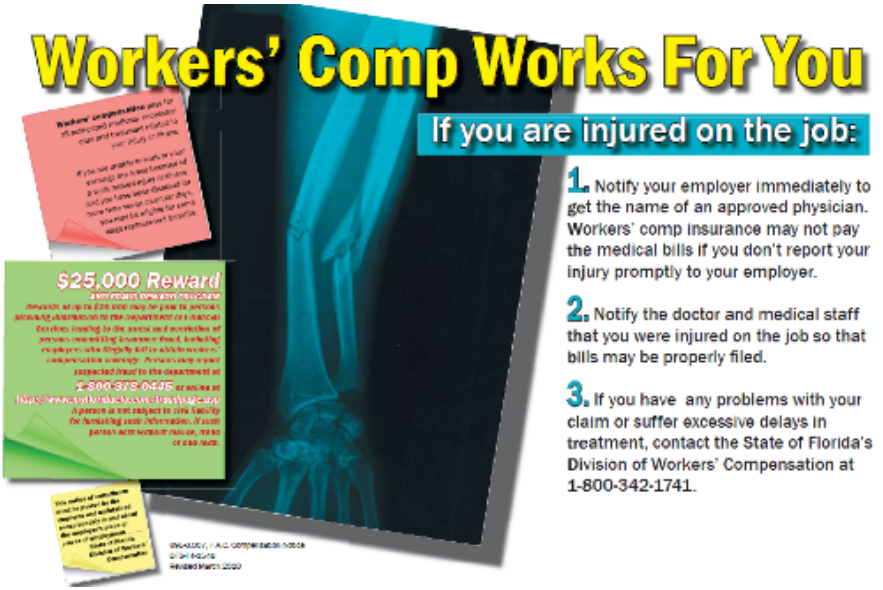
Legal Club Of America®

WORKERS' COMPENSATION

The City of Sunny Isles Beach provides, at no cost to you, Workers' Compensation coverage for health care services for on-the-job injuries and occupational diseases. This coverage is provided through a managed care arrangement as outlined in Section 440.134 of the Florida Statutes.

The City of Sunny Isles Beach may provide full salary to employees injured on the job for a period of up to 13 weeks, in lieu of the 2/3 salary provided for by state statutes. Therefore, you must turn in any Workers Comp checks received to Human Resources.
Under the Workers' Compensation law, it is mandatory that any on-the-job injury or accident be immediately reported to your supervisor so that the proper documentation can be filed. A report is filed with the State of Florida to ensure that any benefits the injured may be entitled to are not jeopardized by failure to report. Failure to file within seven days may result in a fine to The City of Sunny Isles Beach and a loss of benefits to you.

The Third Party Administrator for The City of Sunny Isles Beach is:
Preferred Governmental Claims Solutions (PGCS)
PO Box 958456, Lake Mary, FL 32795
Phone: 321-832-1400
Toll Free: 800-237-6617 Ext 4100 / Fax: 321-832-1448



Employer: The City of Sunny Isles Beach
18070 Collins Avenue, Sunny Isles Beach, FL 33160
is providing Workers' Compensation coverage through:
Preferred Governmental Claims Solutions (PGCS)

Policy #: WCFL301320261001
Effective Date: 10/01/2020 to 10/01/2021

Report Claim To: Preferred Governmental Claim Solutions
PO Box 958456, Lake Mary, FL 32795-8456 Phone: 1-866-237-6617

PET INSURANCE

With pet insurance offered by Veterinary Pet Insurance, you're free to choose from multiple plan options that will fit the needs of your pet with the convenience of payroll deductions. Employees receive a premium discount based on how many pets you enroll. Rates are determined by the breed, age of the pet, species, plan selected and the state of residence. Coverage is available for your dogs, cats, birds and even exotics. You can visit any licensed veterinarian, including specialist and emergency providers.

To enroll with the group discounted rates, go to **petinsurance.com** or call 877-PETS VPI and mention that you are an employee of The City of Sunny Isles.

Pet Wellness Plan Plus everyday care℠

- No deductible
- Instant approval
- Covers wellness exams, shots, tests and more
- Freedom to use any vet, anywhere
- Maximum annual benefit of $500
- Includes 24/7 access to vethelpline℠ ($170 value)

Starting at $10/paycheck‡

Major Medical Plan comprehensive℠

- $250 annual deductible
- Covers accidents, illnesses, procedures, X-rays and more
- Chronic condition coverage included
- Freedom to use any vet, anywhere
- Benefits renew in full each year
- Limited hereditary coverage after the first year
- Includes 24/7 access to vethelpline℠ ($170 value)

Starting at $13/paycheck†

Most popular

Major Medical Plan comprehensive℠ + Pet Wellness Plan Plus everyday care℠

Starting at $22/paycheck†‡

FAMILY MEDICAL LEAVE ACT

Employee Rights & Responsibilities

Basic Leave Entitlement
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:
- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements
Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service-member during a single 12-month period. A covered service member is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current service members and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections
During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition
A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave
Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities
Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities
Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers
FMLA makes it unlawful for any employer to:
- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement
An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor Wage and Hour Division

NOTICE OF MEDICARE PART D CREDITABLE COVERAGE

FOR MEDICARE-ELIGIBLE EMPLOYEES ENROLLED IN THE UHC HEALTHCARE PLANS

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

2. **The City of Sunny Isles Beach** has determined that the prescription drug coverage offered by the UHC Healthcare plans, are on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage. **Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15th through December 7th.** However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

In addition, if you lose or decide to leave employer/union-sponsored coverage, you will be eligible to join a Part D plan at the time using an Employer Group Special Enrollment Period.

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

If you decide to join a Medicare drug plan, your The City of Sunny Isles Beach coverage will not be affected. If you decide to join a Medicare drug plan and drop your employer sponsored prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop coverage or lose your group coverage and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Note: You'll get this notice each year. You may also request a copy.

For more information about your option under Medicare prescription drug coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will be mailed a copy from Medicare each year. For more information about Medicare prescription drug coverage:

- Visit **medicare.gov**
- Call your State Health Insurance Assistance Program (or see "Medicare & You" Handbook)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	March 1, 2024
Name of Entity/Sender:	The City of Sunny Isles Beach
Contact / Position:	Yael Londoño, PHR | Human Resources Director
Address:	18070 Collins Avenue, Sunny Isles Beach, Fl. 33160
Phone Number:	305-792-1708

HEALTHCARE REFORM

NOTICE OF HEALTH CARE REFORM CHANGES

As a reminder, the following changes to our **The City of Sunny Isles Beach** Medical Plans are still valid for the 2024 plan year.

• The lifetime benefit limit will be unlimited on essential services. There will be no annual limit on essential benefits.

Essential benefits may include:

- o Ambulatory Patient Services
- o Emergency Services
- o Hospitalization
- o Maternity and Newborn Care
- o Mental Health and Substance Abuse Disorders
- o Prescription Drugs
- o Rehabilitative and Facilitative Services and Devices (including durable medical equipment)
- o Laboratory Services
- o Prevention and Wellness Services
- o Chronic Disease Management
- o Pediatric Services, including oral and vision care

• Certain Preventive services are now covered 100% at no charge when you use **United Healthcare** network providers.

These include:

- o Routine adult physical
- o Routine Well child Exams
- o Routine Gynecological exams (includes pap and related fees)
- o Colorectal Cancer Screening
- o Routine mammograms

• Most Generic Oral Contraceptive Medications & Products for $0 cost-share. (FDA Approved Contraceptive Methods for women). Items available without a prescription are not covered under the Health Care Reform law.

• Pre-existing Condition exclusions do not apply

• Dependents are covered until age 26 – Age 30 if specific criteria are met. Dependents under age 26 may enroll within 30 days of renewal for coverage effective March 1, 2024.

• Appeals: Covered persons will have the right to an internal appeal and external review for coverage determinations or claims.

• Gynecological and obstetric services: Authorization or referral for gynecologic or obstetric care will not be required.

• Appeals: Covered persons will have the right to an internal appeal and external review for coverage determinations or claims.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS & YOUR HEALTH COVERAGE

Form Approved OMB No. 1210-0149 (expires 9-30-2024)

PART A: General Information

When key parts of the health care law took effect in 2014, it created a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: The City of Sunny Isles Beach	4. Employer Identification Number (EIN) 65-0784647	
5. Employer address: 18070 Collins Avenue	6. Employer phone number: 305-792-1708	
7. City: Sunny Isles Beach	8. State: FL	9. ZIP code: 33160
10. Who can we contact about employee health coverage at this job? Yael Londoño, PHR – Human Resources Director		
11. Phone Number (If different from above)	12. Email address: humanresources@sibfl.net	

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:

☒ All employees.
Eligible employees are: All full time employees, Retirees, and COBRA Participants

☐ Some employees. Eligible employees are:

• With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouse/Domestic Partners (Registered). Dependents of employees and domestic partners up to age 26; and dependents who are age 26+ under the guidelines of the State of Florida (FSS 627.6562)

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:
- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your employer including a description of any required information or documentation.

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:
Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or

other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **healthcare.gov**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?
In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.
For more information visit **https://www.medicare.gov/medicare-and-you.**

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa.** (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov.**

Keep your Plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

LOSS OF OTHER COVERAGE

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

MARRIAGE, BIRTH, OR ADOPTION

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

MEDICAID OR CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

NEWBORNS' & MOTHERS' HEALTH PROTECTION ACT (NMHPA)

The Newborns' and Mothers' Health Protection Act (NMHPA) was enacted in 1996 to provide protections to mothers and their newborn children with respect to the length of hospital stays after childbirth. Under the NMHPA, group health plans may not restrict mothers' and newborns' benefits for hospital stays after childbirth to less than:

- ✔ 48 hours following a vaginal delivery; and
- ✔ 96 hours following a delivery by cesarean section.

A group health plan may also not require a physician or other health care provider to obtain authorization from the plan for prescribing the minimum hospital stay for the mother or newborn. However, the health plan may impose cost sharing, such as deductibles or coinsurance, on hospital stays related to childbirth.

COVERAGE REQUIREMENTS

The NMHPA sets limits on benefits that are provided for hospital stays after childbirth. However, nothing in the law or regulations requires a mother to give birth in a hospital or stay in the hospital for a specific period of time after giving birth. Also, the NMHPA does not require group health plans to provide any benefits for hospital stays related to childbirth. However, if the plan provides these benefits, it must comply with the NMHPA's minimum requirements.

HOSPITAL LENGTH OF STAY

The final regulations clarify when a hospital stay connected with childbirth begins.

• When a delivery occurs in the hospital, the stay begins at the time of delivery, not at the time of admission or beginning of labor.

• If there are multiple births, the stay begins at the time of the last delivery.
• For deliveries that occur outside of the hospital, the stay begins at the time the mother or newborn is admitted.

The decision of whether a hospital stay is connected with childbirth is a medical decision to be made by the attending provider.

ATTENDING PROVIDER DEFINITION
The regulations provide an exception to the NMHPA's general rule regarding length of hospital stay for situations where the attending provider, in consultation with the mother, decides to discharge the mother or newborn earlier than 48 or 96 hours, as applicable.

The attending provider is "an individual who is licensed under applicable state law to provide maternal or pediatric care and who is directly responsible for providing such care to a mother or newborn child." The final regulations definitively state that the definition of attending provider does not include a plan, hospital, managed care organization or other issuer.

PROHIBITION ON INCENTIVES
The NMHPA contains a number of prohibitions designed to prevent benefits from being improperly limited. The regulations clarify that a group health plan may not deny a mother or her newborn coverage under the plan to avoid the NMHPA's requirements or provide payments or rebates to a mother to encourage her to accept lesser benefits than those provided for by the NMHPA.

Also, a group health plan may not penalize an attending provider for giving care in accordance with the NMHPA or provide incentives to induce an attending provider to discharge a mother or newborn before the end of the required time period. However, a group health plan may negotiate with an attending provider the compensation for care provided for hospital stays related to childbirth in general.

Authorization and Cost-sharing The final regulations state that a plan may not require a physician or other health care provider to obtain authorization for prescribing a hospital stay in accordance with the NMHPA. In addition, a group health plan may not restrict benefits for a portion of a hospital length of stay provided for by the NMHPA in a way that is less favorable than benefits for a previous portion of the stay.

The regulations do not prohibit imposing cost-sharing, such as deductibles or coinsurance, on hospital stays related to childbirth. However, the cost-sharing must be consistent for the entire stay and cannot be higher for a later portion of the mandated length of stay.

NOTICE REQUIREMENTS
The notice requirements with respect to the NMHPA differ depending on the type of plan or coverage involved. The regulations explain the differences as follows:

• ERISA Plans. ERISA's rules for summary plan descriptions (SPDs) require all group health plans to describe the federal or state law requirements applicable to the plan relating to hospital lengths of stay in connection with childbirth for the mother or newborn. The DOL provided model language regarding the NMHPA in the SPD rules. See below for this model language.

• State and Local Government Plans. Plans that are subject to the NMHPA must provide a notice with specific language describing the federal requirements. The final regulations clarify that the notice can either be included in the plan document that describes benefits or in the type of document the plan generally uses to inform participants and beneficiaries of plan benefit changes. Further, any time a plan distributes one or both of these documents after providing the initial notice, the applicable statement must be included in one or both documents.

• Health Insurance Issuers in the Individual Market. Health insurance issuers in the individual market must also provide notice in the insurance contract containing specific language regarding the federal rules.

STATE INSURANCE MANDATES

The NMHPA and the final regulations do not apply to health insurance coverage (and group health plans that provide benefits only through health insurance coverage) in certain states that have adopted laws similar to the NMHPA. The final regulations clarify that a state law qualifies for this exception if it requires the health insurance coverage to do one of the following:

• Provide for at least a 48-hour hospital length of stay after childbirth (96 hours for a cesarean delivery);
• Provide for maternity and pediatric care in accordance with guidelines for care following childbirth established by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics or any other established professional medical association; or
• Require, in connection with coverage for maternity care, that the hospital length of stay decision is made by the attending provider in connection with the mother or with the mother's consent.

ENFORCEMENT

There are no specific penalties for failing to comply with the NMHPA. However, plan participants or the DOL could use ERISA's enforcement scheme to compel compliance with the NMHPA's requirements. For example, a plan participant could bring a lawsuit for benefits due under the NMHPA, and could seek interest and attorneys' fees. In addition, the Internal Revenue Service (IRS) may impose an excise tax of $100 per day on a group health plan that does not comply with the NMHPA, subject to certain limitations and exceptions depending on the nature of the noncompliance.

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

ENROLLMENT NOTICE - WHCRA

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient.
The required coverage includes:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your plan administrator.

MICHELLE'S LAW

MICHELLE'S LAW—COVERAGE FOR DEPENDENT STUDENTS

Michelle's Law was enacted in 2008 to ensure that dependent students who take a medically necessary leave of absence do not lose health insurance coverage. Michelle's Law is named after a New Hampshire college student, Michelle Morse, who continued her studies while battling colon cancer in order to maintain health insurance coverage under her parents' plan. Michelle died of colon cancer in November 2005 at the age of 22.

The Affordable Care Act (ACA) further expanded coverage requirements for dependents, effective for plan years beginning on or after Sept. 23, 2010. Under the ACA, group health plans or insurers that provide coverage for dependent children must continue to make coverage available until a child attains age 26, regardless of student status.

COVERAGE REQUIREMENTS

Michelle's Law allows seriously ill or injured college students, who are covered dependents under group health plans, to continue coverage for **up to one year** while on medically necessary leaves of absence. The leave must be medically necessary as certified by a physician, and the change in enrollment must commence while the dependent is suffering from a serious illness or injury and must cause the dependent to lose student status.

Under Michelle's Law, a dependent child is entitled to the **same level of benefits** during a medically necessary leave of absence as the child had before taking the leave. If any changes are made to the health plan during the leave, the child remains eligible for the changed coverage in the same manner as would have applied if the changed coverage had been the previous coverage, so long as the changed coverage remains available to other dependent children under the plan.

NOTICE REQUIREMENTS

Group health plans are required to provide notice of the requirements of Michelle's Law, in language understandable to the typical plan participant, along with any notice regarding a requirement for certifying student status for plan coverage.

IMPACT OF the ACA

plans. Under the ACA, if a group health plan or insurer provides dependent coverage for children, the plan or insurer must continue to make the coverage available until the child attains age 26, regardless of student status. Thus, the impact of Michelle's Law on group health plans will generally be limited to health plans that provide coverage to dependent students who are age 26 or over.

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

WHAT IS "BALANCE BILLING" (SOMETIMES CALLED "SURPRISE BILLING")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "**balance billing.**" This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

YOU ARE PROTECTED FROM BALANCE BILLING FOR:

Emergency services
If you have an emergency medical condition and get emergency services from an out-of- network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Florida law also provides some protection for balance billing. If your insurance* provider is from Florida, then you can't be balance billed for emergency services. You are only responsible for paying your copay, deductible, and coinsurance.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're *never* required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:

o Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
o Cover emergency services by out-of-network providers.
o Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
o Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact No Surprises Help Desk at (800) 985-3059. Visit **cms.gov/nosurprises/consumers** for more information about your rights under federal law.

*Florida law does not apply to insurance plans from other states or employer-owned insurance plans. Federal law does not provide protection for those.

MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
CALIFORNIA – Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	

FLORIDA – Medicaid	GEORGIA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268	GA HIPP Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://m Southeast Orthopedic Specialists edicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra Phone: 678-564-1162, Press 2
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584	Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaida-to-z/hipp HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	**MAINE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid	NORTH CAROLINA – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid and CHIP	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx Phone: 1-800-692-7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badger-careplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent.
Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA NOTICE

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

YOUR RIGHTS

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

HIPAA NOTICE

Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

HIPAA NOTICE

In these cases we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES
How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization
- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: *We use health information about you to develop better services for you.*

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: *We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: *Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

HIPAA NOTICE

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Brown & Brown

Benefit plans are subject to change. The City of Sunny Isles Beach reserves the right at any time, in its sole discretion, to amend, modify, reduce the benefits provided by, or terminate any of its plans. Any amendment, modification, reduction or termination may be made without prior notice to participants, except as required by law. This Benefit Booklet is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this benefit booklet conflicts in any way with the Certificate of Coverage, the COC shall prevail. It is recommended that you review your COC for an exact description of the services, and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information.

Note: While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.