

2023 Benefits Guide

LOOK INSIDE 
GET STARTED NOW

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

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Eligibility & Enrollment

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse (if your spouse has no other avenue of benefits).
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.
- A newborn (up to age 18 months old) of a covered dependent (Florida).
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse.

Required Information: When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year. This information will be securely submitted to the IRS and will remain confidential.

HOW TO ENROLL

To enroll in your benefits, go to mybensite.com/coralsprings. There, you will find detailed information about the plans available to you and instructions for enrolling.

Dependent Age Requirements

Medical Coverage: A dependent child may be covered up to the dependent's 26th birth date. An over-age dependent may continue to be covered on the medical plan through the dependent's 30th birth date, 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 and Vision Coverage: A dependent child may be covered up to the dependent's 26th birth date.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of employment.
If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2023, through December 31, 2023.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please refer to the separate rate sheet for your contributions.





Medical Plans

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Cigna OAPIN Plan

The OAPIN plan is similar to an HMO, in that you may only visit physicians and hospitals within the OAPIN network. Services received outside the network are not covered, except in the case of emergency medical care. With the OAPIN plan, you are not required to select a Primary Care Physician (PCP).

Cigna HRA OAP Plan

The Health Reimbursement Account (HRA) allows for in-network and out-of-network coverage. With an HRA, money is funded by the employer, non-taxable to the employee, and can be used for any qualified medical expense incurred under the medical plan, such as deductibles and coinsurance for physician services and hospital expenses.





Medical Plans

Following is a high-level overview of the coverage available through Cigna. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	OAPIN		HRA**	
	In-Network Only		In-Network	Out-of-Network
Deductible (per calendar year) - Services received by providers and facilities not in the network will be denied				
Individual / Employee + 1 Dependent / Family	None		\$1,500 / \$3,000 / \$4,500	
Company Contribution to Your Health Reimbursement Account (HRA) (per calendar year; prorated for new hires/newly eligible)				
Individual / Employee + 1 Dependent / Family	N/A		\$750 / \$1,500 / \$2,250	
Out-of-Pocket Maximum (per calendar year) – Includes deductible, coinsurance, copays and Rx				
Individual / Employee + 1 Dependent / Family	\$1,725 / \$3,450 / \$5,175		\$2,250 / \$4,500 / \$6,750	
Covered Services				
Employee Health & Wellness Center Visits	No cost		No cost	N/A
Office Visits (physician)	\$20 copay		20%*	40%*
Office Visits (specialist)	\$30 copay / \$40 copay non-CCN***		20%*	40%*
Telemedicine	\$20 copay		\$20 copay	Not covered
Routine Preventive Care	No charge		No charge	
Outpatient Diagnostic (lab/X-ray)	No charge		20%*	40%*
Complex Imaging	20%		20%*	40%*
Emergency Room	\$170 copay		20%*	
Urgent Care Facility	\$40 copay		20%*	
Inpatient Hospital Stay	\$200 copay + 20%		20%*	40%*
Outpatient Surgery	20%		20%*	40%*
Prescription Drugs	30-day supply	90-day supply	30 and 90-day supply	
Generic	\$15	\$30	20%* (all tiers)	Not covered
Preferred Brand	60% (min. \$30, max. \$50)	60% (min. \$60, max. \$100)		
Non-Preferred Brand	50% (min. \$60, max. \$100)	50% (min. \$120, max. \$200)		
Specialty	40% (min. \$125, max. \$175)	N/A		

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Deductible must be met before the Plan begins to pay. **LabCorp and Quest Diagnostics are the preferred labs for blood work through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna's Open Access Plus network prior to receiving services.***Cigna Care Network (CCN): May provide a higher level of network benefits if services are received from a CCN designated provider.

Health Care

Coral Springs Employee Health & Wellness Center powered by Premise Health.

The Coral Springs Employee Health & Wellness Center, powered by Premise Health, is available to all City of Coral Springs employees and dependents ages two and up covered on the City's health plan at **no cost**.^{*} Known nationally as a trusted health care provider, Premise Health treats both acute and chronic health conditions. The center also dispenses more than 150 generic medications, provides annual physicals, health coaching, lab work, a registered dietician, an exercise physiologist and more.

Health care services include:

- Care for infection, cold, flu and allergies
- Chronic disease management
- Wellness exams and health screenings
- Sick visits (ages two and up)
- Routine bloodwork
- Wound care and stitches
- Sports and school physicals
- Adult immunizations
- Prescription refills
- And more!

GET STARTED

Register:

- Visit mypremisehealth.com or the **My Premise Health mobile app**
- Click **Sign Up Now**
- Create your username and password
- Complete your profile

Make an appointment:

- Visit mypremisehealth.com or the **My Premise Health mobile app** and enter your username and password
- In the dashboard, select **Schedule an Appointment**
- Choose your appointment type from the available options and answer all visit questions
- Select your location, provider and preferred visit date and time
- Confirm appointment details and provide additional information about what you want to address in the visit



Powered by
Premise Health



Racquel Vera-McLean
PhD, FNP-BC, PPCNP-BC

Schedule Anytime, Anywhere

(954) 344-5590 | mypremisehealth.com | My Premise Health mobile app | MyPhSupport@PremiseHealth.com

Hours of Operation

**Mon. 8 a.m.–6 p.m., Tues. 7 a.m.–5 p.m., Wed. 8 a.m.–4 p.m.,
Thurs. 10 a.m.–7 p.m., Fri. 8 a.m.–4 p.m.**

^{*}Employees and family members not covered under a City of Coral Springs' health plan can still access care. See the 2023 Employee Contributions document for costs.



Dental Plans

We are proud to offer you a choice between two different dental plans.

Cigna Dental DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Cigna Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Cigna Dental network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	DHMO	DPPO**	
	In-Network Only	In-Network	Out-of-Network**
Deductible (per calendar year)		Deductible waived for preventive and orthodontia	
Individual / Family	None	\$50 / \$100	\$50 / \$100
Benefit Maximum (per calendar year; preventive, basic and major services combined)			
Per Individual	None	\$2,000	\$2,000
Covered Services			
Preventive Services	N/A	No charge	20%, subject to Balance Billing
Basic Services	Fillings (primary or permanent): \$0 Periodontal maintenance (one every six months): \$40 copay Simple extractions (erupted tooth/exposed root): \$5 copay Root canal therapy (molar): \$350 copay	20%	40%, subject to Balance Billing
Major Services	N/A	50%	50%, subject to Balance Billing
Orthodontia	Periodic Orthodontic Treatment for 24 months Children up to 19 th birthday: \$1,344 Adults: \$1,944 <i>Not inclusive on banding, appliances, etc. See Cigna Patient Charge Schedule for a full cost breakdown.</i>	Children up to 19 th birthday: 50% up to \$2,000 benefit maximum	Children up to 19 th birthday: 50% up to \$2,000 benefit maximum, subject to Balance Billing

Copays and coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

**Out-of-Network Balance Billing: Cigna Dental reimburses out-of-network services based on what it determines is the maximum plan allowance; therefore, if a member receives services from an out-of-network provider, they could be balanced billed for the difference.





Vision Plans

We are proud to offer you two different vision plans.

Humana Vision Plans

Both Humana plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Humana network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	Humana, Plan 1		Humana, Plan 2 w/ LASIK Rider	
	In-Network Only	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$30 allowance	\$10 copay	Up to \$30 allowance
Materials Copay	\$15 copay	N/A	\$15 copay	N/A
Lenses (once every 12 months) Single Vision Bifocal Trifocal	No charge after materials copay	Up to \$25 Up to \$40 Up to \$60	No charge after materials copay	Up to \$25 Up to \$40 Up to \$60
Frames	Up to \$135 allowance; then 20% discount after (once every 24 months)	Up to \$65	Up to \$135 allowance; then 20% discount after (once every 12 months)	Up to \$65
Contact Lenses (once every 12 months; in lieu of glasses)	Up to \$120 allowance; then 15% discount; exam up to \$55	Up to \$104	Up to \$120 allowance; then 15% discount; exam up to \$55	Up to \$104
LASIK	Not covered		Up to \$250 reimbursement per eye (12-month waiting period)	Not covered

Humana





Telehealth

Cigna provides access to MDLIVE telehealth services as part of the medical plan.

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 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
- Stomach ache
- Acne
- Fever
- Cold and flu
- UTIs
- Rash
- Allergies
- And more
- Headache

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 see Human Resources or contact Cigna.

MDLIVE Customer Service: (888) 726-3171 / [MDLIVEforCigna.com](https://www.mdliveforCigna.com)

MDLIVE[®]
for Cigna[®]



Healthcare Bluebook

With the use of Healthcare Bluebook, employees may search for services online or on their smartphone to compare health care prices in the local area. By using Healthcare Bluebook, employees may make cost-effective choices based on quality and price.

Employees can visit healthcarebluebook.com or install the **Bluebook** Apple or Android app, then use the mobile code **COCS** to access custom content.



Healthcare Bluebook[™]





Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage may be available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance: Allstate

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Critical Illness Insurance: Ochs/Securian

Did you know that the average total out-of-pocket cost related to treating a critical illness is more than \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g., experimental), prescriptions, travel, increased living expenses and more.

1. MetLife Accident and Critical Illness Impact Study, October 2013

Hospital Indemnity Insurance: Allstate

You have the option of enrolling in the hospital confinement indemnity plan to help cover the cost of out-of-pocket expenses associated with a hospital stay (such as transportation, meals and childcare) that are not covered under our core medical coverage. This benefit provides a cash amount and is provided at an additional cost to you.

Legal Plan: Preferred Legal

In need of legal assistance? You have the option of enrolling in the voluntary legal plan, which offers access to both in- and out-of-network attorneys who can assist you with a range of legal, family and real estate matters, including:

- Wills and trusts
- Debt collection
- Matrimonial
- Family matters
- Real estate

Identity Theft Insurance: Preferred Legal

Identity theft can be emotionally devastating and take years to resolve without help from an experienced professional. Replacing documents, cutting through red tape and untangling fraud is daunting. But with help from Preferred Legal's experienced team, available 24/7, restoration takes place quickly and effectively, giving customers peace of mind. This benefit is paid entirely by you.

Pet Insurance: Nationwide

Your pet is like family, and deserves to be covered as one. You have the option of purchasing voluntary pet insurance to help cover the costs associated with veterinary care. You'll also have access to discounted rates.





Flexible Spending Accounts (FSA)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Cigna. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2023, you may contribute up to \$2,850 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- LASIK eye surgery

For a complete list of eligible expenses, visit: irs.gov/pub/irs-pdf/p502.pdf

Limited-Purpose Health Care FSA (for HRA participants)

If you enroll in the HRA medical plan, you may only participate in a limited-purpose health care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HRA funds for eligible medical expenses.

Dependent Care FSA

For 2023, you may contribute up to \$5,000 to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit: irs.gov/pub/irs-pdf/p503.pdf

FSA RULES

You must enroll each year to participate. Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **Health Care FSA:** Unused funds of up to \$570 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$570 will NOT be returned to you or carried over to the following year.
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.

You can incur expenses through December 31, 2023, and must file claims by March 15, 2024.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.



Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Ochs/Minnesota Life.

Benefit Amount	\$75,000
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Ochs/Minnesota Life for yourself and your eligible family members.

Benefit Option		Guaranteed Issue*
Employee	\$10,000 increments to a maximum of \$750,000	Greater of \$300,000 or 3x salary up to a maximum of \$500,000
Spouse/DP	\$10,000 increments to a maximum of \$250,000	\$100,000
Child(ren)	\$1,000 increments to a maximum of \$10,000 or \$15,000	\$15,000

* During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.



Disability Insurance

Disability insurance through the **Ochs/Madison National** provides benefits that replace part of your income when you're unable to work due to a covered injury or illness. This benefit is provided at **NO COST** to you.

Long-Term Disability	
Benefit Percentage	60%
Monthly Benefit Maximum	\$12,500
When Benefits Begin	After 90 th day of disability
Maximum Benefit Duration	Social Security Retirement Age (or are based on a reduced benefit duration if the EE is disabled on or after the age of 62); 18-month minimum



Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through **Cigna**. For additional information, call Cigna at **800-554-6931**.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to eight in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources



Retirement

The City offers a 401(a) Money Purchase Plan through MissionSquare, 457 Deferred Compensation programs and a Roth IRA to all benefit-eligible employees:

401(a) Money Purchase Plan

Employees may set aside money for retirement (6%, 8% or 10% of base salary) and receive a contribution from the City. It is called a 401(a) defined contribution plan. Vesting in the City's contribution increases by 20% with each year of service, with 100% vesting after five years. This plan is administered through MissionSquare.

Enrollment in the plan offers the benefit of tax deferral for the City's contribution, and a choice of investments within the plan.

The City's contribution increases after an employee in the plan has seven consecutive years of City service. Withdrawals are allowed only at retirement or when terminated from the City. Withdrawals prior to retirement that are not reinvested in another retirement plan are subject to penalties in accordance with plan provisions and the IRS.

457 Plan

Employees may set aside a pre-tax or post-tax Roth dollar amount toward retirement savings through automatic payroll deductions. The money contributed to this type of account, including earnings, accumulates on a tax-deferred basis. Employees can change or stop contribution at any time. Employees cannot withdraw money as long as they are employed by the City.

Roth IRA

Employees may set aside after-tax dollars toward retirement savings through automatic payroll deductions, which does not affect their current taxable income. Withdrawals of contributions will not be subject to income taxes as long as the employee is at least 59^{1/2} years of age, and their first Roth contribution was made five years prior to withdrawal. These contributions cannot be converted to pre-tax contributions once made.

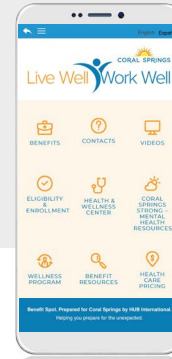
There is no employer matching for either of these programs, and both are subject to minimum and maximum participation amounts. For additional information, employee may contact Human Resources or MissionSquare's customer service.

BENEFIT SPOT MOBILE APP

Access your benefits anytime, anywhere. With the Benefit Spot mobile app, you can access plan information, watch educational videos, find contact information and more!

1. Download “Benefit Spot” on the Apple App Store or Google Play.
2. When you launch the app, enter company code: **coralsprings**

NOTE: The company code is case-sensitive.



Contact Information

Coverage	Provider	Phone #	Website/Email
Employee Assistance Program (EAP)	Cigna	(800) 554-6931	mycigna.com
Medical	Cigna	(800) 244-6224	mycigna.com
Prescription Coverage and Mail Order Program	Cigna Home Delivery	(800) 835-3784	N/A
Coral Springs Employee Health & Wellness Center	Premise Health	(954) 344-5590	mypremisehealth.com
Dental	Cigna	(800) 244-6224	mycigna.com
Vision	Humana	(866) 537-0229	humana.com
Telehealth	MDLIVE Customer Service	(888) 726-3171	MDLIVEforCigna.com
Behavioral Health	Coral Springs	N/A	coralspringsstrong.org
Healthcare Bluebook	N/A	N/A	healthcarebluebook.com
Voluntary Benefits	Allstate (Accident / Hospital) OCHS/Securian (Critical Illness)	(561) 386-0569 (800) 392-7295	rmiller.allstate@gmail.com securian.com
Legal and Identity Plan	Preferred Legal	(888) 577-3476	info@preferredlegal.com
Pet Insurance	Nationwide	(877) 738-7874	petinsurance.com/coralsprings
Basic and Supplemental Life/AD&D	OCHS/Minnesota Life	(800) 392-7295	securian.com
Disability	OCHS/Madison National	(800) 392-7295	madisonlife.com
Retirement Plans	MissionSquare	(800) 669-7400	icmarc.org

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

BENEFITS WEBSITE
Our benefits website mybensite.com/coralsprings can be accessed anytime you want additional information on our benefit programs.

QUESTIONS?
If you have additional questions, you may also contact the HR Team at:

- (954) 344-1150
- kreul@coralsprings.org



Behavioral Health Access Program (BHAP)

The BHAP is here to help you and your family by providing mental health resources, education, guidance and crisis intervention. Participation in this program can help:

- Reduce your stress symptoms
- Return to feeling more productive
- Increase your job satisfaction
- Boost your confidence
- Support your longevity

You can access resources at:

Coralspringsstrong.org

BHAP Components



Training



CISM-Critical Incident Stress Management



Chaplaincy



Counseling/EAP



Leadership



Peer Support



Family Support



Recovery Centers



Appropriately Trained Clinicians
(Clinical Awareness Program)
(Clinical Response Team)