

Benefits Guide

Your Health



Your Decision

2016

Plan Year



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Dependents

You may also elect coverage for your dependents. Eligible dependents may include the following:

- Your Legal Spouse
- Dependent Children: As described below or who is incapable of self-sustaining employment by reasons of mental or physical handicap (proof of their condition and dependence must be submitted).

Medical - Dependent children **up to age 26** regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the last day of the year the child turns 26.

Dental - Dependent children **up to age 26** regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the last day of the year the child turns 26.

Vision - Dependent children **up to age 26** regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the last day of the month the child turns 26.

WELCOME TO ENROLLMENT FOR YOUR 2016 BENEFITS!

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

You can find more detailed information about your benefits and how to enroll at your Benefit Enrollment Portal at:

www.explainmybenefits.biz/ocoee

Enrollment Process!

1. All benefit eligible employees are required to complete the enrollment process whether you are electing benefits or waiving all benefits in order to confirm your choices.
2. We have moved to an online enrollment process. This new technology, **EMB Enroll**, will enable a more efficient process to communicate and administer the benefits to our insurance carriers. Employees will self-enroll online and the system will guide you through the benefit offerings.
3. Please be prepared to complete your enrollment with all your demographic and dependent information. You will be verifying all this information that will be in the system so it is accurate when sent to all the insurance carriers.

When can I Enroll?

New hire initial enrollment and annual open enrollment allows for employees of the District to enroll or make changes in any of the plans without a qualifying event.

In order to make changes outside of your enrollment period, there would need to be a qualifying event such as the birth of a child, change in marital status, death, or loss of coverage due to no fault of your own. An enrollment application must be submitted to the insurance carrier via the Treasurer's office within **thirty-one (31) days** of the qualifying event in order for coverage to be effective.

Plans	BlueChoice 0727	
	In Network	Out-of-Network
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance	10%	30%
Out of Pocket Maximum (Includes Deductible, Coinsurance, Co-pays and Rx)		
Individual	\$2,000	\$5,000
Family	\$4,000	\$10,000
Preventive Care		
Office Visit	Covered 100%	30% (No Deductible)
Lab, X-ray, other preventive tests	Covered 100%	30% (No Deductible)
Physician Office Visit		
Primary Care	\$30 Co-pay	Deductible + 30%
Specialist	\$50 Co-pay	Deductible + 30%
Labs	10% (No Deductible)	30% (No Deductible)
Diagnostic Exams	\$50 Co-pay	Deductible + 30%
Hospital Services, Urgent Care & Walk-In Clinics		
In-Patient Hospital Services	Deductible + 10%	Deductible + 30%
Outpatient Surgery	Deductible + 10%	Deductible + 30%
Emergency Room	\$375 Co-pay	\$375 Co-pay
Urgent Care	\$60 Co-pay	Deductible + 30%
Prescriptions (Administered by EnvisionRx Options)		
Generic / Brand / Brand with Generic	\$25 / \$40 / \$55	\$25 / \$40 / \$55
Mail Order (90 days) Generic / Brand / Brand with Generic	\$50 / \$80 / \$110	\$50 / \$80 / \$110

Semi-Monthly Payroll Deductions	Employee	Family
		\$25.00

*Dependents ages 26 and under can be covered with no requirements. Coverage terminates for dependents at the end of the year they turn 26.
 * The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage". This plan does provide minimum essential coverage. The Affordable Care Act establishes a minimum value standard of benefit for a health plan, which is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

Health Reimbursement Account (HRA)

The purpose of a Health Reimbursement Account (HRA) is for you to have greater control over your health care dollars. An HRA is an account set up by the City that is attached to the Florida Blue (Blue Cross Blue Shield) Health Plan.

The money in this account is used for medical expenses from your health plan. It allows you to be reimbursed for calendar year deductible expenses only.*.

You must use your medical explanation of benefits (EOB/Benefit Statement) from Florida Blue to validate your reimbursements. A bill or receipt will not suffice as proof that the amount you are requesting reimbursements for legitimate deductible expenses associated with your health insurance claims.

The City of Ocoee is contributing to the HRA based on the amounts shown below. This amount will be available to you at the beginning of the plan year or the effective date of your coverage and must be filed no later than the deadline. **(Please note that the amounts below may be different for bargaining unit/union employees).**

Employee Only	\$625
Employee & Family	\$1,250

The City of Ocoee's Health Reimbursement Account (HRA) is administered by Health Equity. You can access your account and view your claim (reimbursement) status online at www.HealthEquity.com by choosing "Login" in the upper right corner or through your Florida Blue account at www.floridablue.com by choosing "Login" and then selecting "Financial Summary" under "Claims & Expenses" at the top of the page.

Participant Reimbursement Options

Direct Deposit

An efficient payment option is direct deposit. You can receive payment/reimbursement more quickly by using this option and an explanation of payment can be sent to the employee's address on file or obtained from the Health Equity website.

Check

If you do not choose direct deposit, the HRA payment/reimbursement check will be sent to the employee's address along with an explanation of payment (a \$2.00 fee will apply).

*Co-pays and coinsurance are not reimbursable under the HRA.



What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on your needs and affordability.

- Ownership – Policies are fully portable and belong to you if you leave the City, price and plan benefits remain the same
- Benefits are payroll deducted
- **Cash benefits are paid directly to you, not to a hospital or to a doctor**
- **Benefits are paid regardless of any other coverage you may have**
- Level premiums—Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills

*The Trustmark **Accident and Critical Illness plans** and Transamerica **Cancer plan** are pre-tax benefits and cannot be changed or cancelled during the plan year unless you experience a qualifying event (i.e.: birth, marriage, etc.)*

TRUSTMARK ACCIDENT PLAN

The Accident Insurance helps pay for the unexpected expenses that can result from an accident.

- On and off-the-job coverage (24/7)
- Sports related injuries covered also

Money is paid directly to you for (please see brochure for a complete list of benefits):

- Initial Doctor’s Office Visit: \$200
- Fractures: up to \$15,000
- Hospitalization: \$3,200 admission, \$500 per day
- Dislocations: up to \$12,000

Wellness Benefit Included: A wellness benefit is paid for all routine physicals, vaccines, and health screening tests for each covered person. There is a 60-day waiting period, after initial enrollment, for this benefit.

This benefit pays \$100 per test per person, twice each year (maximum of \$200 annually per insured).

Examples of Health Screenings include:

- Low-dose Mammogram
- Pap Smear
- Prostate Specific Antigen (PSA)
- Serum Cholesterol
- Fasting blood glucose test
- Stress Test on a bicycle or treadmill

Semi-Monthly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	\$9.25	\$14.17	\$21.52	\$26.43

*Dependents up to age 26 can be covered regardless of student status.

TRUSTMARK CRITICAL ILLNESS PLAN

Critical Illness Plan is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.

Guaranteed Issue for New Hires ONLY

\$20,000 employee / \$10,000 spouse / \$2,000 children



If you previously waived this benefit, you must answer a few health questions and be approved for coverage.

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

Examples of covered conditions:

Heart Attack, Stroke, Renal (Kidney Failure), Blindness, ALS (Lou Gehrig’s Disease), Major Organ Transplant, Paralysis of Two or More Limbs, Coronary Artery Bypass Surgery (25% benefit)

A Health Screening Benefit is included in your Critical Illness Policy and Trustmark pays up to \$100 for each insured. Each covered person will get one immunization or one screening test per calendar year.

Examples of health screenings:

- Low dose mammography
- Pap smear
- Stress test
- Colonoscopy
- Serum Cholesterol
- Prostate specific antigen
- Bone Marrow
- Chest X-ray

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. See brochure for more details.

TRANSAMERICA CANCER PLAN

The Cancer Plan will pay benefits to you if you are diagnosed with cancer. This plan pays you directly. Some benefits pay by the day or treatment, while others reimburse you for expenses you incur. Either way, it can be a source of financial support just when you and your family need it most!

Just a few examples of benefits included in the plan:

- Initial Diagnosis - \$3,000
- Hospital Confinement - \$200 per day
- Surgery - up to \$3,000 (Inpatient), up to \$4,500 (Outpatient)
- Radiation & Chemotherapy - \$10,000 per 12 month period
- Bone Marrow and/or Stem Cell - \$10,000 per 12 months period

An Annual Cancer Screening Benefit is included in your policy and Transamerica pays \$100 for each insured. Each covered person will get one cancer screening test per calendar year.

Examples of Cancer Screenings:

- Mammogram
- Pap Smear
- Prostate-Specific Antigen Test (PSA)
- Chest X-ray
- Bone Marrow Testing

Semi-Monthly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	\$14.37	\$25.81	\$16.37	\$25.81

**Dependents up to age 26 can be covered regardless of student status.*

Trustmark Universal Life with Long Term Care

Universal Life with Long Term Care includes both a death benefit and a living benefit.

- Trustmark Universal Life with Long Term Care is a permanent life insurance policy that is designed to match your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection.
- The Universal Life with Long Term Care policy is priced to remain the same cost to you until age 100.
- The death benefit reduces at age 70 when the need for life insurance typically decreases.
- The Living Benefit, Long Term Care never reduces and is 4% of the original death benefit per month for up to 25 months.
- **If you use the Long Term Care benefit, your death benefit amount does not reduce due to the Benefit Restoration feature included.**
- Coverage available for spouse and children as well.

Special Underwriting for Initial Offering ONLY Guaranteed Issue (Employee Only)
The lesser of the face amount purchased by \$10 per week or \$200,000



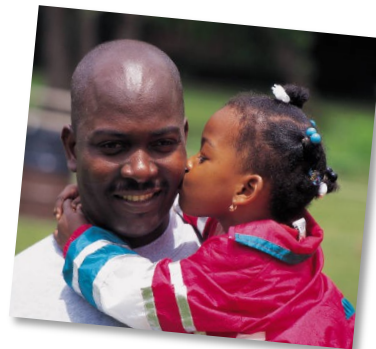
If you previously waived this benefit, you must answer a few health questions and be approved for coverage.

Life with Long Term Care example: \$100,000 Death Benefit

	Before Age 70	After Age 70
Long Term Care Benefit (LTC): Pays a monthly benefit equal to 4% of your death benefit for up to 25 months.	\$100,000	\$100,000
Benefit Restoration: Restores the death benefit that is reduced to pay for LTC.	\$100,000	\$33,333
Total Maximum Benefit: Long Term Care Benefits may double the value of your insurance	\$200,000	\$133,333

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week.



Basic Term Life and AD&D

The City of Ocoee provides Basic Life and AD&D Insurance through Lincoln Financial Group for all eligible employees at no cost to the employee. The Basic Life and AD&D insurance benefit is equal to 1x your annual salary, up to a maximum of \$150,000.

Employees have the opportunity to cover their spouse and dependents on life insurance as well. *You can choose from either Voluntary Supplemental Life (you must purchase additional life insurance on yourself to cover dependents) **OR** Dependent Only Life. You may not elect both for your dependents.*

Voluntary Supplemental Life

You **must** elect additional life insurance on yourself in order to elect spouse and/or child coverage below.

Employee	<p>You may elect life insurance up to a maximum of \$500,000 (not to exceed 5 times annual salary), in increments of \$10,000.</p> <p style="text-align: center;">One Time Guaranteed Issue Amount at <u>Initial Eligibility Only</u> \$100,000 or 3x annual salary (whichever is less)</p>
Spouse	<p>You may elect life insurance up to a maximum of \$250,000 (not to exceed 50% of employee life amount) in increments of \$5,000 for your spouse.</p> <p style="text-align: center;">One Time Guaranteed Issue Amount at <u>Initial Eligibility Only</u> \$50,000</p>
Child(ren)	<p>Coverage up to a maximum of \$10,000, in increments of \$2,500, can be elected for all of your children at initial eligibility only. (age 6 months to 19 years (25 if a full-time student); age 14 days to 6 months provides a \$250 benefit).</p>

If coverage was not applied for at a initial eligibility (or if an increase in coverage is requested at a later date) "Evidence of Insurability" must be provided, including health questions for any insured.

DEPENDENT ONLY TERM LIFE INSURANCE

You **do not** have to purchase additional life on yourself to purchase the **dependent only** life policies.

Coverage Tier	Semi-Monthly Rate	Available Coverage
Spouse & Child(ren)	\$.71	\$5,000 spouse \$2,000 each child (6 mos. - 19 yrs.) (23 if a full-time student) \$1,000 each child (14 days - 6 mos.)

COSTS FOR VOLUNTARY SUPPLEMENTAL LIFE INSURANCE

Age Band	Life & AD&D Semi-Monthly Rate per \$1,000
<35	\$.030
35—39	\$.050
40—44	\$.075
45—49	\$.130
50—54	\$.225
55—59	\$.365
60—64	\$.490
65—69	\$.765
70—74	\$1.35
75—79	\$2.245
80+	\$2.245

Employee and Spouse premiums are calculated separately.
Spouse premiums will be calculated based on Employee's age.

Example: A 36 year old female, Sally, wants to purchase \$50,000 of term life insurance.

$$\frac{.050}{\text{Monthly rate per } \$1,000} \times \frac{50}{\text{\# of units}/\$1,000} = \frac{\$2.50}{\text{payroll deduction}}$$

Benefit reduces beginning at age 65.

Child Life Rates

You may purchase life insurance on your dependent children in the following amounts:

\$2,500 benefit	\$.25 per pay
\$5,000 benefit	\$.50 per pay
\$7,500 benefit	\$.75 per pay
\$10,000 benefit	\$1.00 per pay

The above rates cover ALL children.

Short Term Disability

The City of Ocoee provides Short Term Disability (STD) insurance to all eligible employees, at no cost to you. Employees will be automatically enrolled in STD. STD coverage supplements your lost wages should you be unable to work due to a covered illness, injury or pregnancy.

STD coverage begins after the specified elimination period below due to a medically certified illness or injury. Benefits are payable up to the specified benefit duration period below. Benefits are paid to you weekly as long as you are insured under the plan or the maximum payment period while you remain disabled and under the regular care of a physician.

Elimination Period for sickness, accident or pregnancy: 45 days

Maximum Benefit Period: 7 weeks for total or partial disability

Weekly Benefit: 66.67% of weekly salary up to \$1,000 per week

Pre-Existing Conditions: None



Long Term Disability

The City of Ocoee provides Long Term Disability (LTD) insurance to all eligible employees, at no cost to you. Employees will be automatically enrolled in LTD. Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability benefits.

LTD coverage begins after the specified elimination period below due to a medically certified illness or injury. Benefits are payable up to the specified benefit duration period below. Benefits are paid to you as long as you are insured under the plan or the maximum payment period while you remain disabled and under the regular care of a physician.



Elimination Period for sickness, accident or pregnancy: 90 days

Maximum Benefit Period: 5 years or to age 70, whichever is later

Monthly Benefit: 66.67% of salary up to a maximum of \$5,000 per month

Pre-Existing Conditions: You may not be eligible for benefits if you have received treatment for a condition within the past three (3) months until you have been covered under this plan for 12 months.

The City of Ocoee provides dental coverage through Florida Combined Life, a subsidiary of Florida Blue. Locate a Dentist within the Florida Combined network at www.floridablue.com

The Blue Dental Choice plan is “open access” and allows you to receive services from any dental provider with out selecting a Primary Dental Provider (PDP) and does not require referrals to specialists. The PPO plan provides benefits for services received from in-network and out-of-network providers.

Plan	BlueDental Choice Low Option		BlueDental Choice High Option	
	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible Individual / Family	\$50 / \$150	\$50 / \$150	\$25 / \$75	\$50 / \$150
Annual Maximum	\$1,250	\$1,250	\$1,500	\$1,500
Preventative Services Exams, Cleanings, X-Rays, etc.	Plan pays 100% Deductible is waived.		Plan pays 100% Deductible is waived.	
	Deductible Applies		Deductible Applies	
Basic Services Fillings, Simple extractions, Periodontics, Root Canals, etc.	80% Covered	80% Covered	90% Covered	80% Covered
Major Services Crowns, Dentures, Bridges, etc.	50% Covered	50% Covered	60% Covered	50% Covered
Orthodontics \$1,000 Lifetime Maximum Deductible does not apply to Orthodontic services.	Child(ren) to age 19 only 50%		All Insureds 50%	

Semi-Monthly Payroll Deductions	Low Option		High Option	
	Employee	*Family	Employee	*Family
	\$0.00	\$28.23	\$2.66	\$36.65

*Dependents ages 26 and under can be covered with no requirements. Coverage terminates for dependents at the end of the year they turn 26.

VSP is the City's carrier again this year. Your vision is important to your health. Whether you have 20/20 or less than perfect vision, everyone needs to receive regular vision care. Don't take chances with your vision; take advantage of this important benefit. **To find an in-network provider go to www.vsp.com.**

Description	In-Network Benefits	Out-of-Network Benefits
Comprehensive Eye Exam <i>Once every 12 months</i>	\$10 co-pay	Reimbursed up to \$45
Prescription Glasses <i>Includes standard lenses and frames</i>	\$25 co-pay	See below
Standard Lenses <i>Once every 12 months</i>		Amount Reimbursed
Single	\$0 co-pay	Up to \$30
Bifocal (Lined)	\$0 co-pay	Up to \$50
Trifocal (Lined)	\$0 co-pay	Up to \$65
Lens Options		
Standard Progressive	\$55	Up to \$50
Premium Progressive	\$95 - \$105	Up to \$50
Custom Progressive	\$150 - \$175	Up to \$50
Eyeglass Frames <i>Once every 24 months</i>	\$0 Co-pay, \$130 allowance 20% off balance over \$130	Up to \$70
Contact Lenses (in lieu of glasses) <i>Once every 12 months</i>	\$0 co-pay, \$130 allowance	Up to \$105
Laser Vision Correction (LASIK)	15% off retail / 5% off sale	Not Covered

Semi-Monthly Payroll Deductions	Employee	*Family
	\$0.00	\$3.49



*Dependents ages 26 and under can be covered with no requirements. Coverage terminates for dependents at the end of the month they turn 26.

FSA's help to fill coverage gaps between health plans and out-of-pocket expenses. An FSA allows you to pay for certain health and dependent care expenses with pre-tax dollars. You won't pay taxes on the funds you put into your FSA because they're deducted before taxes are calculated.

Health FSA

This pays for unreimbursed out-of-pocket medical expenses incurred during the year.

Maximum Contribution: \$2,550 annually

Qualified medical expenses include:

- Co-pays / Deductibles
- Prescriptions
- Dental Work
- Vision Exams
- Eyeglasses
- Lasik
- Chiropractic Care
- Contact Lens & Supplies



Note: Over-the-Counter (OTC) Medications

Over-the-counter medications must be accompanied by a doctor's prescription and a reimbursement request to be covered under your FSA. This affects OTC medications only; all other medical supplies (band-aids, first-aid supplies, etc.) will still be eligible for reimbursement.

Dependent Care FSA

This covers daycare expenses for children up to the age of 13, and for elder dependents (like aging parents) that live in your home. It also covers a spouse or dependent that is physically or mentally challenged for whom you claim an exemption.

Maximum Contribution: \$5,000 annually

Qualified dependent care expenses include:

- Babysitters
- Daycare Centers
- Elder Care
- Day Camps
- Preschool
- After-school Care



Vendor	Phone	Website
Medical Florida Blue	800-352-2583	www.floridablue.com
Prescriptions EnvisionRxOptions	800-361-4542	www.envisionrx.com
Dental Florida Combined Life	888-223-4892	www.floridabluecom
Vision VSP	800-877-7195	www.vsp.com
Voluntary Benefits Trustmark Transamerica	800-918-8877 888-763-7474	www.trustmarksolutions.com www.transamericaemployeebenefits.com
Disability & Life Insurance Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com
Flexible Spending Accounts & Health Reimbursement Accounts Health Equity	877-223-5329	www.healthequity.com
Trustmark & Transamerica Claims Help Explain My Benefits	888-734-6937, Option 2	service@explainmybenefits.biz



Benefit Guide Description

Please Note: This Employee Benefit Brochure is designed to provide a brief overview of the benefit plans that are provided for and made available to employees of the City of Ocoee and their families.
