

2024 | EMPLOYEE BENEFIT HIGHLIGHTS




CORAL SPRINGS
Live Well  Work Well

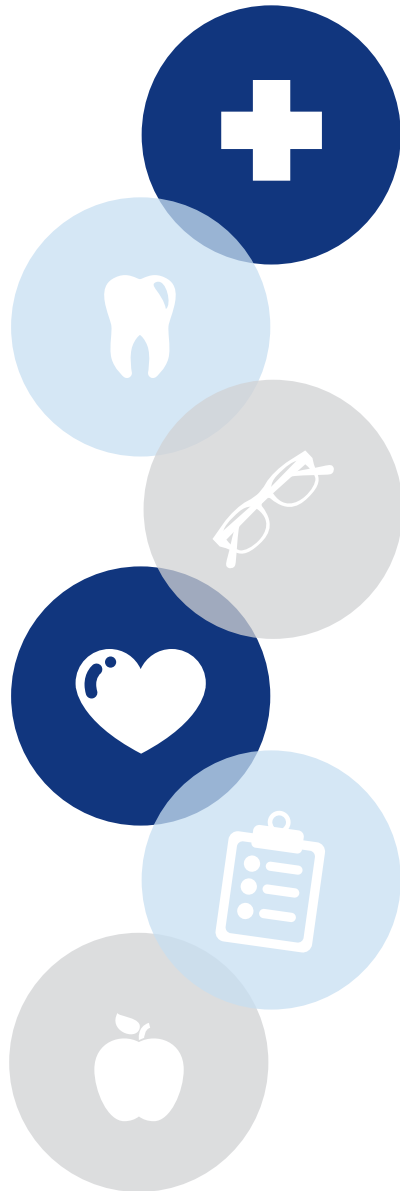


Contact Information

	Human Resources Department	Amy Backer Human Resources Analyst	Phone: (954) 346-1312 Email: abacker@coralsprings.gov
	Online Benefit Enrollment	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) Email: support@mybentek.com www.mybentek.com/coralsprings
	Medical Insurance	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com
	Prescription Drug Coverage & Mail-Order Program	Cigna/Express Scripts Pharmacy	Customer Service: (800) 835-3784 www.mycigna.com
	Health Reimbursement Account	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
	Telehealth	MDLIVE through Cigna	Customer Service: (888) 726-3171 www.mycigna.com
	Dental Insurance	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com
	Vision Insurance	Humana	Customer Service: (866) 537-0229 www.humana.com
	Flexible Spending Accounts	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
	Employee Assistance Program	Cigna	Customer Service: (800) 554-6931 www.mycigna.com
	Behavioral Health Access Program	Coral Springs	www.coralspringsstrong.org
	Basic Life and AD&D Insurance	Ochs/Minnesota Life	Customer Service: (800) 392-7295 www.securian.com
	Voluntary Life and AD&D Insurance	Ochs/Minnesota Life	Customer Service: (800) 392-7295 www.securian.com
	Long Term Disability Insurance	Ochs/Madison National	Customer Service: (800) 392-7295 www.madisonlife.com
		Allstate - Accident/Hospital	Agent: Rehannon Miller (561) 386-0569 www.allstatebenefits.com
		Ochs/Securian - Critical Illness	Customer Service (800) 392-7295 www.securian.com
	Supplemental Insurance	Preferred Legal	Customer Service: (888) 577-3476 www.preferredlegal.com
		Pet Insurance	Customer Service: (877) 738-7874 www.petinsurance.com/coralsprings
	Retirement Plans	Mission Square	Customer Service: (800) 669-7400 www.missionsq.org
	Health and Wellness Center	Premise Health	www.mypremisehealth.com



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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 City of Coral Springs reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



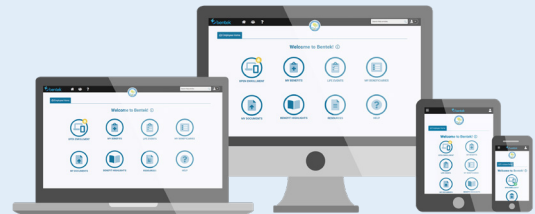
Introduction

The City of Coral Springs 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 City's 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 Human Resources.

Online Benefit Enrollment

The City 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 for Qualifying Life Events.

Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for employee and dependent(s). Employee also has 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/coralsprings
Please Note: Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.
- ✓ 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 using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update 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, Monday through Friday during regular business hours 8:30am - 5:00pm.



To access Bentek using a mobile device, scan code.



Group Insurance Eligibility



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

Employee Eligibility

Employees are eligible to participate in The City'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 from date of hire. 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 City, insurance for medical, dental and vision will continue through the end of month in which separation occurred. Other coverage may terminate on the last date of employment. 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 State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse
- Legally married spouse of employee (if spouse has no other avenue of medical benefits)

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the month in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan at the full cost of the dependent coverage 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.

Dependent Age Requirements *(Continued)*

Dental and Vision Coverage: A dependent child may be covered through the end of the month in which the child turns age 26.

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

Disabled Dependents

Coverage for a 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's insurance plans; and
- The dependent has been continuously insured.

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

Taxable Dependents

Employee covering adult child(ren) under employee's medical insurance plan 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 and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child. Contact Human Resources 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.

Please 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.



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)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of 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 other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible 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, **Human Resources must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". 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. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. 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.

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 the Open Enrollment Period. 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
Address: 9500 W Sample Road
 Coral Springs, FL 33065
Phone: (954) 346-1312
Website: www.mybentek.com/coralsprings

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.

If there are any questions about the plan offerings or coverage options, please contact Human Resources at (954) 346-1312.



Medical Insurance

The City offers two (2) medical insurance plans through Cigna Healthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medical Insurance – Cigna Open Access Plus IN Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$71.54
Employee + One	\$141.66
Employee + Family	\$211.05

Medical Insurance – Cigna Open Access Plus HRA Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$66.05
Employee + One	\$130.61
Employee + Family	\$194.50

Cigna Healthcare

Customer Service: (800) 244-6224 | www.mycigna.com

Telehealth

Cigna provides access to telehealth services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The 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 MDLIVE through Cigna.

Telehealth Services Through MDLIVE

Service Type	OAPIN Plan	OAP HRA Plan
General Medicine	\$20 Copay	\$20 Copay
Behavioral Services	No Charge	No Charge

MDLIVE | Customer Service: (888) 726-3171 | www.mycigna.com



Medical Plan Resources

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

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 StoreSM or Google PlayTM. With the myCigna mobile app, members can:

- ✓ Find a doctor, dentist, or health care facility
- ✓ View, print and send ID cards for the entire family
- ✓ Review deductibles, account balances and claims
- ✓ Compare prescription drug costs
- ✓ Speed-dial Cigna/Express Scripts Pharmacy
- ✓ Store and organize all important contact info for doctors, hospitals, and pharmacies
- ✓ Add health care professionals to contact list right from a claim or directory search

Cigna Healthy Rewards

Healthy Rewards is a discount program. Enrolled members have the option to use this program and receive discounts on health products and programs by providing ID card when paying and let the savings begin. For more details regarding Healthy Rewards, please contact Cigna's customer service at (800) 870-3470 or visit www.mycigna.com.

- ✓ Weight Management and Nutrition
- ✓ Fitness (Gym Discounts)
- ✓ Mind/Body
- ✓ Vision and Hearing Care
- ✓ Alternative Medicine

Healthcare Bluebook

Healthcare Bluebook is a quality-cost navigation solution that makes it easy to identify Fair Price providers and compare quality rankings. Healthcare Bluebook allows patients to find cost and quality information on hundreds of procedures in their area and work with their provider to obtain referrals that are the best choice for health and finances. When searching procedures, providers marked green and confirmed as in-network offer the greatest cost savings and eligible for cash rewards. For additional information, visit www.healthcarebluebook.com/cc/COC or download the Healthcare Bluebook app from the App StoreSM or Google PlayTM to access via smartphone or app, mobile code "COCS" to access custom content.

Healthcare Bluebook

www.healthcarebluebook.com/cc/COC | Access Code: COCS

Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Open Access Plus network.

Important Notes

Cigna Open Access Plus IN Plan: Services received by providers or facilities not in the Open Access Plus network, will not be covered.

*Cigna Open Access Plus HRA Plan 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.

Plan References

**LabCorp or Quest Diagnostics are the preferred labs for bloodwork 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.

***PAD: Per Admission Deductible applies Cigna Open Access Plus IN Plan.

Please Note: asterisks refers to Medical Side-By-Side Plans At-A-Glance.



Medical Insurance: Side-By-Side Plans At-A-Glance

Plan	Cigna Open Access Plus IN		Cigna Open Access Plus HRA	
Network	Open Access Plus		Open Access Plus	
Calendar Year Deductible (CYD)	In-Network	In-Network	Out-of-Network*	
Single	Does Not Apply	\$1,500	\$1,500	
Employee + One Dependent	Does Not Apply	\$3,000	\$3,000	
Family	Does Not Apply	\$4,500	\$4,500	

Coinsurance

Member Responsibility	20%	20%	40%
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Calendar Year Out-of-Pocket Limit

Single	\$1,725	\$2,250	\$2,250
Employee + One Dependent	\$3,450	\$4,500	\$4,500
Family	\$5,175	\$6,750	\$6,750
What Applies to the Out-of-Pocket Limit?	Coinsurance, Copays and Rx	Deductible, Coinsurance, Copays and Rx	

Physician Services

Primary Care Physician (PCP) Office Visit	\$20 Copay	20% After CYD	40% After CYD
Specialist Office Visit (No Referral Required) (Tier 1/Non-Tier 1)*	\$30 Copay / \$40 Copay	20% After CYD	40% After CYD

Non-Hospital Services; Freestanding Facility

Clinical Lab (Bloodwork)**	No Charge	20% After CYD	40% After CYD
X-rays	No Charge	20% After CYD	40% After CYD
Advanced Imaging (MRI, PET, CT)	20% Coinsurance	20% After CYD	40% After CYD
Outpatient Surgery in Surgical Center	20% Coinsurance	20% After CYD	40% After CYD
Physician Services at Surgical Center	20% Coinsurance	20% After CYD	40% After CYD
Urgent Care (Per Visit)	\$40 Copay	20% After CYD	20% After CYD

Hospital Services

Inpatient Hospital (Per Admission)	\$200 PAD*** + 20% Coinsurance	20% After CYD	40% After CYD
Outpatient Hospital (Per Visit)	20% Coinsurance	20% After CYD	40% After CYD
Physician Services at Hospital	No Charge	20% After CYD	40% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$170 Copay	20% After CYD	20% After CYD

Mental Health/Alcohol & Substance Abuse

Inpatient Hospital Services (Per Admission)	No Charge	No Charge	40% After CYD
Outpatient Services (Per Visit)	No Charge	No Charge	40% After CYD
Outpatient Office Visit	No Charge	No Charge	40% After CYD

Prescription Drugs (Rx)

Generic	\$15 Copay	20% After CYD	Not Covered
Preferred Brand Name	60% Coinsurance (Min. \$30/Max. \$50)	20% After CYD	Not Covered
Non-Preferred Brand Name	50% Coinsurance (Min. \$60/Max. \$100)	20% After CYD	Not Covered
Mail Order Drug (90-Day Supply)	2x Retail Copay	20% After CYD	Not Covered



Health Reimbursement Account

The City provides employees who participate in the Open Access Plus HRA plan, a Health Reimbursement Account (HRA) through Cigna. HRA monies are funded by the City and can be used for any qualified medical expenses such as copayments, deductibles and coinsurance for physician services, hospital services, prescription drugs, etc.

2024 HRA Funding Allotment

The City's employees enrolled in the Open Access Plus HRA Plan will receive the following employer contribution for the plan year.

- **Employee Only: \$750**
- **Employee + One Dependent: \$1,500**
- **Employee + Family: \$2,250**
- HRA amounts will be prorated for new hires eligible outside the City's annual open enrollment period.
- Unused HRA funds roll over from year to year as long as the employee remains enrolled in the HRA plan.

How to Check Available HRA Balance

Balance, activity and account history is available anytime online at www.mycigna.com or by calling Cigna at (800) 244-6224.

Expenses Eligible for Reimbursement

Employee may request reimbursement of expenses for employee or covered dependent(s). Eligible expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical condition. Cosmetic expenses are not eligible for reimbursement. Reimbursement checks will be issued to employee throughout the year for incurred expenses up to the maximum annual benefit amount. Employee has the option to have reimbursement checks direct deposited into employee's bank account. For more information regarding eligible expenses, visit Cigna online at www.mycigna.com.

File a Claim

Claim Form

Employee may submit claim forms to Cigna and must include a copy of carrier's Explanation of Benefits or receipts for eligible medical services received. Claim forms can be submitted via mobile app, online portal, mail or fax.

Cigna Healthcare

Customer Service: (800) 244-6224 | www.mycigna.com

All claims must be filed within 90 days after the plan year ends (December 31), or 30 days from the date employee becomes ineligible to file for expenses incurred while participating during the plan year.



Employee Health & Wellness Center

The Coral Springs Employee Health & Wellness Center, powered by Premise Health, is available at no cost to all City of Coral Springs employees. The Health & Wellness Center is also available at no cost to dependents ages two (2) and up who are covered on the City's health plan. Known nationally as a trusted health care provider, Premise Health treats both acute and chronic health conditions. Some of the benefits employees and covered dependents will have access to include:

- No copays for health center visits
- No copays for up to 150 available generic medications at the health center
- Annual Health Assessment
- Sports and school physicals
- Monitoring conditions including colds, diabetes, and asthma
- Convenient online or telephonic appointment scheduling
- Certified Health Coaches & Wellness Programs
- Wound care and stitches

City of Coral Springs Employee Health & Wellness Center
3100 Coral Hills Drive, Suite 207 | Coral Springs, FL 33065

Health Center Hours of Operation

Monday	8:00 a.m. - 6:00 p.m. (Closed 1:00 p.m. - 2:00 p.m.)
Tuesday	7:00 a.m. - 5:00 p.m. (Closed 12:00 p.m. - 1:00 p.m.)
Wednesday	8:00 a.m. - 4:00 p.m. (Closed 12:00 p.m. - 1:00 p.m.)
Thursday	10:00 a.m. - 7:00 p.m. (Closed 1:00 p.m. - 2:00 p.m.)
Friday	8:00 a.m. - 4:00 p.m. (Closed 12:00 p.m. - 1:00 p.m.)
Saturday	Closed
Sunday	Closed

Employees and family members not covered under the City's health plan can still receive care at the Health Center. See the 2024 Employee Contributions document for costs.

To schedule a routine appointment, please contact Premise Health at (954) 302-7126, visit www.mypremisehealth.com or download the Premise Health Mobile App.

Behavioral Health Access Program

The Behavioral Health Access Program (BHAP) is here to help employees and their dependent family members by providing cost free mental health resources, education, guidance, and crisis intervention. Participation in the program can assist employees and families:

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

The program includes important services such as:

- Training
- Critical Incident Stress Management
- Chaplaincy
- Counseling/EAP
- Leadership
- Peer Support
- Family Support
- Recovery Centers
- Appropriately Trained Clinicians

In addition, the City offers dedicated wellness hours (40), free access to a health & wellness center, a free gym membership, and access to an on-site registered dietician and nutritionist – all to promote mental and physical wellness. For more information on BHAP, please visit www.coralsspringsstrong.org.

Onsite Health Coach

The City of Coral Springs offer free 1:1 health coaching with onsite Registered Dietitian, Margie Greenberg, located in the Employee Wellness Center. Contact the Health Coach to set up a free health coaching session or for any questions regarding health and well-being. To schedule an appointment contact Margie at (954) 344-1192 or mgreenberg@coralsprings.org.



Dental Insurance

Cinga Dental DHMO Plan

The City offers dental insurance through Cigna Healthcare 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 – Cinga Dental DHMO Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.41
Employee + One	\$2.07
Employee + Family	\$4.12

In-Network Benefits

The Dental DHMO plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Cigna Dental DHMO network to receive covered services. There is no coverage for services received out-of-network.

The Dental DHMO plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the summary plan document for a detailed listing of charges and benefits.

Out-of-Network Benefits

The Dental DHMO plan does not cover any services rendered by out-of-network facilities or providers.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Benefit Maximum

There is no benefit maximum.



IMPORTANT NOTES

- Two (2) routine cleanings per plan year covered under the preventive benefit. Members can also receive two (2) additional cleanings at the charge of a copay.
- Prior authorization is not required for specialty referrals for Endodontic, Orthodontic and Pediatric Services.
- Waiting periods and age limitations may apply.

Cigna Healthcare

Customer Service: (800) 244-6224 | www.mycigna.com



Dental Insurance

Cigna Total DPPO Plan

The City offers dental insurance through Cigna Healthcare 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	\$0.41
Employee + One	\$2.07
Employee + Family	\$4.12

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 Total Cigna DPPO network. 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 from the added discount that is allowed 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 Total Cigna DPPO 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 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 \$100 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 Healthcare

Customer Service: (800) 244-6224 | www.mycigna.com



Cigna Dental DHMO Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Dental DHMO network.



Plan References

*Excluding final restoration.

Network		Dental Care Access	
Calendar Year Deductible (CYD)		In-Network	
Per Member		Does Not Apply	
Per Family			
Waived for Class I Services?			
Calendar Year Benefit Maximum		Does Not Apply	
Per Member			
Class I Services: Diagnostic & Preventive Care		Code	In-Network
Routine Oral Exam (4 Per Year)		0120	No Charge
Routine Cleanings (2 Per Year)		1110	
Complete X-rays (1 Every 3 Years)		0210	
Bitewing X-rays		0274	
Class II Services: Basic Restorative Care			
Fillings (Amalgam)		2160	No Charge
Fillings (Resin, 3 Surface Posterior)		2393	\$75 Copay
Simple Extractions (Erupted Tooth or Exposed Root)		7140	\$5 Copay
Root Canal Therapy (Molar)*		3330	\$250 Copay
Surgical Removal of Tooth (Impacted)		7240	\$90 Copay
Full Mouth Debridement		4355	\$40 Copay
Class III Services: Major Restorative Care			
Crowns (Porcelain Fused to Metal)		2750	\$185 Copay
Bridges (Porcelain Fused to Metal)		6240	\$185 Copay
Dentures (Upper/Lower)		5110/20	\$150 Copay
Class IV Services: Orthodontia			
Benefit – Adult		8670	\$1,944 Copay
Benefit – Child (Dependent Children Up To Age 19)		8670	\$1,344 Copay
Treatment Planning/Records		8660	\$125 Copay
Retention		8680	\$275 Copay



Cigna Total DPP0 Plan At-A-Glance

Network	Total Cigna DPP0	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$100
Waived for Class I Services?		Yes
Calendar Year Benefit Maximum		
Per Member		\$2,000
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (2 Per Year)		
Routine Cleanings (2 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 80% Deductible Waived (Subject to Balance Billing)
Complete X-rays (1 Every 3 Years)		
Bitewing X-rays (2 Sets Per Year)		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 60% After CYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Periodontal Services		
Anesthetics		
Endodontics (Root Canal Therapy)		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum		\$2,000
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived (Subject to Balance Billing)
Class IX Services: Implants		
Implants	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Total Cigna DPP0 network.



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

The City offers two (2) vision insurance plans through Humana 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 Humana's customer service.

Vision Insurance – Humana Vision Plan 1

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.14
Employee + One	\$0.69
Employee + Family	\$1.38

Vision Insurance – Humana Vision Plan 2 w/LASIK

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.89
Employee + One	\$2.21
Employee + Family	\$2.98

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 Humana Insight 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 will be additional 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 Humana Insight network. When going out of network, the provider will require payment at the time of appointment. Humana 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.

Humana | Customer Service: (866) 537-0229 | www.humana.com



Vision Insurance: Side-By-Side Plans At-A-Glance

Plan	Humana Vision Plan 1		Humana Vision Plan 2 w/LASIK	
Network	Humana Insight		Humana Insight	
Services	In-Network	Out-of-Network		
Eye Exam	\$10 Copay	Up to \$30 Reimbursement	\$10 Copay	Up to \$30 Reimbursement
Contact Lens Exam <i>(Fit & Follow-up)</i>	Standard	Up to \$55	Up to \$55	Not Covered
	Premium	10% Off Retail	10% Off Retail	Not Covered
Materials	\$15 Copay	Reimbursement Varies on Type of Service	\$15 Copay	Reimbursement Varies on Type of Service

Frequency of Services

Examination	12 Months	12 Months
Lenses	12 Months	12 Months
Frames	24 Months	12 Months
Contact Lenses	12 Months	12 Months

Lenses

Single	No Charge After \$15 Materials Copay	Up to \$25 Reimbursement	No Charge After \$15 Materials Copay	Up to \$25 Reimbursement
Bifocal		Up to \$40 Reimbursement		Up to \$40 Reimbursement
Trifocal		Up to \$60 Reimbursement		Up to \$60 Reimbursement

Frames

Allowance	Up to \$135 Allowance; Then 20% Off Balance Over \$135	Up to \$65 Reimbursement	Up to \$135 Allowance; Then 20% Off Balance Over \$135	Up to \$65 Reimbursement
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Contact Lenses*

Non-Elective <i>(Medically Necessary)</i>	No Charge	Up to \$200 Reimbursement	No Charge	Up to \$200 Reimbursement
Elective	Conventional	Up to \$120 Allowance; Then 15% Off Balance Over \$120	Up to \$120 Allowance; Then 15% Off Balance Over \$120	Up to \$104 Reimbursement
	Disposable	Up to \$120 Allowance	Up to \$120 Allowance	Up to \$104 Reimbursement

LASIK**

LASIK/Photorefractive Keratectomy (PRK)	Not Covered	\$250 Allowance Per Eye
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Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select Humana Insight network.



Plan References

*Contact lenses are in lieu of spectacle lenses.

**12-month waiting period applies.



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 City offers Flexible Spending Accounts (FSA) administered through Cigna. 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 employees 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 \$3,050, (2024 IRS FSA proposed increase is \$3200). 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 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 health care expenses eligible for reimbursement include, but not limited to, the following:

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

**These items are eligible expenses under the Limited Purpose FSA.*

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

- Employee may carry over up to \$610 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed (only if the employee re-enrolls the next year). Dependent Care funds cannot be carried over.
- The Health Care FSA has a 90 day run out period at the end of the plan year to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year.
- Employee can enroll in an FSA only during the Open Enrollment Period, New Hire Orientation, or Qualifying Life Events.
- 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 in the employee FSA 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, fax, online or through the myCigna mobile app. 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. Cigna 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 City. 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 \$197.

	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 19.65% = 12% + 7.65% FICA	-\$5,698	-\$5,895
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$23,302	\$23,105
Tax Savings	\$197	

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 with the exception of the \$610 carry over that may be allowed for the Health Care FSA. This rule is known as "use-it or lose-it."

Claims Submission

Claims Mailing Address: PO Box 182223, Chattanooga, TN 37422
Fax: (877) 823-8953

Cigna | Phone: (800) 244-6224 | www.mycigna.com



Employee Assistance Program

The City 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 Cigna. 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 eight (8) visits with a specialist, per person, per issue, per year, 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 manager), 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/manager. The referring supervisor/manager will not receive specific information regarding the referred employee’s case. The supervisor/manager will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

To Access Services

Employee and family member(s) must register and create a user ID on www.mycigna.com to access EAP services.

Cigna | Customer Service: (800) 554-6931
www.mycigna.com | Employer ID: coralsprings

Basic Life and AD&D Insurance

Basic Term Life Insurance

The City provides Basic Term Life insurance at no cost to all eligible employees through Ochs/Minnesota Life. Eligible employees will receive a benefit amount of \$75,000.

Accidental Death & Dismemberment Insurance

Also, at no cost to employee, the City 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.

Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Basic Term Life insurance benefit in excess of \$50,000 must be included as income and is subject to Federal, Social Security and Medicare taxes.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through www.mybentek.com/coralsprings.

Ochs/Minnesota Life

Customer Service: (800) 392-7295 | www.securian.com



Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employee may elect to purchase additional Life and AD&D insurance on a voluntary basis through Ochs/Minnesota Life. 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 and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of the greater of three (3) times annual salary or \$300,000 up to a maximum of \$500,000.**

- Units can be purchased in increments of \$10,000 to the maximum of \$750,000.
- If employee is currently covered under the Voluntary Employee Life and AD&D insurance benefit, employee may purchase additional coverage during Open Enrollment by one (1) increment of \$10,000 not to exceed the Guaranteed Issue amount without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI).

Voluntary Spouse Life Insurance

New Hires may purchase Voluntary Spouse Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$50,000.**

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of \$10,000 to a maximum of \$250,000 not to exceed 100% of the employee's Basic and Voluntary Life coverage amounts combined.

Voluntary Life and AD&D Insurance Rate Table

Monthly Premium

Age Bracket	Employee (with AD&D)	Spouse (without AD&D)
	Rate Per \$1,000 of Benefit	Rate Per \$1,000 of Benefit
< 30	\$0.107	\$0.080
30-34	\$0.117	\$0.090
35-39	\$0.147	\$0.120
40-44	\$0.207	\$0.180
45-49	\$0.257	\$0.230
50-54	\$0.407	\$0.380
55-59	\$0.677	\$0.650
60-64	\$0.897	\$0.870
65-69	\$1.357	\$1.330
70-74	\$2.347	\$2.320
75+	\$6.037	\$6.010

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 or \$15,000 for child(ren) from live birth to age 26.
- Employee's first eligible newborn child will be automatically covered for \$10,000 for 31 days from the child's live birth. Employee must elect child coverage within those first 31 days to continue coverage; otherwise the coverage will terminate at the end of the 31 day period.
- Monthly cost for Voluntary Dependent Child(ren) Life insurance is \$2.46 for \$10,000 of coverage or \$3.69 for \$15,000 of coverage for any eligible dependent child(ren) enrolled.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through www.mybentek.com/coralsprings.

Ochs/Minnesota Life

Customer Service: (800) 392-7295 | www.securian.com



Long Term Disability

The City provides Long Term Disability (LTD) insurance at no cost to all eligible employees through Ochs/Madison National. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$15,000 per month.
- Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 91st 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.
- Disability benefits may be taxable.

Ochs/Madison National

Customer Service: (800) 392-7295 | www.madisonlife.com

Supplemental Insurance

Critical Illness

The Ochs/Securian Critical Illness plan provides a lump sum benefit directly to the insured person if diagnosed with an eligible condition. These funds can be used for additional expenses such as travel, room and board, child care, or treatment options not covered by traditional insurance. There are no copays, deductibles, coinsurance restrictions or network requirements. Eligible conditions include:

- ✓ Cancer
- ✓ Heart Attack
- ✓ Stroke
- ✓ Major Organ Failure
- ✓ Benign Brain Tumor
- ✓ Blindness
- ✓ Paralysis
- ✓ Loss of Speech

Claims Submission

Mailing Address: PO Box 64114, St. Paul, MN 55164-0114
www.securian.com/benefits | Fax: (877) 494-8401
Claims Customer Service: (800) 328-9442

Ochs/Securian | Customer Service: (800) 392-7295
www.securian.com/benefits

Accident and Hospital Insurance

Allstate offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction. Allstate pays money directly to members, regardless of what other insurance plans they may have. To learn more about these Allstate plans and/or to schedule a personal appointment, contact the City's local Allstate agent. Details regarding available Allstate plans and services are also available online at www.allstatebenefits.com. Available Allstate plans include coverages for:

- ✓ Group Accident Insurance
- ✓ Group Supplemental Hospitalization Insurance

Allstate | www.allstatebenefits.com
Agent: Rehannon Miller | Phone: (561) 386-0569
Email: rmiller.allstate@gmail.com



Supplemental Insurance *(Continued)*

Preferred Legal

The City's employees have the opportunity to enroll in a voluntary pre-paid legal program through Preferred Legal Plan. By enrolling in this plan, a participant will have direct access to attorneys who will provide legal assistance 24 hours a day/7 days a week for a variety of situations such as those examples provided below. Additional services may also be provided at discounted rates.

The cost to employee for the legal plan is \$9.95 per month. This cost is the same for all employees regardless of the number of eligible dependents enrolled in the plan. All premiums will be payroll deducted on a post-tax basis for the employee's convenience. Preferred Legal Plan service examples:

- ✓ Divorce
- ✓ Domestic Violence
- ✓ Civil Litigation
- ✓ Child Custody and Support
- ✓ Identity Theft Issues
- ✓ Personal Injury
- ✓ Bankruptcy
- ✓ Criminal Defense
- ✓ Traffic Tickets
- ✓ Probate
- ✓ Immigration
- ✓ Wills (Member and Spouse)
- ✓ Real Estate
- ✓ Credit Report Issues
- ✓ Contract Review
- ✓ Loan Modifications
- ✓ Foreclosure Defense

IdentityWorks

IdentityWorks is pleased to partner with Preferred Legal Plan™. IdentityWorks provides identity protection through world-class security and technology standards. Comprehensive features include:

- Early warning surveillance alert notifications.
- \$1,000,000 Identity Theft insurance to cover items such as illegal electronic fund transfers, lost wages, legal fees, and private investigator costs.
- Identity Theft Resolution Agents help to resolve potential identity theft from start to finish.
- Complete personal Experian credit report.
- The cost to employee is \$9.00 per month for employee only and \$18.00 per month for employee plus spouse coverage.

Preferred Legal Plan | Customer Service: (888) 577-3476
 Agent: Brian Samuels | Agent Phone: (305) 379-8438
 Email: info@preferredlegal.com | www.preferredlegal.com

Nationwide

The City offers employees the opportunity to purchase pet insurance on a voluntary basis through Nationwide.

Pet Insurance – Nationwide

	My Pet Protection with Wellness	My Pet Protection
Accidents and Allergic Reactions	✓	✓
Common Illnesses	✓	✓
Surgeries and Hospitalization	✓	✓
X-rays, MRIs and CT Scans	✓	✓
Prescription Medications	✓	✓
Wellness Exams	✓	
Preventive Dental Cleaning	✓	
Spay/Neuter	✓	
Routine Blood Tests	✓	
Heartworm Testing and Prevention	✓	

Also, included at no additional cost is Nationwide's 24/7/365 vet helpline that helps thousands of pet owners with any pet questions. Members can sign up multiple pets with individual plans and receive additional discounts.

Enrollment Process

1. Go directly to: www.petinsurance.com/coralsprings
2. Visit petsnationwide.com and enter your company name
3. Call (877) 738-7874 and mention you are an employee of City of Coral Springs

Nationwide | Customer Service: (877) 738-7874
www.petinsurance.com/coralsprings



Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.

A series of horizontal dotted lines providing a space for handwritten notes.



3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | www.gehringgroup.com

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