

# Palm Beach

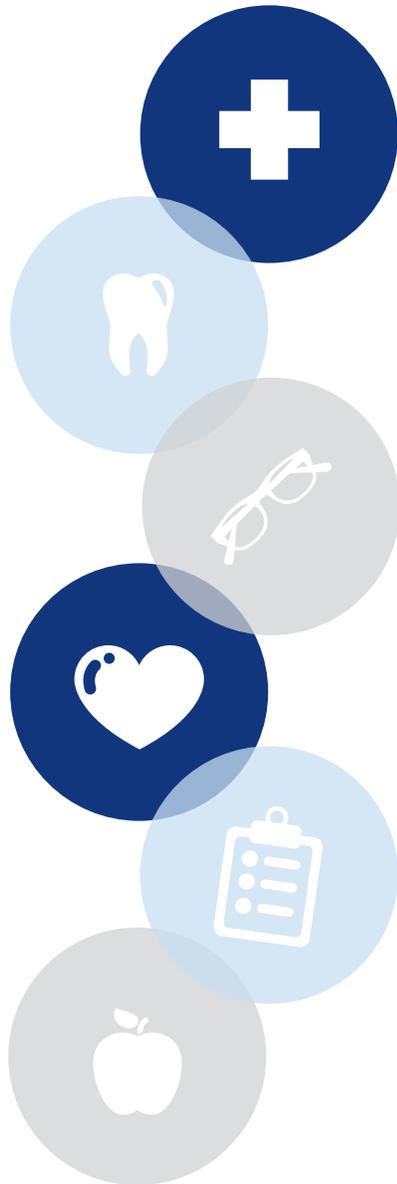
2020 EMPLOYEE BENEFIT HIGHLIGHTS







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This booklet is merely a summary of employee benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The Town of Palm Beach reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



## Contact Information

	<b>Human Resources Department</b>		Phone: (561) 838-5450 Option 2
	<b>Online Benefit Enrollment</b>	Bentek Support	(888) 5-Bentek (523-6835) www.mybentek.com/townofpalmbeach
	<b>Medical Insurance</b>	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	<b>Prescription Drug Coverage &amp; Mail-Order Program</b>	Cigna Home Delivery	Customer Service: (800) 835-3784 www.cigna.com
	<b>Telehealth</b>	Cigna	AmWell   Customer Service: (855) 667-9722 www.mycigna.com MDLive   Customer Service: (888) 726-3171 www.mycigna.com
	<b>Dental Insurance</b>	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	<b>Vision Insurance</b>	National Vision Administrators (NVA)	Customer Service: (800) 672-7723 www.e-nva.com Group Number: 51193
	<b>Flexible Spending Accounts</b>	Continuon Services	Customer Service: (877) 747-4141 www.cslc.com
	<b>Employee Assistance Program</b>	ComPysch	Customer Service: (800) 272-7255 www.guidanceresources.com
	<b>Basic Life and AD&amp;D Insurance</b>	The Hartford	Customer Service: (800) 523-2233 www.thehartford.com
	<b>Voluntary Life and AD&amp;D Insurance</b>	The Hartford	Customer Service: (800) 523-2233 www.thehartford.com
	<b>Voluntary Short Term Disability Insurance</b>	Prudential	Customer Service: (800) 842-1718 www.prudential.com
	<b>Long Term Disability Insurance</b>	Prudential	Customer Service: (800) 842-1718 www.prudential.com
	<b>Prepaid College</b>	Florida Prepaid	Customer Service: (800) 552-4723 www.myfloridaprepaid.com



## Introduction

The Town of Palm Beach provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the The Town Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact the Human Resources Department.

## Online Benefit Enrollment

The Town provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open Enrollment period, New Hire Orientation, or Qualifying Events.

Accessible 24 hours a day, throughout the year, employees may log in and review comprehensive information regarding benefit plans and view and print an outline of benefit elections for employee and dependent(s). Employees have access to important forms and carrier links, can report qualifying life events and review and make changes to Life insurance beneficiary designations.



### To Access the Employee Benefits Center:

- ✓ Log on to [www.mybentek.com/townofpalmbeach](http://www.mybentek.com/townofpalmbeach)
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate to the menu in order to review current elections, learn about benefit options, and make elections, changes or beneficiary designations.

For technical issues directly related to using the EBC, please call (888) 5-Bentek (523-6835) or email Bentek Support at [support@mybentek.com](mailto:support@mybentek.com), Monday through Friday, during regular business hours, 8:30am - 5:00pm.

To access Employee Benefits Center online, log onto:  
**[www.mybentek.com/townofpalmbeach](http://www.mybentek.com/townofpalmbeach)**

*Please Note: Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.*



## Group Insurance Eligibility



The Town's group insurance plan year is January 1 through December 31.

### Employee Eligibility

Employees are eligible to participate in The Town's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following 30 days of employment. For example, if employee is hired on April 11, then the effective date of coverage will be June 1.

### Separation of Employment

If employee separates employment from The Town, insurance will continue through the end of the pay period in which separation occurred. COBRA continuation of coverage may be available as applicable by law.

### Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

### Dependent Age Requirements

**Medical Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

**Dental Coverage:** A dependent child may be covered through the end of the calendar year in which child turns age 26.

**Vision Coverage:** A dependent child may be covered through the end of the calendar year in which child turns age 26.

*Please see Taxable Dependents if covering eligible over-age dependents over age 26.*

### Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured; and
- Coverage with The Town began prior to age 26.

Proof of disability will be required upon request. Please contact the Human Resources Department if further clarification is needed.

### Taxable Dependents

Employee covering adult child(ren) under employee's medical insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year. Imputed income is the dollar value of insurance coverage attributable to covering the adult dependent child. Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return. Contact the Human Resources Department for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

### Domestic Partner

Registered Domestic Partners may be eligible to participate in the Town's group medical, dental and vision insurance plans. If an employee chooses to cover a domestic partner, Federal guidelines do not permit pre-tax employee contributions for the dependent portion of their premium contribution. Since employee contributions cover only a portion of the full premium for coverage, the Town's contribution for domestic partner coverage is treated as imputed income, and is taxable. Contact the Human Resources Department for further information regarding the Domestic Partner eligibility criteria.



## Qualifying Events and Section 125

### Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event.

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year, if the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of the Internal Revenue Code. Any requested changes must be consistent with and due to the Qualifying Event.

#### Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Employee, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employee's work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or gaining eligibility for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)



#### IMPORTANT NOTES

If employee experiences a Qualifying Event, **the Human Resources Department must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Cancellations will be processed at the end of the pay period in which the cancellation occurs. In the event of death, coverage terminates the date following the death. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event."



## Wellness Program

Full-time and regular part-time employees and spouses enrolled in the Town's health plan are eligible to participate in the Wellness Program. Employee participation in the program is optional and voluntary for employees; however, those who complete the wellness activities will receive reduced premiums in the Town's plans. Participation for spouses is optional and voluntary and will not affect the premium employees pay.

Activities for the 2020 insurance plan year include: (1) a Biometric Screening; (2) an online Health Risk Assessment (HRA); and (3) a completed tobacco screening test and a Tobacco-Free Affidavit or submission of certificate of completion from the Town sponsored tobacco cessation program or equivalent program. Employees will have the opportunity to complete their biometric screening during one of the onsite biometric screening events or at one of Quest Diagnostic Patient Service Centers.

### Biometric Screening

The biometric screening test will consist of the following:

- ✓ Blood Glucose
- ✓ Total Cholesterol
- ✓ Triglycerides
- ✓ Blood Pressure
- ✓ HDL Cholesterol
- ✓ Body Mass Index
- ✓ Cholesterol Ratio

Biometric Screening results will be available within 3-5 days if performed at a Quest or LabCorp lab location or immediately if performed at one of the onsite events. Be sure to have biometric results on hand when completing the online HRA, as employee will be required to enter actual biometric numbers.

### Online Health Risk Assessment

Once employee receives the biometric screening results, employees will be asked to enter biometric and tobacco screening results and provide answers to a series of questions about health and lifestyle choices. This information will be translated into a detailed personal wellness report. Employees will have the option to print the report that includes the overall wellness score and pertinent information about health risks, lifestyle choices, and risk reduction strategies.

### Tobacco Free Wellness Activities

2020 Tobacco Free – Employees must complete one (1) of the following:

- Complete and pass a tobacco screening and sign the non-tobacco user affidavit  
*OR*
- Submit a certificate of completion of the Town's sponsored tobacco cessation program (or equivalent).

### Confidentiality

Once the health screenings are completed, the carrier will compile the results and provide the Town with an executive summary in an aggregate report that will include a breakdown of group results in eleven areas of health status and overall wellness. The Town will use this data to develop lunch and learns and wellness programs that will be beneficial to all employees town wide. Employee data will be gathered and stored by Quest or LabCorp and the carrier with absolute dedication to privacy and confidentiality in accordance with HIPAA regulations. No individual data will ever be shared with anyone in the Town.



## Medical Insurance

The Town offers medical insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please contact Cigna's customer service.

### Medical Insurance – Cigna Open Access Plus In Network Only - Seaview Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost With Completed Wellness	Employee Cost Without Completed Wellness
Employee Only	\$0.00	\$23.17
Employee + 1 Dependent	\$56.07	\$105.45
Employee + 2 Dependents	\$112.14	\$187.74
Employee + 3 or More Dependents	\$168.21	\$270.02

### Medical Insurance – Cigna Open Access Plus - Seaspray Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost With Completed Wellness	Employee Cost Without Completed Wellness
Employee Only	\$10.05	\$34.43
Employee + 1 Dependent	\$75.56	\$127.28
Employee + 2 Dependents	\$141.15	\$220.23
Employee + 3 or More Dependents	\$206.56	\$312.98

### Medical Insurance – Cigna Open Access Plus - Seabreeze Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost With Completed Wellness	Employee Cost Without Completed Wellness
Employee Only	\$47.93	\$76.85
Employee + 1 Dependent	\$157.60	\$219.16
Employee + 2 Dependents	\$267.27	\$361.48
Employee + 3 or More Dependents	\$376.93	\$503.79

### Summary of Benefits and Coverage

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

**From:** Human Resources Department  
**Address:** 360 S. County Rd.  
 Palm Beach, FL 33480  
**Phone:** (561) 838-5450, Option 2  
**Website URL:** [www.mybentek.com/townofpalmbeach](http://www.mybentek.com/townofpalmbeach)

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

If there are any questions about the plan offerings or coverage options, please contact Human Resources Department at (561) 838-5450, Option 2.

## Opt-Out Benefits

Employees with other medical coverage, either through their spouse or through a previous employer, may be eligible to receive an incentive payment of \$175 per month. In order to receive the incentive, employee must opt out of the Town's medical insurance coverage.

If employee wishes to opt out of the Town's health insurance plan, reasonable evidence of alternative coverage for the 2020 plan year must be provided. This can be a health insurance card or a letter of creditable coverage from your carrier. Proof of medical insurance coverage along with the Medical Insurance Opt-Out form must be submitted to the Human Resources Department. The Medical Insurance Opt-Out Form can be found on the Town's Intranet under Employee Benefits Information. Incentive payments are paid monthly on the first paycheck of the month.



## Other Available Plan Resources

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

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

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

### Healthy Rewards

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

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

### The myCigna Mobile App

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

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

### Prescription Drugs - Cigna 90 Now

Employees taking maintenance medications which are prescribed for chronic long-term conditions and are taken on a regular recurring basis, must now fill these prescriptions at a Cigna 90 Now pharmacy or through Cigna Home Delivery. Employees may choose a different pharmacy, but the prescription will not be covered by the Town's sponsored insurance. To find a Cigna 90 Now pharmacy, log on to [www.cigna.com/rx90network](http://www.cigna.com/rx90network).

## Telehealth

Cigna provides access to two (2) telehealth services as part of the medical plan – AmWell and MDLive. Telehealth is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

This benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with Telehealth, such as:

- ✓ Sore Throat
- ✓ Headache
- ✓ Stomachache
- ✓ Fever
- ✓ Cold And Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTIs And More

Telehealth doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact Cigna.

### Cigna

**AmWell** | Customer Service: (855) 667-9722 | [www.amwellforcigna.com](http://www.amwellforcigna.com)  
**MDLive** | Customer Service: (888) 762-3171 | [www.mdliveforcigna.com](http://www.mdliveforcigna.com)



## Cigna Open Access Plus In Network Seaview Plan At-A-Glance

Network	Open Access Plus
<b>Calendar Year Deductible (CYD)</b>	
Single	In-Network \$0
Family	\$0
<b>Coinsurance</b>	
Member Responsibility	0%
<b>Calendar Year Out-of-Pocket Limit</b>	
Single	\$1,500
Family	\$3,000
What Applies to the Out-of-Pocket Limit?	Copays
<b>Physician Services</b>	
Primary Care Physician (PCP) Office Visit (PCP Election Required)	\$20 Copay
Specialist Office Visit (No Referral Required)	\$40 Copay
Telehealth	No Charge
<b>Non-Hospital Services; Freestanding Facility</b>	
Clinical Lab (Blood Work)*	No Charge
X-rays	No Charge
Advanced Imaging (MRI, PET, CT)	No Charge
Outpatient Surgery in Surgical Center	\$250 Copay
Physician Services at Surgical Center	No Charge
Urgent Care (Per Visit)	\$30 Copay
<b>Hospital Services</b>	
Inpatient Hospital (Per Admission)	\$500 Copay
Outpatient Hospital (Per Visit)	\$100 Copay
Physician Services at Hospital	No Charge
Emergency Room (Per Visit; Waived if Admitted)	\$115 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>	
Inpatient Hospital Services (Per Admission)	\$500 Copay
Outpatient Services (Per Visit)	\$40 Copay
<b>Prescription Drugs (Rx)</b>	
Pharmacy Deductible**	\$100 Individual / \$200 Family
Pharmacy Out of Pocket Limit	\$5,100 Individual / \$8,700 Family
Generic	\$10 Copay
Preferred Brand Name	\$30 Copay After CYD
Non-Preferred Brand Name	50% After CYD
Mail Order Drug (90-Day Supply)	2x Retail Copay (Non-Preferred Brand Name: 60% Coinsurance)



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus.



### Plan References

\*Quest Diagnostics or LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than Quest or LabCorp, please confirm they are contracted with Cigna Open Access Plus network prior to receiving services.

\*\*Pharmacy Deductible: The Cigna Seaview plan has a separate calendar year pharmacy deductible of \$100 per member. This deductible applies only to brand name prescriptions.



### Important Notes

Services received by providers or facilities **not** in the Open Access Plus network, will not be covered.



## Cigna Open Access Plus Seaspray Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus.



### Plan References

**\*Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

\*\*Quest Diagnostics or LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than Quest or LabCorp, please confirm they are contracted with Cigna Open Access Plus network prior to receiving services.

\*\*\*Pharmacy Deductible: The Cigna Seaspray plan has a separate calendar year pharmacy deductible of \$100 per member. This deductible applies only to brand name prescriptions.

Network	Open Access Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out of Network*</b>
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
<b>Coinsurance</b>		
Member Responsibility	20%	50%
<b>Calendar Year Out-of-Pocket Limit</b>		
Single	\$2,000	\$4,000
Family	\$4,000	\$6,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible and Copays	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$35 Copay	50% After CYD
Specialist Office Visit	20% After CYD	50% After CYD
Telehealth	No Charge	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Blood Work)**	No Charge	50% After CYD
X-rays	20% After CYD	50% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD	50% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	50% After CYD
Physician Services at Surgical Center	20% After CYD	50% After CYD
Urgent Care (Per Visit)	\$50 Copay	\$50 Copay After CYD
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	20% After CYD	\$500 Copay + 50% After CYD
Outpatient Hospital (Per Visit)	\$250 Copay	50% After CYD
Physician Services at Hospital	20% After CYD	20% After In-Network CYD
Emergency Room (Per Visit; Waived if Admitted)	\$250 Copay	\$250 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)	20% After CYD	\$500 Copay + 50% After CYD
Outpatient Services (Per Visit)	20% After CYD	50% After CYD
<b>Prescription Drugs (Rx)</b>		
Pharmacy Deductible***	\$100 Individual / \$200 Family	Not Covered
Pharmacy Out of Pocket Limit	\$4,600 Individual / \$9,200 Family	
Generic	\$10 Copay	
Preferred Brand Name	\$35 Copay After CYD	
Non-Preferred Brand Name	50% After CYD	
Mail Order Drug (90-Day Supply)	2x Retail Copay (Non-Preferred Brand Name: 60% Coinsurance)	



## Cigna Open Access Plus Seabreeze Plan At-A-Glance

Network	Open Access Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out of Network*</b>
Single	\$500	\$1,000
Family	\$1,500	\$3,000
<b>Coinsurance</b>		
Member Responsibility	10%	30%
<b>Calendar Year Out-of-Pocket Limit</b>		
Single	\$1,500	\$3,000
Family	\$4,500	\$9,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible and Copays	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$25 Copay	30% After CYD
Specialist Office Visit	\$40 Copay	30% After CYD
Telehealth	No Charge	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Blood Work)**	10% After CYD	30% After CYD
X-rays	10% After CYD	30% After CYD
Advanced Imaging (MRI, PET, CT)	10% After CYD	30% After CYD
Outpatient Surgery in Surgical Center	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care (Per Visit)	\$30 Copay	\$30 Copay After CYD
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	10% After CYD	\$300 Copay + 30% After CYD
Outpatient Hospital (Per Visit)	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	10% After CYD
Emergency Room (Per Visit; Waived if Admitted)	10% After CYD	10% After CYD
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)	10% After CYD	\$300 Copay + 30% After CYD
Outpatient Services (Per Visit)	10% After CYD	30% After CYD
<b>Prescription Drugs (Rx)</b>		
Pharmacy Deductible***	\$100 Individual / \$200 Family	Not Covered
Pharmacy Out of Pocket Limit	\$5,100 Individual / \$8,700 Family	
Generic	\$10 Copay	
Preferred Brand Name	\$30 Copay After CYD	
Non-Preferred Brand Name	50% After CYD	
Mail Order Drug (90-Day Supply)	2x Retail Copay (Non-Preferred Brand Name: 60% Coinsurance)	



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus.



### Plan References

**\*Out-Of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

**\*\*Quest Diagnostics or LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than Quest or LabCorp, please confirm they are contracted with Cigna Open Access Plus network prior to receiving services.**

**\*\*\*Pharmacy Deductible:** The Cigna Seaspray plan has a separate calendar year pharmacy deductible of \$100 per member. This deductible applies only to brand name prescriptions



## Dental Insurance

### Cigna Total DPPO Plan

The Town offers dental insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Cigna's customer service.

#### Dental Insurance – Cigna Total DPPO Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + 1 Dependent	\$16.88
Employee + 2 Dependents	\$27.87

#### In-Network Benefits

The Cigna Total DPPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Cigna Total DPPO. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

*Please Note: Total DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.*

#### Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Cigna provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between the Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

The Cigna Total DPPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Cigna Total DPPO plan will pay for each covered member is \$2,000 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

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



## Cigna Total DPPPO Plan At-A-Glance

Network	Cigna Total DPPPO	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
<b>Calendar Year Benefit Maximum</b>		
Per Member		\$2,000
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam (2 Per Year)		
Routine Cleanings (2 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 90% Deductible Waived (Subject to Balance Billing)
Complete X-rays (1 Every 3 Years)		
Bitewing X-rays (2 Sets Per Year)		
<b>Class II Services: Basic Restorative Care</b>		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 60% After CYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Periodontal Services		
Endodontics (Root Canal Therapy)		
<b>Class III Services: Major Restorative Care</b>		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 40% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
<b>Class IV Services: Orthodontia</b>		
Lifetime Maximum		\$1,500
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Total Cigna DPPPO (Cigna DPPPO Advantage and Cigna DPPPO).



### Plan References

**\*Out-Of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.



### Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



## Vision Insurance

### National Vision Administrators Vision Plan

The Town offers vision insurance through National Vision Administrators (NVA) to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact NVA's customer service.

#### Vision Insurance - NVA Vision Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$2.83
Employee + Spouse	\$5.10
Employee + Child(ren)	\$5.39
Employee + Family	\$7.38

#### In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the NVA network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades are additional costs if chosen at the time of the appointment.

#### Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the NVA network. When going out of network, the provider will require payment at the time of appointment. NVA will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

#### National Vision Administrators

Customer Service: (800) 672-7723 | [www.e-nva.com](http://www.e-nva.com)

Group Number: 51193



## National Vision Administrators Vision Plan At-A-Glance

Network	NVA	
Services	In-Network	Out-of-Network
Eye Exam	\$10 Copay	Up to \$30 Reimbursement
Contact Lens ( <i>Fitting &amp; Follow-up</i> )	\$20 Copay	Not Covered
<b>Frequency of Services</b>		
Examination		12 Months
Lenses		12 Months
Frames		24 Months
Contact Lenses		12 Months
<b>Lenses</b>		
Single	\$15 Copay	Up to \$25 Reimbursement
Bifocal	\$15 Copay	Up to \$35 Reimbursement
Trifocal	\$15 Copay	Up to \$45 Reimbursement
<b>Frames</b>		
Allowance	\$150 Allowance 20% Discount Above \$150	Up to \$40 Reimbursement
<b>Contact Lenses*</b>		
Non-Elective ( <i>Medically Necessary</i> )	Covered at 100%	Up to \$200 Reimbursement
Elective	\$150 Allowance 15% Discount Above \$150	Up to \$30 Reimbursement



### Locate a Provider

To search for a participating provider, contact National Vision Administrator's customer service or visit [www.e-nva.com](http://www.e-nva.com). When completing the necessary search criteria and enter the Town's group number: 51193.



### Plan References

\*Contact lenses are in lieu of spectacle lenses.



### Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.



## Flexible Spending Accounts

The Town offers Flexible Spending Accounts (FSA) administered through Continuum Services. The FSA plan year is from January 1 to December 31.

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

### Health Care FSA

This account allows participant to set aside up to an annual maximum of \$2,700. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

*Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.*

### Dependent Care FSA

This account allows participant to set aside up to an annual maximum of \$5,000 if single or married and file a joint tax return (\$2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note, if family income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

*Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from participant's paycheck for the Dependent Care FSA.*

### A sample list of qualified expenses eligible for reimbursement include, but not limited to, the following:

- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees
- ✓ Diagnostic Tests and Health Screenings
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction and Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ LASIK Surgery
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees
- ✓ Prescription Drugs
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs

**Log on to <http://www.irs.gov/publications/p502/index.html> for additional details regarding qualified and non-qualified expenses.**



## Flexible Spending Accounts *(Continued)*

### FSA Guidelines

- The Health Care FSA allows a grace period at the end of the plan year (90 days). The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends. Once the grace period ends, any unused funds still remaining in the account will be forfeited.
- The Health Care FSA has a run out period at the end of the plan year (16 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year and/or grace period.
- When a plan year ends and all claims have been filed, all unused funds will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

### Filing a Claim

#### Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail or fax. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

#### Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. Continuum Services may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to The Town. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

### HERE'S HOW IT WORKS!



An employee earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$38.46 based on a 26 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$227.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$30,000	\$30,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$29,000	\$30,000
Estimated Tax 22.65% = 15% + 7.65% FICA	-\$6,568	-\$6,795
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$22,432	\$22,205
<b>Tax Savings</b>	<b>\$227</b>	

**Please Note:** Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year. **This rule is known as "use it or lose it."**

**Continuum Services** | Phone: (877) 747-4141 | [www.cslc.com](http://www.cslc.com)



## Employee Assistance Program

The Town cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through ComPsych. EAP offers employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

### What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes five (5) face-to-face visits, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

### Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or Human Resources Department), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor. The referring supervisor will not receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

**ComPsych** | Customer Service: (800) 272-7255  
[www.guidanceresources.com](http://www.guidanceresources.com) | Access Code: COM589

## Basic Life and AD&D Insurance

### Basic Term Life Insurance

The Town provides Basic Term Life insurance for all eligible employees at no cost, through The Hartford. Eligible employees will receive a benefit amount equal to one (1) year annual earnings rounded to the next highest one thousand dollars, with a maximum of \$100,000.

Upon the death of employee, if the total basic life insurance payment is less than \$100,000, the Town will supplement the difference between the basic life insurance amount paid and \$100,000, to assure a total life insurance payment of \$100,000 to every employee's beneficiary.

### Accidental Death & Dismemberment Insurance

Also, at no cost to employee, The Town provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable.

### Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- > Reduces to 65% of the benefit amount at age 70
- > Reduces to 45% of the benefit amount at age 75
- > Reduces to 30% of the benefit amount at age 80

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.***

**The Hartford** | Customer Service: (800) 523-2233 | [www.thehartford.com](http://www.thehartford.com)



## Voluntary Life Insurance

### Voluntary Employee Life Insurance

Eligible employee may elect to purchase additional Life insurance on a voluntary basis through The Hartford. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employee, spouse and/or child(ren) at different benefit levels.

New Hires may purchase Voluntary Employee Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$100,000.**

- Units can be purchased in increments of \$10,000 to the maximum of \$300,000.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces to 65% of the benefit amount at age 70
  - › Reduces to 45% of the benefit amount at age 75
  - › Reduces to 30% of the benefit amount at age 80
- **2020 Open Enrollment:** Eligible employees have the opportunity to purchase Voluntary Employee Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$100,000.

### Voluntary Spouse Life Insurance

New Hires may purchase Voluntary Spouse Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$25,000.**

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of \$5,000 to a maximum of \$150,000 not to exceed 100% of the employee's combined Basic and Voluntary Life coverage amount.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces to 65% of the benefit amount at age 70
  - › Reduces to 45% of the benefit amount at age 75
  - › Reduces to 30% of the benefit amount at age 80
- **2020 Open Enrollment:** Eligible employees have the opportunity to purchase Voluntary Spouse Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$25,000.

### Voluntary Life Insurance Rate Table

Monthly Premium

Age Bracket (Based on Employee Age)	Employee (Rate Per \$1,000 of Benefit)	Spouse (Rate Per \$1,000 of Benefit)
Under 25	\$0.074	\$0.047
25-29	\$0.074	\$0.056
30-34	\$0.093	\$0.065
35-39	\$0.140	\$0.093
40-44	\$0.205	\$0.112
45-49	\$0.326	\$0.158
50-54	\$0.512	\$0.260
55-59	\$0.884	\$0.409
60-64	\$1.116	\$0.679
65-69	\$1.897	\$1.135
70-74	\$3.225	\$1.135
75+	\$5.487	\$1.135

### Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- Employee may elect coverage in the amount of \$10,000.
- Cost is \$1.20 a month and covers all eligible children age 6 months to age 19, or age 25 if full-time student.
- Child(ren) age 14 days to 6 months receive a \$1,000 benefit amount.

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.***

**The Hartford** | Customer Service: (800) 523-2233 | [www.thehartford.com](http://www.thehartford.com)



## Voluntary Short Term Disability

The Town offers Voluntary Short Term Disability (STD) insurance to all eligible employees through Prudential. The STD benefit pays employee a percentage of the weekly earnings if employee becomes disabled due to an illness or non-work related injury.

### Voluntary Short Term Disability (STD) Benefits

- STD provides a benefit of 66.67% of employee's weekly earnings up to a benefit maximum of 1,000 per week.
- Employee must be disabled for 14 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 15th day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 24 weeks.
- Employee deemed unable to return to work after the STD 24 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefit may be reduced by other income.
- Disability benefits are taxable.

Short Term Disability Monthly Rates per \$10	
	Rate
<20	\$0.40
20 – 24	\$0.51
25 – 29	\$0.55
30 – 34	\$0.61
35 – 39	\$0.44
40 – 44	\$0.35
45 – 49	\$0.38
50 – 54	\$0.45
55 – 59	\$0.55
60 – 64	\$0.63
65 – 69	\$0.55
70+	\$0.90

### Calculation for Weekly Disability Benefit

$$\frac{\$ \text{ Enter annual earnings}}{\div 52} = \frac{\text{Weekly earnings}}{\text{Weekly earnings}} \times \frac{66.67\%}{\text{(Max \% of income covered)}} = \frac{\text{Max Eligible Amount. Round to nearest dollar. This amount cannot exceed \$1,000}}{\text{Max Eligible Amount. Round to nearest dollar. This amount cannot exceed \$1,000}}$$

### Calculation for Cost per Paycheck

$$\frac{\$ \text{ Max Eligible Amount}}{\div 10} = \$ \frac{\text{Max Eligible Amount}}{\text{Max Eligible Amount}} \times \$ \frac{\text{Rate}}{\text{Rate}} = \$ \frac{\text{Your Monthly Cost}}{\text{Your Monthly Cost}} \times 12 = \$ \frac{\text{Annual Cost}}{\text{Annual Cost}} \div 48 = \$ \frac{\text{Cost Per Paycheck}}{\text{Cost Per Paycheck}}$$

**Prudential** | Customer Service: (800) 842-1718 | [www.prudential.com](http://www.prudential.com)



## Long Term Disability

The Town provides Long Term Disability (LTD) insurance at no cost to all eligible employees through Prudential. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or non-work related injury.

### Long Term Disability (LTD) Benefits

- LTD provides a benefit of 66.67% of employee's monthly earnings up to a benefit maximum of \$4,000 per month.
- Employee must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 181<sup>st</sup> day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.

**Prudential** | Customer Service: (800) 842-1718 | [www.prudential.com](http://www.prudential.com)

## Florida Prepaid College & 529 Savings Plans

The Town of Palm Beach has become a proud payroll partner of the Florida Prepaid College Board. Employees who currently have Florida Prepaid College plans or Florida 529 Savings Plans through the Florida Prepaid College Board can now elect to make payments through post-tax payroll deductions.

### What is a Florida Prepaid College Plan?

A Florida Prepaid College Plan allows families to prepay, on a monthly or lump-sum basis, the future cost of college tuition, specified fees and dormitory housing. When a child is ready for college, the plan pays the tuition, tuition differential fee and other specified fees covered under the plan at any Florida College or State University. If a child attends an out-of-state college or private college, the plan will pay the same amount as it would pay at a public college or university in Florida. Every Prepaid Plan is guaranteed by the State of Florida.

### What is a Florida 529 Savings Plan?

The Florida 529 Savings Plan offers flexibility in choosing from available investment options. Employee may then contribute as much and as often based on budget and goals. Each investment option is independently run by professional investment managers. The funds in 529 Savings Plans can be used for any qualified higher education expense, including tuition, room & board, textbooks, graduate school and much more. This gives extreme flexibility to use the funds as employee sees fit.

### Payroll Deductions

Payroll deduction may be initiated only for existing or new Florida Prepaid College Plan accounts. Employee may visit the Florida Prepaid College Board website [www.myfloridaprepaid.com](http://www.myfloridaprepaid.com) for more information about the types of accounts available and applicable open enrollment periods to open new accounts.

Employees will need their Florida Prepaid College Plan 10-digit account number(s) to complete the payroll Deduction Authorization form, which can be found on the Florida Prepaid website or on the Town's Intranet under Employee Benefits Information. Employees must complete and submit the Payroll Deduction Authorization form to Human Resources for processing.

**Florida Prepaid** | Customer Service: (800) 552-4723  
[www.myfloridaprepaid.com](http://www.myfloridaprepaid.com)



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[www.gehringgroup.com](http://www.gehringgroup.com)

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