NORTH MIAMI
FLORIDA

2019
EMPLOYEE BENEFITS
HIGHLIGHTS

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2019

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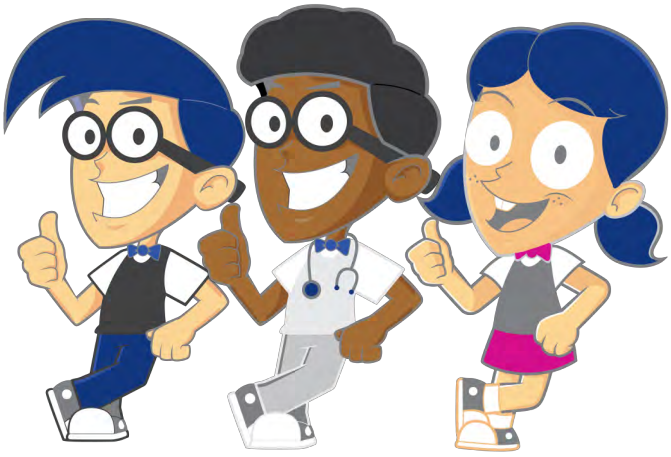

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DIRECTORY

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www.sapoznik.com

HEALTH

Aetna
Telephone Number: (866) 253-0656
www.aetna.com

DENTAL

Aetna
Telephone Number: (877) 238-6200
www.aetna.com

VISION

Aetna
Telephone Number: (877) 973-3238
www.aetnavision.com

LIFE | AD&D | DISABILITY

Lincoln Financial Group
Telephone Number: (800) 423-2765
www.lincoln4benefits.com

EMPLOYEE ASSISTANCE PROGRAM

Lincoln Financial Group
Telephone Number: (800) 423-2765
www.lincoln4benefits.com

SUPPLEMENTAL INSURANCE

Aflac
Telephone Number: (800) 992-3522
www.aflac.com

Shelly Thompson
Telephone Number: (561) 762-6205

LEGAL INSURANCE

Legal Shield
Telephone Number: (800) 654-7757
www.legalshield.com

Representative: Mitchell Summer
summerbenefitsgroup@gmail.com

PLEASE NOTE: This Benefit Highlight Booklet is solely intended as a high-level overview and general reference guide on your employee benefits. This booklet is NOT your Summary of Benefits and Coverage (SBC) document required by the Affordable Care Act of 2010. As an enrollee, your actual SBC will be provided under separate cover, by your health carrier.

WELCOME TO YOUR OPEN ENROLLMENT

Open enrollment is your annual opportunity to review and change or update current coverage. You can also add, change and/or drop dependents.

Who is eligible?

If you're a full-time employee, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week.

Covering your family members

Some plans allow for dependents to be enrolled for coverage. Eligible dependents include:

- Your spouse.
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.

How to Make Changes

You must notify HR within 30 days from loss of eligible coverage. Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

Annual open enrollment effective:

January 1, 2019

New hire enrollment effective:

The first of the month following 30 day of day of hire

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 Coverage**
- **Marriage, Birth or Adoption**
- **Medicaid or CHIP**

Please see federal laws and disclosures for more details on special enrollment.

BENEFIT HIGHLIGHTS

AVAILABLE BENEFITS

- Medical
- Dental
- Vision
- Employer Paid Basic Life
- Voluntary Life
- Voluntary Short Term Disability
- Voluntary Long Term Disability
- Employee Assistance Program (EAP)
- Supplemental Insurance
- Legal Insurance

Sniff out savings on vet bills with pet insurance

If you have pets, you know how quickly vet bills can add up. Fortunately, as a City of North Miami employee/member, you're eligible for a discount on pet insurance from Nationwide®.

We offer coverage for your pet's injuries, illnesses and preventive care. Plus, you're free to use any vet, anywhere. Plans are available for dogs, cats, birds and exotic pets.

Rest easy with 24/7 veterinary help

All Nationwide pet insurance members receive free, 24/7 access to **vet** *helpline*® ($150 value) for guidance on any pet health concern. This service is available exclusively from Nationwide.

As a City of North Miami employee, you're eligible for preferred pricing on coverage for your pets.*

Visit http://www.petinsurance.com/northmiamifl or call 877-738-7874 for more information or to get a no-obligation quote.

Nationwide®

Terms to know

- **DEDUCTIBLE:** The amount you pay for covered health care services before your insurance plan starts to pay.
- **COINSURANCE:** The percentage of costs of a covered health care service you pay (20 percent, for example) after you've paid your deductible.
- **PREMIUM:** The amount you pay for a health plan in exchange for coverage.
- **OUT-OF-POCKET MAXIMUM (OPM):** The highest out-of-pocket amount paid for covered services during a benefit period.
- **OUT-OF-NETWORK SERVICE**: Health care you receive without a physician referral, or services received by a non-network service provider.

HEALTH INSURANCE

aetna℠

(866) 253-0656 | www.aetna.com

Provider Network: Aetna Health Network Only℠ (Open Access)

Plan Name	HNOnly OA $2,500 Plan	HNOnly OA $250 Plan
Network Access	In Network Only	In Network Only
Deductible: The city will reimburse $125 for Employee Only / $250 Dependent Coverage		
Deductible	$2,500 / $5,000	$250 / $500
Member Co-Insurance	10%	0%
Max Benefits		
Out of Pocket Maximum	$5,000 / $10,000	$3,000 / $6,000
Lifetime max	Unlimited	Unlimited
Physician Office Services		
Physician	$25	$15
Specialist	$45	$25
Preventive Care	Covered 100%	Covered 100%
Diagnostic Services		
Independent Clinical Lab (Quest Diagnostics)	Covered 100%	Covered 100%
MRI, MRA, CT & PET Scans	10% After Ded	$200
ER and Urgent Care		
Emergency Room	$350	$350
Urgent Care	$75	$35
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	10% After Ded	0% After Ded
Inpatient Hospital	10% After Ded	$500 Per Admit
Provider Services Inpatient Hospital	10% After Ded	0% After Ded
Pharmacy Services		
Prescription	$10 / $45 / $70	$10 / $45 / $70

SPECIAL NOTE: *The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.*

aetna℠

(866) 253-0656 | www.aetna.com

HEALTH INSURANCE

Provider Network: Aetna Health Network Option℠ (Open Access)

Plan Name	HNOptions OA $1,500 Plan (Retirees moving out of State)	
Network Access	In Network	Out of Network
Deductible		
Deductible	$1,500 / $3,000	$2,500 / $5,000
Member Co-Insurance	0%	30%
Max Benefits		
Out of Pocket Maximum	$2,000 / $4,000	$5,000 / $10,000
Lifetime max	Unlimited	
Physician Office Services		
Physician	$15	30% After Ded
Specialist	$30	30% After Ded
Preventive Care	Covered 100%	Adult: Not Covered; Child: 30%
Diagnostic Services		
Independent Clinical Lab (Quest Diagnostics)	Covered 100%	30% After Ded
MRI, MRA, CT & PET Scans	$250	30% After Ded
ER and Urgent Care		
Emergency Room	$150	
Urgent Care	$35	30% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	0% After Ded	30% After Ded
Inpatient Hospital	$500 After Ded	30% After Ded
Provider Services Inpatient Hospital	0% After Ded	30% After Ded
Pharmacy Services		
Prescription	$10 / $30 / $50	

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MEMBER SERVICES

aetna℠

(866) 253-0656 | www.aetna.com

Aetna Mobile

You never know when you'll need it … but you'll always know where to find it

www.aetna.com

Find what you need — wherever, whenever — with Aetna Mobile

That's why it's great to know you can use your cell phone with web access

to view your health plan information — whenever you want, wherever you are. The Aetna Mobile app works with iPhone® mobile digital devices and Android™-powered phones.

Use a different smartphone or mobile device? Instead of loading an app, just visit **www.aetna.com** and use the mobile web version of the site.

Features of Aetna Mobile

Find a doctor — it's easy to search for doctors, dentists and specialists in your area.

Check benefits and coverage information — just clear, accurate details when you click.

Pull up your medical and/or dental ID card information — if you left your ID card at home, it's no problem.

Use the Urgent Care Finder — it's for immediate help in an emergency - because every minute counts.

Search claims — no more guesswork when you don't have the paperwork with you.

Track your health and claims — with your Personal Health Record.

View your disability or leave information — reference your existing claims, leaves and payments while you're on the go.

Contact Us — for fast answers to your plan questions.

Two ways to download your FREE Aetna Mobile app:

- Text **Apps** to **44040** to download now*
- Scan the code with your mobile device

Learn more, visit us at **www.aetna.com/mobile**

*** Standard text messaging rate may apply**

aetna℠

(866) 253-0656 | www.aetna.com

MEMBER SERVICES

Need a Member ID Card? Get a Digital ID Card

Here's how to get one

It's easy to get an ID card through your member website. And you can get whichever works better for you — paper or electronic.

To print a paper ID card from your computer:

- Log in to your member website at **www.aetna.com**.
- Choose "Get an ID Card."
- Follow the steps to print your card.

To display an electronic ID card on your smartphone or tablet:

- Log in to the mobile member website by typing **www.aetna.com** in your browser.
- Choose "ID Card Information."
- Show your ID card when you visit the doctor or dentist.

Not signed up yet?

There's no time like the present. Visit **www.aetna.com** to sign up for your member website today.

Forgot whether you already signed up?

Maybe you can't remember if you've used your member website before. That's okay. You can recover a **user name** and reset a **password** at **www.aetna.com**.

Here's a tip: You need to have your user name before you can reset your password.

If you've tried everything and still can't log in — that's okay, too. Tech support is at your service. Call toll-free at ***1-800-225-3375****.*

TELADOC.

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.

Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**

1

SET UP YOUR ACCOUNT

Set up your account by phone, web or mobile app.

Online:
Go to Teladoc.com/Aetna and click **"set up account"**.

Mobile app:
Download the app and click **"Activate account"** Visit teladoc.com/mobile to download the app.

Call Teladoc:
Teladoc can help you register your account over the phone.

2

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Teladoc.com/Aetna

1 (855) Teladoc

(1-855-835-2362)

Available on the iPhone App Store | Android app on Google play

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

DENTAL INSURANCE

aetna℠

(877) 238-6200 | www.aetna.com

Plan Name	DHMO Plan	PPO Plan	
Provider Network	DMO® / DNO	Dental PPO/PDN with PPO II	
Network Access	In Network Only *(Primary Dentist Election Required)*	In Network	Out of Network
Deductible	No Ded $0 Office Visits	$25/$75	$50/$150
Ded waived for Preventive	None	Yes	Yes
Preventive	Some procedures Covered 100%	100%	100%
Basic	Co-Pays Apply	90%	80%
Major	Co-Pays Apply	60%	50%
Periodontics / Endodontics	Co-Pays Apply	Basic	
Annual Maximum Benefit	None	$2,500	$2,500
Out of Network Reimbursement Level	In Network Only	Fee	Fee
Orthodontic	Co-Pays Apply	50%	
Orthodontic Eligibility	Adult & Child	Adult & Child(ren)	
Orthodontic Maximum	None	$2,500	
Dependent Child / Student Age	Up to Age 26 Benefit will Terminate at the end of month of Birth Date		

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

aetna℠

(877) 973-3238 | www.aetnavision.com

VISION INSURANCE

Plan Name	Vision Plan	
Network Access	In Network Allowance	Out of Network Reimbursement
Eye Care Co-pay		
Eye Exam	$10	Up to $25
Frequency	12 Months	
Materials Co-pay	$10	N/A
Lenses		
Single	$0 After Co-pay	Up to $20
Bifocal	$0 After Co-pay	Up to $40
Trifocal	$0 After Co-pay	Up to $65
Lenticular	$0 After Co-pay	Up to $65
Frequency	12 Months	
Frames		
Frames	Up to $130 + 20% off Balance	Up to $65
Frequency	12 Months	
Contact Lens Co-pay	**In lieu of any other eyewear benefits**	
Elective	Up to $115	Up to $80
Medically Necessary	Covered 100%	Up to $200
Frequency	12 Months	
Dependent Child / Student Age	Up to Age 26 Benefit will Terminate at the end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

LIFE AND AD&D INSURANCE

Lincoln Financial Group®

(800) 423-2765 | www.lincoln4benefits.com

EMPLOYER PAID BASIC LIFE & AD&D BENEFIT	Your benefits will reduce:
The City of North Miami provides Employer Paid Life Insurance to all Full-Time Employees eligible for benefits. For complete details on your specific level of Life Insurance benefit, please consult the Personnel Department or refer to your Plan Description.	35% at age 65 An additional 15% of original amount at age 70; An additional 15% of original amount at age 75; Benefits will terminate at retirement, unless eligible for retiree benefits

VOLUNTARY LIFE & AD&D

Employee Benefit Amount

Benefit Amount:
- Choice of $10,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount $250,000

Guarantee Issue:
- Up to $100,000 at initial enrollment

You or your Spouse may elect or increase insurance coverage equal to 2 benefit level on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined, withdrawn, or pending for coverage.

Other Benefits Included:
- Living Care/ Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion

Benefit Reduction:
- 35% at age 65
- An additional 15% of original amount at age 70;
- An additional 15% of original amount at age 75
- Benefits terminate at age 80 or retirement, unless eligible for retiree benefits

Spousal Benefit Amount

Benefit Amount:
- Choice of $5,000 Increments
- Not to exceed 50% of Employee's elected amount
- Optional Life Benefit up to $100,000
- Employee must elect coverage in order to enroll spouse

Guarantee Issue:
- Up to $30,000 at initial enrollment

Dependent Children Benefit Amount

- $250 child: 14 days to 6 months
- $10,000 Child: 6 months to age 19 (to age 25 if full-time student)
- Employee must elect coverage in order to enroll children

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum Amount paid for Loss of Life due to an accident or loss of 2 or more members (Hand, Foot, Eye)

1/2 Principal Sum Amount paid for Loss of One Member (Hand, Foot, Eye)

Accidental Death and Dismemberment benefit amount will match your Life Benefit amount. Please see your benefit booklet for full schedule of benefits.

DEFINITIONS & REQUIREMENTS

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period for new hires. Late entrants are required to complete satisfactory Evidence of Insurability.

Eligibility Requirements: You must be a full-time active employee working at least 30 hours per week. You must also be a permanent employee and be actively at work* on the coverage effective date.

*Actively at work means the full-time performance of all customary duties of your occupation.

If Spouses and Dependent Children are in a 'Period of Limited Activity'* their effective date will not take effect until the day after: (1) his or her final discharge from the health care facility; or (2) resuming the normal activities of a healthy person of the same age and sex.

**Period of Limited Activity means a period when a spouse or child is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.*

*****Please see your enrollment kit for rate information***

SPECIAL NOTE: *The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.*

Lincoln Financial Group®

(800) 423-2765 | www.lincoln4benefits.com

SHORT-TERM & LONG-TERM DISABILITY

Voluntary Short-Term Disability	Voluntary Long-Term Disability
Maximum Weekly Benefit **60% Of Your Salary To $1,500** *This is the amount of benefit you will receive when you are disabled.*	**Maximum Monthly Benefit** **To 60% Of Your Salary Up To $7,000** *This is the amount of benefit you will receive when you are disabled.*
Elimination Period **30 Days Accident & 30 Days Sickness** *This is the number of days you must be disabled before benefit payments start .*	**Elimination Period of 90 Days** *This is the number of days you must be disabled before benefit payments start.*
Benefit Duration of 9 Weeks *This is the period of time that benefits will continue to be paid to you during a period of disability.* *pre-existing 3/6*	**Benefit Duration** **To Age 65 Or Social Security Normal Retirement Age** **Own Occupation 2 years** *This is the period of time that the employee need only be disabled from his/her own occupation.* *pre-existing 3/12*

DEFINITIONS & REQUIREMENTS

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a full -time basis due to a non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week; be actively at work* on the coverage effective date.

* Actively at work means the full-time performance of all customary duties of your occupation.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

SPECIAL NOTE: *The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.*

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Lincoln Financial Group®

(800) 423-2765 | www.lincoln4benefits.com

EmployeeConnect℠

Practical Help For Life's Challenges

(888) 628-4824

There are times in all of our lives when we need a little help. No matter what the issue is, Employee Connect is available 24 hours a day, seven days a week with support, guidance and resources. Employee Connect Includes:

- Assistance for you or an immediate household family member
- 24/7 telephone and Web access
- Telephone access to legal counsel
- A 25 % discount for services resulting from an attorney referral
- Confidentiality

LifeKeys *Added benefits to insured, beneficiaries and dependents*

(855) 891-3684

LifeKeys℠ services are provided at no additional cost with our term life and AD&D policies. These services provide assistance not just to beneficiaries but also to insured employees and their dependents. Many of these new services can be used as soon as the plan is in-force — not just when the insured passes away. Services include:

- Free online will preparation
- ID theft information
- Unlimited phone contact with grief counselors and legal and financial specialists
- A combination totaling six in-person sessions for grief counseling, or legal or financial information
- Memorial planning assistance

LifeKeys℠ services, together with TravelConnect℠ services, provide a full range of valuable assistance and guidance to insured employees, their dependents and beneficiaries.

TravelConnect℠ Services

A "no-cost benefit" providing you valuable services while traveling.

(800) 527-0218 - Provider I.D. Number 322541

Traveling just got easier.

As part of your employee benefits package, your Lincoln Financial Group life insurance coverage now includes our *TravelConnect* program, an employee benefit that includes travel, medical, and safety-related services while traveling.

Business or leisure travel – it's covered.

The *TravelConnect* benefit is provided at no cost to you and includes a wealth of services when traveling just 100 miles or more from home. These services are provided regardless if you're traveling for business or leisure. Whether you simply want the weather forecast for your travel destination or you need emergency medical assistance halfway around the world, UnitedHealthcare Global has the professional staff and resources to provide support, 24 hours a day, seven days a week.

ACCIDENT A35275

Coverage 24 hours a day – For Accidents On or Off-the-Job- Worldwide

HOSPITAL INDEMNITY PLAN

Coverage for Hospital Confinement due to Sickness, Surgery, Maternity or Injury

- Benefits payable for Hospital Confinement
- For surgery performed In-Patient or Out-Patient
- Wellness Benefit payable every anniversary for a check up

CANCER INDEMNITY PLAN

Coverage for Cancer Treatment

- First Occurrence Benefit for initial diagnosis of Internal Cancer
- Hospital Confinement benefit for Hospitalization due to Cancer
- Radiation, chemotherapy and experimental treatment benefits
- Surgery and Anesthesia benefits
- Cancer screening benefit for each covered person for each calendar year

CRITICAL CARE AND RECOVERY

Coverage for the treatment of specified health events including Heart Attack, Stroke, Coronary Artery Bypass Surgery and Third Degree Burns

- First occurrence benefit for the initial diagnosis
- Hospital confinement for a covered illness
- CU confinement benefit for illness and injury
- Continuing Care benefits including physical therapy, speech therapy, home health care and doctor visits

SPECIAL NOTE: *The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.*

LegalShield
Total access. Total freedom.

(800) 654-7757 | www.legalshield.com

Legal Shield

The City of North Miami's employees may elect to purchase Legal Insurance through LegalShield Pre-paid Legal on a voluntary basis through payroll deduction. Legal Insurance may be purchased to cover yourself, spouse and children. LegalSheild offers sever insurance plan options. Rates and brochures may be obtained from Personnel Department.

Examples of Available Services: Traffic Ticket Defense Nationwide; Attorney Letters; Contract and Document Review Consultation for Divorce; Child Custody, Support, Probate, Bankruptcies - Chapter 7, 11 and 13; Immigration; Credit card liability resolution, credit and asset protection and much more; 24/7 on call in an emergency situation, i.e. accident or mistaken identity etc.

Contact: Mitch Summer
Cell: (954) 562-2823

Deferred Compensation

The City currently offers two deferred compensation programs through ICMA and VALIC. Representatives visit the City monthly.

Deferred compensation is a voluntary, **pre-income tax payroll reduction plan** available to all full-time employees. You choose an amount of money to be deferred from each paycheck which can be used at retirement to supplement your City pension and Social Security. For income tax purposes, the deferrals **are not** considered taxable income until withdrawn. Deferrals **are** considered taxable income for social security purposes. **If you will need these funds do not put them in a deferred compensation account. It is not a savings account; it is a pension plan.**

HOW MUCH MAY I CONTRIBUTE?

The amount changes from year to year. As of October 2015, the maximum you may defer, according to the IRS is $19,000 per calendar year except as amended by federal law or regulation. If Age 50 or older, you can defer $24,000 per year using the Age 50 or older catch-up provision. If you will be retiring within 3 years you have the option of enrolling in the Catch-Up provision and contributing up to $36,000 in unused deferrals.

DEFINITION OF DEPENDENT

Dependent - the Subscriber's legal spouse or a dependent child of the Subscriber or the Subscriber's spouse or a newborn child of an Enrolled Dependent. All references to the spouse of a Subscriber shall include a Domestic Partner. The term child includes any of the following:

- A natural child.
- A stepchild.
- A legally adopted child.
- A child placed for adoption.
- A child placed for foster care.
- A child for whom legal guardianship has been awarded to the Subscriber or the Subscriber's spouse.
- A newborn child of an Enrolled Dependent. The newborn child may be covered from birth to 18 months of age.

To be eligible for coverage under the Contract, a Dependent must reside within the Service Area or reside with the Subscriber who works within the Service Area. **Note:** This does not apply to your Dependents who reside or work outside the Service Area if your Dependents have agreed to receive Covered Health Services from those providers who participate in our national network of preferred providers. Refer to the definition of "Network Benefits" below.

The definition of Dependent is subject to the following conditions and limitations:

- Under the Patient Protection and Affordable Care Act (PPACA), a Dependent includes any dependent child under 26 years of age.

- A Child's eligibility for dependent coverage under the PPACA is based solely on the child's age and his or her relationship to the participant. The plan or issuer may **not** deny or restrict coverage for a child who is under age 26 based on whether the Child is of the following:
  The child is financially dependent on the participant; or
  The Child resides with the participant or with any other person; or
  The Child is a student or employed.

- A Child can join or remain on your plan even if they are:
  Married
  Not living with you
  Attending School
  Not financially dependent on you
  Eligible to enroll in their employer's plan

- In the event that the Subscriber has a Dependent who meets the following requirements, extended coverage may be available for that Dependent to the end of the calendar year in which the Dependent reaches age 30. Contact your Enrolling Group for details. To be eligible for extended coverage, a Dependent must satisfy the following:

  COC.DEF.H.09.FL.KA 65
  Is unmarried and does not have dependent of his or her own;
  Is a resident of Florida or a Student, and
  Does not have coverage as a named subscriber, insured, enrollee or covered person under any other group, blanket or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

If such a Dependent's coverage is terminated after the end of the calendar year in which the Dependent reached age 25, the child is not eligible to be covered under the Contract unless the Dependent was continuously covered by Creditable Coverage without a gap in coverage of more than 63 days.

A child who is covered under extended coverage provisions set forth above ceases to be eligible as a Dependent on the last day of the calendar year following the child's attainment of the limiting age or when the child no longer meets the requirements.

The Subscriber must reimburse us for any Benefits that we pay for a child at a time when the child did not satisfy these conditions.

A Dependent also includes a child for whom health care coverage is required through a *Qualified Medical Child Support Order* or other court or administrative order. The Enrolling Group is responsible for determining if an order meets the criteria of a *Qualified Medical Child Support Order*.

IMPORTANT NOTICE

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The City of North Miami Aetna plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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 (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

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

This notice officially confirms

The fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is November 15 to December 31. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about $32-$37/Month. If you do decide to enroll, coordination of benefits will be required.

FOR MORE INFO:

On Medicare Part D, you can read the "Medicare & You" Handbook which will be mailed to you during October

visit **www.medicare.gov** on the web
or call **1-800 MEDICARE (633-4227)**

TTY users should call 1-877-846-2048

If you are Medicare eligible please review the above notice and put it with your other important insurance papers. ***If you have any questions, please feel free to contact your Human Resources Department.***

SECTION 125 | HIPAA | COBRA

FEDERAL LAWS DISCLOSURES NOTICES

SECTION 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

Examples of a Qualifying Life Event

- The birth/adoption/legal custody of a child
- A marriage
- A divorce
- A covered dependent is no longer eligible for coverage
- A dependent returns to full-time student status
- A spouse or dependent child dies
- An increase in your work hours from part-time to full-time
- A decrease in your work hours
- A spouse obtains employment
- A spouse's employment is terminated
- A child gains or loses coverage with an ex-spouse (responsibility for health coverage changes)

HIPAA SPECIAL ENROLLMENT NOTICE

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive 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).

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.

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.

For More Information or Assistance

To request special enrollment or obtain more information, please contact your local Human Resources Department.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any of the following reasons provided below.

Employee:	• Reduction in hours of employment (that disqualifies group insurance participation eligibility); or • Termination of employment (for reasons other than gross misconduct).
Spouse of Employee:	• The death of your spouse; or • A termination of your spouse's employment (for reasons other than gross misconduct) or a reduction in your spouse's hours of employment; or • Divorce or legal separation from your spouse; or • Your spouse becomes entitled to Medicare
Dependent Child of Employee:	• The death of a parent; or • A termination of the parent's employment (for reasons other than gross misconduct) or a reduction in the parent's hours of employment with the Entity; or • Parent's divorce or legal separation; or • A parent becomes entitled to Medicare; or • The dependent child ceases to be a "dependent child" under the Entity's group health-plan.

Under the law, the employee or a family member has the responsibility to inform the entity group health plan Administrator of a divorce, legal separation or a child losing dependent status under the entity group health plan within 30 days of the date in which coverage would end under the plan because of the event, whichever is later. The Entity has the responsibility to notify the Plan Administrator of the employee's death, termination, reduction of hours of employment or Medicare entitlement.

FEDERAL LAWS DISCLOSURES NOTICES

FEDERAL LAWS & NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- 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. Therefore, the following deductibles and coinsurance apply:

AETNA	HNONLY OA $2500	HNONLY OA $250	HNOPTIONS OA $1500
Individual	$2,500	$250	$1,500
Family	$5,000	$500	$3,000
Co-Insurance	10%	0%	0%

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

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT

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).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP, you can 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, you can 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, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at **www.askebsa.dol.gov** or by calling toll-free **1-866-444-EBSA (3272).**

EDUCATION

BE A WISE HEALTH CARE CONSUMER

REDUCE YOUR PRESCRIPTION DRUG COSTS

If you take prescription medication, you can cut costs up to 90 percent by becoming an informed consumer and using the same buying techniques that you use when shopping for other goods and services. As more individuals comparison shop for drugs, more retailers will compete to win their business, which will drive prices lower. These strategies can help you become a savvy prescription drug consumer.

- **Price comparison**
- **Drug substitution**
- **Bulk buying**
- **Generic medications**
- **Generic medications**
- **Pharmaceutical company assistance programs**
- **Over the counter drug substitutes (OTC)**
- **Discount prescription cards**

PHARMACY CONVENIENCE STARTS HERE

Having access to a discount prescription program can be an enormous benefit to anyone who has a chronic condition. When you have to buy the same medications regularly, it makes a huge difference to save as much money as possible each and every time.

We encourage you to use local pharmacy discount programs available through your local pharmacy. When you do, it's important to remind the pharmacist *NOT* to process your prescription through your medical plan.

Visit your nearest drugstore to start saving on your generic prescriptions today.

PUBLIX PHARMACY
Feeling well. Living better.®

Free Antibiotics Check with Publix for selections

www.publix.com/pharmacy

CVS pharmacy™

$11.99 | 90 day supply

www.cvs.com/pharmacy

CVSHealth TARGET

$11.99 | 90 day supply

www.cvs.com/pharmacy

Walmart Pharmacy

$4 / 30 Day Supply
$10 / 90 Day Supply

www.walmart.com/pharmacy

kmart pharmacy

$5 / 30 Day Supply
$10 / 90 Day Supply

www.kmart.com/pharmacy

GoodRx

GoodRx is the #1 medical app for iOS and Android. Get prescription drug prices on-the-go, with coupons built unto the app.

ANDROID APP ON Google play

Available on the App Store

www.goodrx.com

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

BE A WISE HEALTH CARE CONSUMER

EDUCATION

Deciding where to go for care...

Telemedicine, Doctor, Urgent Care or Emergency Room?

URGENT CARE CENTER OR FREESTANDING ER

Knowing the difference can save your money

Urgent Care Center and Freestanding Emergency Rooms (ERs) can be hard to tell apart. Freestanding ERs often look a lot like Urgent Care Centers, but costs are higher, just as if you went to the ER at a hospital. Here are some ways to know if you are at a freestanding ER.

Freestanding ERs:

- Look like Urgent Care Center, but include Emergency in facility names.
- Are open 24-hours a day, seven days a week
- Are physically separate from a hospital
- Are subject to the same co-pay as hospital ER
- Are staffed by ER physicians

Who Provides Care	Telemedicine	Primary Care Physician	Urgent Care	Freestanding ER	Hospital Based ER
Sprains, Strains	●	●	●	• Many life threatening or disabling conditions • Many major injuries • Typically do not accept ambulances • Look like Urgent Care Centers, but can care for emergencies • Open 24-hours a day, seven days a week • Physically separate from a hospital • Subject to the same copay and/or out pocket cost as hospital ER	• Sudden or unexplained loss or consciousness • Chest pain; numbness in the face, arm or leg; difficultly speaking • Major injuries • Severe shortness of breath • High fever with stiff neck, mental confusion or difficulty breathing • Coughing up or vomiting blood • Cut or wound that won't stop bleeding • Possible broken bones • Any life threatening or disabling conditions
Animal bites	●	●	●		
X-rays		●	●		
Stitches		●	●		
Mild Asthma	●	●	●		
Minor Headaches	●	●	●		
Back Pain	●	●	●		
Nausea, vomiting, diarrhea	●	●	●		
Minor allergic reactions	●	●	●		
Coughs, sore throat	●	●	●		
Bumps, cuts, scrapes	●	●	●		
Rashes, minor burns	●	●	●		
Minor fevers, colds	●	●	●		
Ear and sinus pain	●	●	●		
Burning with urination	●	●	●		
Eye swelling, irritation, redness or pain	●	●	●		
Vaccinations	●	●	●		

What about Financial Wellness?

Get out of debt and save for the future.

Many Americans are consumed with anxiety and frustration over the debt that they owe, and the lack of funds to pay it off**.** Furthermore, most people struggle to save a cushion of three to six months' worth of living expenses in case of an emergency - much less invest for the future. So, what is a hard worker like you supposed to do to stay above water and put some money away at the same time?

You could make some major strides in your financial status in as little as six months, if you take these proactive steps toward greater financial standing.

1. Track Your Spending

Create a balance sheet and list your debts in order from highest to lowest interest rate. Keep track of your typical expenses for each month, while also accounting for unexpected expenses for the entire year. Then, add up your liquid assets, including money in savings and investment accounts. Also list any major purchases that you will need to make in the next year. Subtract this amount from your liquid assets. The remainder will be what you have available to pay off your debts. If you have a deficit, you will need to trim your expenses.

2. Build Money in Savings

- Link your savings and checking account with an ATM card. Then, set up three savings accounts – one for emergencies, one for unexpected expenses (car repairs, medical bills, etc.) and one for investments.
- Carry your ATM card only when it is absolutely necessary, and withdraw only what you need for the week.
- When you receive a paycheck, place only what you need for the month into your checking account. The rest of the funds should be placed into your three savings accounts.
- If possible, put money equaling one month's expenses into the savings account for unexpected expenses. Then, if you need new brakes unexpectedly, you will have the money saved already, and will be less likely to charge the expense.
- Place "found" money into your investments savings account, such as money from birthdays, holidays, bonuses, profits from a garage sale, etc.

3. Reduce Your Debt

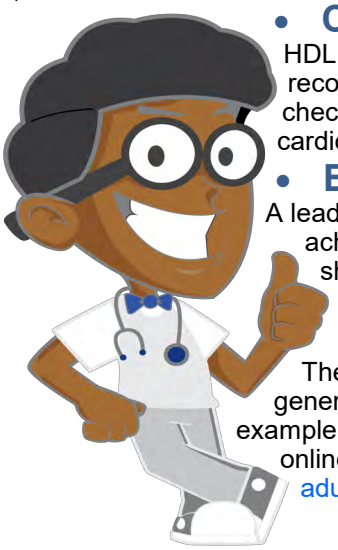
- Pay off your highest interest credit card debt first. Pay as much as you can each month— avoid paying just the minimum payment. Since credit card companies make their money from interest payments, the minimum balance payments are set extremely low on purpose. If you can afford to pay more than the minimum, you will pay far less in the long run.
- Transfer outstanding balances to credit cards with lower interest rates. Or, contact your credit card company and see if they will match the interest rate of another company so that they won't lose you as a customer.
- Cancel old credit cards so you are not tempted to use them. Only keep two and store them at home for emergencies.
- Contact the National Foundation for Credit Counseling to develop a structured debt payment plan at 800-388-2227 or at www.nfcc.org.

Your debt problem will not go away immediately, but you do have the power to make it better over time. If you combine these debt reducing and savings strategies, you will be more financially secure in the future and well on your way to becoming financially strong.

Knowing your four health numbers is key to a healthier you.

At your annual check-up, ask your doctor for your four health numbers (Blood Pressure, Cholesterol, Blood Sugar and BMI-Body Mass Index).

- **Blood pressure:**
  A telltale sign for possible heart disease, stroke and kidney disease. Understanding your blood pressure numbers is key to controlling high blood pressure. The American Heart Association recommends a normal Blood Pressure range of Systolic mm Hg (upper number) Less then 120 and Diastolic mm HG (lower number) Less than 80 (120/80)



- **Cholesterol**
  HDL is good. LDL is bad. Keeping both in check is essential. The American Heart Association (AHA) recommends that all adults age 20 or older have their cholesterol and other traditional risk factors checked every four to six years, and work with their healthcare providers to determine their risk for cardiovascular disease and stroke.
- **Blood Sugar**
  A leading determinant for the onset of diabetes. What is a normal blood sugar level? And how can you achieve normal blood sugar? For someone without diabetes, a fasting blood sugar on awakening should be under 100 mg/dl. Before-meal normal sugars are 70–99 mg/dl. "Postprandial" sugars taken two hours after meals should be less than 140 mg/dl.
- **Body Mass Index (BMI)**
  The measure of body fat based on height and weight that applies to adult men and women. In general, BMI is an inexpensive and easy-to-perform method of screening for weight category, for example underweight, normal or healthy weight, overweight, and obesity. There are many calculators online to assist you with obtaining your BMI. https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

Do you know your financial health numbers?

Knowing them is just as important as knowing your overall health numbers. Your financial health comes down to a series of ratios. Here's where you should start:

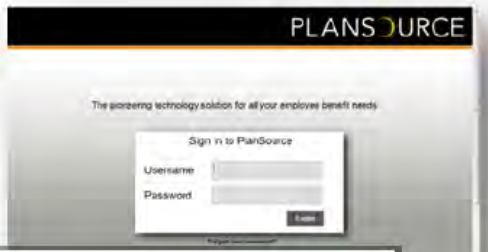
1. **Credit Score:** Your FICO credit score—a ratio determined independently by three credit bureaus and based primarily on your track record of paying bills on time – is about far more than just being approved for loans.
2. **Retirement Savings Rate:** There is no single, correct dollar amount to put aside for retirement, which is why most projections rely on percentages. The most important one is how much of your salary you should put aside for retirement, which experts peg at 15%.
3. **Emergency Fund:** The number you need to know: How many months could you survive on your savings? The key is to achieve an overall balance in your finances, with about half your income going toward fixed expenses like rent and utilities, 20% for financial goals like savings, and 30% for day-to-day expenses like groceries and gas, advises Vera Gibbons, personal finance consultant - mint.com
4. **Net Worth:** People tend to think of this number as their "wealth," says LearnVest's von Tobel, but it's not really about how much you have at any given point. Rather, people should use net worth as a starting point to see how they are doing down the road.

NOTES

ONLINE ENROLLMENT INSTRUCTIONS

1. Login

ENROLLMENT URL: https://benefits.plansource.com



USERNAME

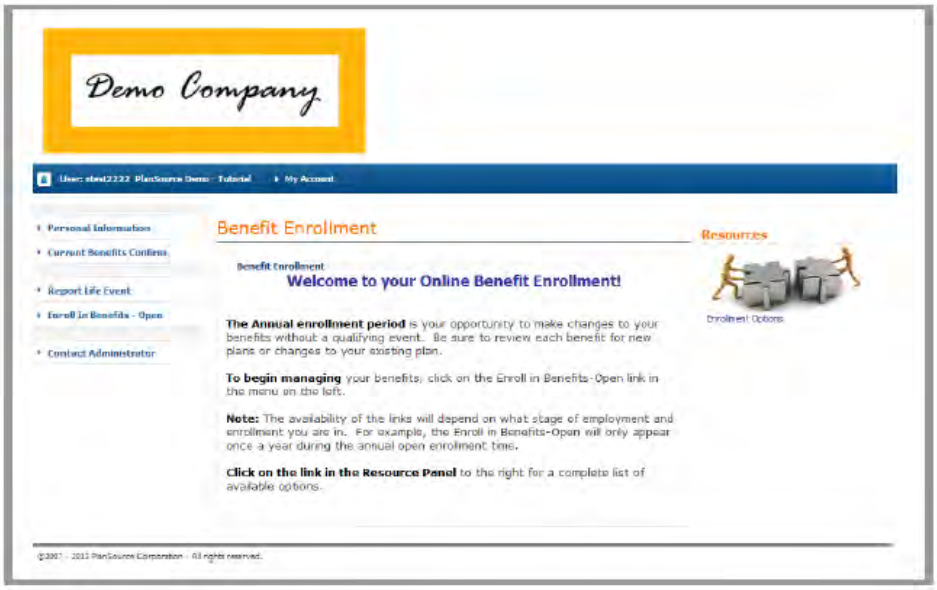
- Your user name is the following: the first initial of your first name, up to the first six characters of your last name, and the last four of your SSN. For example: If your name is Jane Anderson and the last four of your SSN is 1234, your user name would be janders1234

PASSWORD

- Your birthdate in YYYYMMDD format. For example: If you birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password

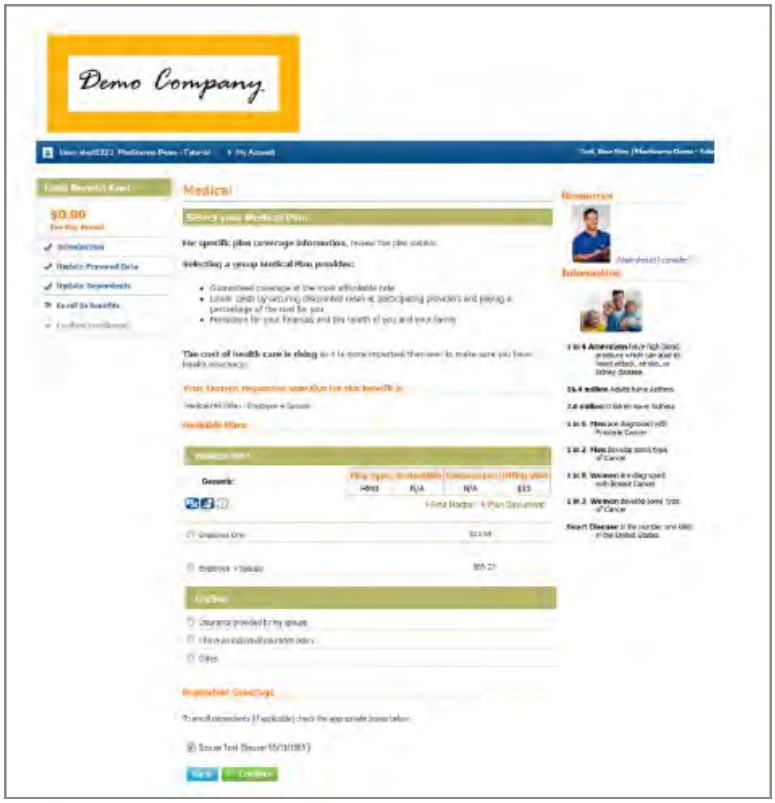
2. Launch Enrollment

- Click on "Enroll in Benefits" picture or "Benefit Elections" link to begin your enrollment
- Click on "Enroll in Benefits – Open" link at the left of the screen to begin your enrollment



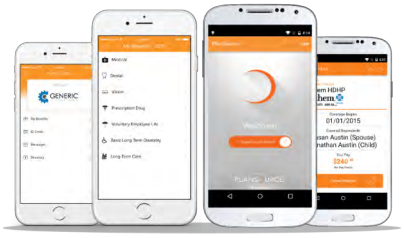
3. Enroll

- Use the links on the left to make your selection
- Follow the enrollment through each step of the enrollment process from top to bottom
- In making your elections, choose the plan option of choice or select the "Decline" option and then select "Continue" after each election has been made



4. Confirm Enrollment Selections

- Once you complete all coverage elections, you will land on the Confirmation Statement. Click the "Confirm Enrollment" button at the bottom of the page to complete your enrollment process.



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sapoznik™

WHERE HEALTH BENEFITS

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www.sapoznik.com