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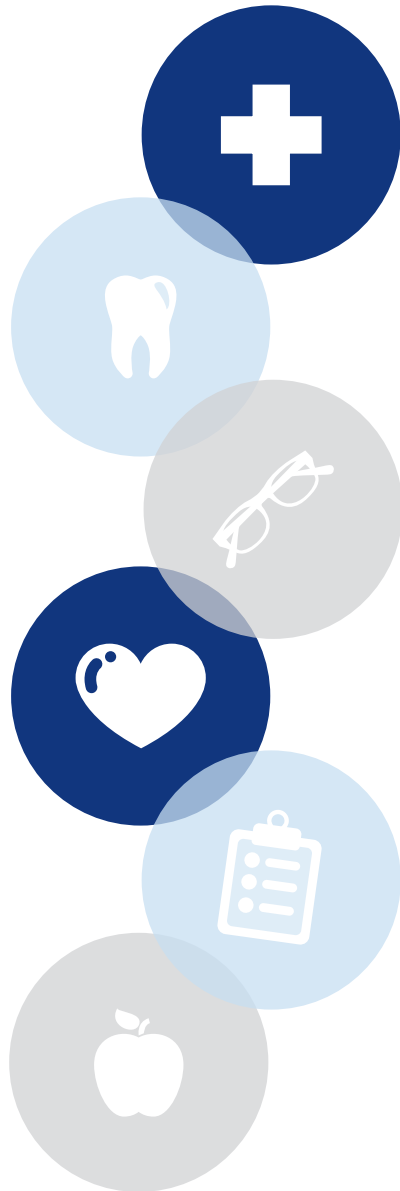
NAPLES

2023-2024 EMPLOYEE BENEFIT HIGHLIGHTS





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



Contact Information

	Human Resources Department	Human Resources	Phone: (239) 213-1810 www.naplesgov.com
	Online Benefit Enrollment	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) Email: support@mybentek.com www.mybentek.com/naples
	Medical Insurance	Cigna Healthcare Group Number: 3327028	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
	Telehealth	MDLIVE through Cigna	Customer Service: (888) 726-3171 www.mycigna.com
	Health Reimbursement Account	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
	Dental Insurance	Cigna Healthcare Group Number: 169199	Customer Service: (800) 244-6224 www.mycigna.com
	Vision Insurance	EyeMed Group Number: 1040176	Customer Service: (866) 939-3633 www.eyemed.com
	Flexible Spending Accounts	Cigna	Customer Service: (800) 244-6224 www.mycigna.com
	Employee Assistance Program	Cigna	Customer Service: (877) 622-4327 www.mycigna.com Access Code: con
	Cigna Behavioral Health	Cigna	Customer Service: (800) 433-5768 www.mycigna.com
	Basic Life and AD&D Insurance	The Hartford	Customer Service: (800) 523-2233 www.thehartford.com
	Voluntary Life Insurance	The Hartford	Customer Service: (800) 523-2233 www.thehartford.com
	Long Term Disability Insurance	The Hartford	Customer Service: (800) 523-2233 www.thehartford.com
	Supplemental Retirement Plans	MissionSquare Retirement	Natascha Barone, Retirement Specialist Phone: (202) 759-7016 Email: nbarone@missionsq.org Customer Service: (800) 669-7400 www.missionsq.org



Introduction

The City of Naples 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 for further information.

2023-2024 Plan Year News

Open Enrollment is mandatory!

All employees are required to:

- Elect or waive coverage
- Update life insurance beneficiary information

Effective October 1, 2023 through September 30, 2024, the following plan options will be available:

Medical Insurance — Cigna Healthcare will continue to be the City's medical insurance provider and offers the following plan:

- Consumer Driven Health Plan (CDHP) with a Health Reimbursement Account (HRA).

Dental Insurance — Cigna Healthcare will continue to be the City's dental insurance provider.

Vision Insurance — EyeMed will continue to be the City's vision insurance provider.

Flexible Spending Accounts (FSA)

- Cigna is the Flexible Spending Accounts (FSA) administrator.
- Any employee wishing to contribute to an FSA can do so during the Open Enrollment Period.
- Previous election amounts do not automatically continue to the new plan year and MUST be re-elected.
- Please note, based on IRS regulations, the maximum contribution to a medical FSA is \$3,050.

Voluntary Life Insurance and Accidental Death & Dismemberment (AD&D) — The Hartford is the City's life insurance provider. **Please be sure to update beneficiaries in Bentek***.

**Please Note: To update beneficiaries for Pension and Police/Fire Death Benefits. Please contact Human Resources to complete a separate form.*

Wellness Incentive Program

This voluntary program is available to participants (employees and retirees) enrolled in the City's Consumer Driven Health Plan. Employees who complete a biometric screening are eligible for the City's contribution to the HRA. Employee results from the biometric screening can count towards wellness targets as outlined on the Wellness Incentive Program page 10 in this booklet. Each target is worth \$100. The maximum number of targets participants can achieve is five (5), for a total of \$500, which can be applied toward the medical plan deductible.

Employer Provided Benefits

The following benefits are provided to eligible employees at no cost:

- Employee Only dental insurance through Cigna Healthcare.
- Basic Life and Accidental Death & Dismemberment (AD&D) insurance through The Hartford
- Long Term Disability (LTD) through The Hartford (Police and Fire excluded from LTD coverage).
- Employee Assistance Program (EAP) through Cigna Behavioral Health.



Bentek Support

For technical issues directly related to using the EBC please contact (888) 5-Bentek (523-6835) or email Bentek Support at support@mybentek.com, Monday through Friday, during regular business hours.



Bentek Important Info

On the initial Log in page employee can find important information including how to create an account, Bentek's User Guide, and the Open Enrollment Quick Guide.



Bentek Reminder

Link must be addressed exactly as written (Due to security reasons, the website cannot be accessed by Google or other search engines).

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/naples
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 October 1 through September 30.

Employee Eligibility

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

Separation of Employment

If employee separates employment from the 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 the 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

Dependent Age Requirements

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

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

Dental Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 30.

Vision Coverage: A dependent child may be covered through the end of the calendar year 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 and dental insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year 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.



Medical Insurance

The City offers medical 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 medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medical Insurance – Cigna Consumer Driven Health Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$56.47
Employee + 1 Dependent	\$111.25
Employee + Family	\$183.53
Over-Age Dependents (Age 26 – 30)*	\$221.46

*In addition to Family Premium per dependent. See Taxable Dependent section under the Group Insurance Eligibility page for more information.

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

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 the 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: 735 8th Street South
 Naples, FL 34102
Phone: (239) 213-1810
Email: afoster@naplesgov.com
Website: www.mybentek.com/naples

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 (239) 213-1810.

Telehealth - MDLIVE

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.

Cigna Behavioral Care through MDLIVE allows users to speak to a therapist or psychiatrist through video only. These specialists can provide therapy, diagnose, treat and prescribe medication for many common mental health conditions during non-emergency situations. Scheduled appointments required. Mental Health coinsurance and deductible apply.

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

Tobacco Cessation

Employees who use tobacco and would like to quit are invited to participate in one of the City's approved tobacco cessation programs that are administered under the City's health plan. Please contact Human Resources for additional information. **Anti-Tobacco Rx Costs will be paid 100% by the plan at no cost to the employee.**

Covered Treatment Options for Tobacco Cessation

If your doctor feels these medications are medically inappropriate, have them call 1-800-CIGNA-24 or 1-800-244-6224. Brands may be available with no cost-sharing to you. Generic nicotine replacement therapy (so called "store-brands" are available at no cost-sharing to you, even though they may not be listed here).

Please Note: Prescription from physician is required.

- Bupropion SR
- NicoDerm CQ – 21mg/24hr
- Nicorette
- Nicorette NS
- Nicotine Gum
- Nicotine Lozenge
- Nicotine Patch
- NicoDermCQ – 7mg/24hr; 14mg/24hr
- Nicorette
- Quit 2
- Quit 4

Quantity Limitations Apply



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.

Health Assessment

Cigna's Health Assessment is a short, simple, online assessment that individuals complete to create a personalized health profile and action plan. Each health assessment triggers personalized Cigna health advocacy interventions designed to simultaneously optimize the individual's health.

Register at www.mycigna.com, select Wellness, then select Health Topics & Resources.

Lifestyle Management Program

Whether looking for help with weight, tobacco or stress management, Cigna's Lifestyle Management Programs are here for employees. Each program is easy to use, available where and when needed, and is always no cost to employee.

Register at www.mycigna.com, select Wellness, then select Health Topics & Resources or contact (855) 246-1873.

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 Play™. With the myCigna mobile app, members can:

- ✓ Find a doctor, dentist, or health care facility
- ✓ View ID cards for the entire family
- ✓ Review deductibles, account balances and claims
- ✓ Compare prescription drug costs

IdentityForce

Cigna Healthcare provides employees enrolled in the Cigna Consumer Driven Health plan an identity theft protection plan through IdentityForce. This plan protects employees and their dependents up to age 18, against identity theft compromises and includes, but is not limited to the following benefits:

- 24/7 Monitoring (Social Security, Social Media, Dark Web, Financial Accounts, Password Manger, and more)
- Sex Offender Notification
- Medical ID Fraud Protection
- Fully Managed Restoration Services
- \$1 Million Dollar Identity Theft Insurance Policy

To learn more about this plan or to sign up, contact IdentityForce's customer service at (833) 580-2523 or visit <http://cigna.identityforce.com/starthere>.

Health Information Line

The 24-Hour Health Information Line (HIL) assists individuals in understanding the right level of treatment at the right time. Trained nurses are available 24 hours a day, seven (7) days a week, 365 days a year to provide health and medical information and assistance on available resources. For more information call (800) 244-6424.

Cigna 90 Now

Employees taking maintenance medications which are prescribed for chronic long-term conditions and are taken on a regular recurring basis, may now fill these prescriptions at a Cigna 90 Now pharmacy or through Cigna/Express Scripts Pharmacy. Employees may choose a different pharmacy, but the prescription may not be covered by the medical plan. To find a Cigna 90 Now pharmacy, log on to www.mycigna.com.

Cigna Healthy Rewards

Healthy Rewards is a discount program. Enrolled members have the choice to use this program and can get discounts on health products and programs by showing 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

OMADA Diabetes Prevention Program

Cigna has partnered with Omada Health who is the nation's leading CDC-recognized provider of the Diabetes Prevention Program (DPP). Through its DPP, Omada delivers cost-effective prevention services for populations at risk or in the early stages of developing type 2 diabetes and other chronic conditions. This program is at no additional cost to Cigna customers. Those who qualify will learn how to:

- ✓ Eat Healthier
- ✓ Increase Activity
- ✓ Strengthen Habits
- ✓ Stay Healthy For Life
- ✓ Overcome Challenges

Participants can look forward to receiving a wireless smart scale delivered directly to their front door. The scale connects to a personalized online account, making tracking simple. It's an interactive program with weekly online sessions with a small group of other participants. It is a commitment to health, a connection to their coach, and a habit worth building. Participants will also receive tools to drive success which include: a pedometer, resistance band, measuring tape, and Omada handbook. To find out if employee qualifies for the OMADA program, please contact Cigna.



Cigna Consumer Driven Health Plan At-A-Glance

Network	Open Access Plus	
HRA Funding (City Contribution)*	In-Network	Out-of-Network**
Employee / Employee + 1 Dependent / Employee + Family	\$750 / \$1,250 / \$1,500	
Plan Year Deductible (PYD)		
Employee	\$1,500	\$3,000
Employee + 1	\$2,250	\$4,500
Employee + Family	\$3,000	\$6,000
Coinsurance		
Member Responsibility	20%	50%
Plan Year Out-of-Pocket Limit		
Employee	\$3,000	\$6,000
Employee + 1	\$4,500	\$9,000
Employee + Family	\$6,000	\$12,000
What Applies to the Out-of-Pocket Limit?	Deductible and Coinsurance (Includes Rx)	
Physician Services		
Primary Care Physician (PCP) Office Visit	20% After PYD	50% After PYD
Specialist Office Visit (No Referral Required)	20% After PYD	50% After PYD
Telehealth Services	No Charge	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)***	20% After PYD	50% After PYD
X-rays/Advanced Imaging (MRI, PET, CT)	20% After PYD	50% After PYD
Outpatient Surgery in Surgical Center	20% After PYD	50% After PYD
Physician Services at Surgical Center	20% After PYD	50% After PYD
Urgent Care (Per Visit)	20% After PYD	20% After PYD
Hospital Services		
Inpatient Hospital (Per Admission)	20% After PYD	50% After PYD
Physician Services at Hospital	20% After PYD	50% After PYD
Emergency Room (Per Visit; Waived if Admitted)	20% After PYD	20% After INN-PYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	20% After PYD	50% After PYD
Outpatient Services (Per Visit)	20% After PYD	50% After PYD
Prescription Drugs (Rx)		
Generic	30% After PYD	50% After PYD
Preferred Brand Name	40% After PYD	50% After PYD
Non-Preferred Brand Name	50% After PYD	50% After PYD



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.



Plan References

* To be eligible for the City's contribution, employees must complete a biometric screening. Employees may also be eligible to receive additional HRA contributions from the City in the amount of \$100 per wellness target achieved up to a maximum of five (5) targets (\$500), which can be applied towards the deductible.

** **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.

*** 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.



Health Reimbursement Account

The City provides employees who participate in the Cigna Healthcare Consumer Driven Health 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. HRA monies provide tax-free funds to cover expenses incurred under the medical plan. HRA monies cannot be used for dental expenses.

To be eligible for the City's contribution, participants must complete a biometric screening. Participants may also be eligible to receive additional HRA contributions from the City. Please refer to the Wellness Incentive Program page for more information.

Health Reimbursement Account (HRA) Funding

Employees must complete a biometric screening by August 31, 2023 to be eligible to receive the following HRA funding for 2023-2024

- ✓ \$750 (Employee Only)
- ✓ \$1,250 (Employee + 1 Dependent)
- ✓ \$1,500 (Employee + Family)
- Unused funds roll over each year up to the maximum out-of-pocket limit.
- If employee contributes to a Health Care Flexible Spending Account (FSA), the HRA pays first, then the FSA.

Employees who are hired in the middle of the plan year will automatically receive HRA monies when their medical insurance goes into effect. In this circumstance, employees are not eligible to complete a biometric screening, nor are they eligible for Wellness Target additional funding, until the next plan year.

Retain Receipts

During the year, employee should keep all receipts and documentation for prescriptions and medical related expenses if needed to verify a claim for Cigna or for IRS tax purposes. If asked to produce documentation, a valid Explanation of Benefits (EOB) and receipt of payment for the services rendered will be sufficient.

How to Check Available HRA Balance

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

Please Note: The Plan Year Deductibles exceed the HRA funding amounts. Members will be responsible for any amount over the HRA funding until the Plan Year Deductible and out-of-pocket limit have been met.

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

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



Wellness Incentive Program

The City of Naples is committed to health and wellness and continues to adopt plans to encourage employees in healthy behaviors. This voluntary program is available to participants (employees and retirees) enrolled in the City’s Consumer Driven Health Plan and includes incentives. Covered dependents are not eligible to participate at this time. Employees may enroll in the program one (1) time per year.

Health Reimbursement Account (HRA) Funding

To receive the City funding, participants are required to:

- Complete a biometric screening at a Quest Patient Service Center using the city code no later than August 31, 2023

Employees who complete the biometric screening by August 31, 2023 will receive the City’s funding in a Health Reimbursement Account (HRA) that may be used towards deductible costs:

- ✓ \$750 (Employee Only)
- ✓ \$1,250 (Employee + 1 Dependent)
- ✓ \$1,500 (Employee + Family)

Wellness Target HRA Funding

Participants are eligible for additional funding of \$100 for each wellness target achieved (up to \$500). All of these targets and employee results will be tracked by Cigna’s MotivateMe Program. Employee will be able to log in to www.mycigna.com to view results. MotivateMe will be the primary source to track the wellness incentives earned throughout the 2023-2024 plan year.

Employees who are hired in the middle of the plan year will automatically receive HRA monies when their medical insurance goes into effect. In this circumstance, employees are not eligible to complete a biometric screening, nor are they eligible for Wellness Target additional funding, until the next plan year.

Wellness Targets for 2023-2024

Measurement	Targets
Annual Preventive Physical Exam	Complete a Preventive Physical Exam during the plan year (must be completed between 10/1/22 to 9/30/23)
Total Cholesterol Level	Achieve a level of less than or equal to crft 4.4 for Women and crmt 5.0 for Men or complete alternative activity
LDL Cholesterol Level	Achieve a level of less than or equal to 100 mg/dl or complete alternative activity
Blood Sugar Level	Achieve a blood sugar level of less than 100 mg/dl or complete alternative activity
Blood Pressure	Systolic – less or equal to 139 Diastolic – less or equal to 89 or complete alternative activity
Alternative Activity	Online or telephonic coaching through Cigna’s MotivateMe program, and/or as prescribed by a physician
Colonoscopy	Colonoscopy must be completed between 10/1/22 – 9/30/23
Mammogram	Mammogram must be completed between 10/1/22– 9/30/23
Annual Dental Cleaning	Dental cleaning must be completed between 10/1/22 – 9/30/23

Please Note: Alternative Activities must be completed no later than March 31, 2024

Alternative Activities

Employee unable to meet one or more of the wellness targets will be able to complete an alternate activity through the MotivateMe program, such as, online and/or telephonic coaching. Through Cigna’s MotivateMe program, employees will have the added opportunity to work directly with their primary care physician to provide an appropriate alternative activity or activity waiver.

The MotivateMe Health Coach is highly qualified and dedicated to understanding the needs of employees. The coach will work with the employee one-on-one for support and wellness counseling. An action plan will be established to help employee move toward their goals. To achieve a wellness target and receive funding, employee must take action and receive results. Each goal is funded separately, as long as progress is being made.

Getting Started

Employee must complete a biometric screening and then visit www.mycigna.com, select Wellness, then select Incentive Awards Programs. Once registered with MotivateMe, employee will be able to view a list of available healthy actions and goals, details on how to enroll and instructions on how to earn and redeem rewards.



Dental Insurance

Cigna Dental PPO 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 Dental PPO Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$17.22
Employee + Child(ren)	\$26.45
Employee + Family	\$48.29
Over Age Dependent	\$11.85

In-Network Benefits

The dental PPO 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 Plan Year Deductible (PYD) 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 members receive 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 the Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Plan Year Deductible

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

Plan Year Benefit Maximum

The maximum benefit (coinsurance) the dental PPO plan will pay for each covered member is \$1,500 for in-network and out-of-network services combined. All services, including diagnostic & preventive services, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next plan year.

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



Cigna Dental PPO Plan At-A-Glance

Network	Total Cigna DPPO	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
Plan Year Benefit Maximum		
Per Member (Includes Class I Services)		\$1,500
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (2 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Year)		
Complete X-rays (1 Every 3 Calendar Years)		
Bitewing X-rays (2 Per Year)		
Class II Services: Basic Restorative Care		
Fillings (Amalgam or Composite)	Plan Pays: 80% After PYD	Plan Pays: 80% After PYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Anesthetics		
Class III Services: Major Restorative Care**		
Crowns	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD (Subject to Balance Billing)
Bridges		
Dentures		
Class IV Services: Orthodontia**		
Lifetime Maximum		\$1,500
Benefit (Children and Adults)	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD (Subject to Balance Billing)



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 DPPO 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.

** Late Entrant Limitations will apply.



Important Notes

- Teeth missing prior to coverage under the Cigna Dental Plan will not be covered.
- 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

EyeMed Vision Plan

The City offers vision insurance through EyeMed 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 EyeMed’s customer service.

Vision Insurance –EyeMed Vision Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$2.57
Employee + 1 Dependent	\$3.72
Employee + Family	\$6.67

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 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 Insight network. When going out of network, the provider will require payment at the time of appointment. EyeMed will then reimburse based on the plan’s out-of-network reimbursement schedule upon receipt of proof of services rendered.

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

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

EyeMed | Customer Service: (866) 939-3633 | www.eyemed.com



EyeMed Vision Plan At-A-Glance

Network		Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$10 Copay	Up to \$40 Reimbursement
Exam at PLUS Provider*		No Charge	Up to \$40 Reimbursement
Contact Lens Exam (<i>Fit and Follow-up</i>)	Standard	Up to \$40 Copay	Not Covered
	Premium	10% Off Retail	Not Covered
Retinal Imaging		Up to \$39 Copay	Not Covered

Frequency of Services		
Examination		One Per Plan Year
Lenses		One Per Plan Year
Frames		One Every Other Plan Year
Contact Lenses		One Per Plan Year

Lenses			
Single		\$30 Copay	Up to \$30 Reimbursement
Bifocal		\$30 Copay	Up to \$50 Reimbursement
Trifocal		\$30 Copay	Up to \$70 Reimbursement

Frames			
Allowance		Up to \$130 Allowance 20% Off Balance over \$130	Up to \$91 Reimbursement
Allowance at PLUS Provider*		Up to \$180 Allowance 20% Off Balance over \$180	Up to \$91 Reimbursement

Contact Lenses**			
Non-Elective (<i>Medically Necessary</i>)		No Charge	Up to \$300 Reimbursement
Elective	Conventional	Up to \$130 Allowance 15% Off Balance over \$130	Up to \$91 Reimbursement
	Disposable	Up to \$130 Allowance	Up to \$91 Reimbursement



Locate a Provider

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



Plan References

*PLUS Provider: Additional cost savings available when choosing a designated PLUS Provider. To search for a PLUS Provider, visit www.eyemed.com. When completing the necessary search criteria, look for participating providers with the PLUS mark.

**Contact lenses are in lieu of spectacle lenses.



Important Notes

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



Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA) administered through Cigna. The FSA plan year is from October 1 to September 30.

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

Health Care FSA

This account allows participant, **but not retirees**, to set aside up to an **annual maximum of \$3,050**. 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, **but not retirees**, to set aside up to an **annual maximum of \$5,000** if single or married and file a joint tax return (\$2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

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

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

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

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

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

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



Flexible Spending Accounts *(Continued)*

FSA Guidelines

- 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. Dependent Care funds cannot be carried over.
- The Health Care FSA has a 120 day run out period at the end of the plan year (until January 31st) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year.
- Active employees, **but not retirees**, 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 Cigna's 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.

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 Mailing Address

PO Box 182223, Chattanooga, TN 37422 | Fax: (877) 823-8953

Cigna | Customer Service: (800) 224-6224 | 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 five (5) 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), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor. The referring supervisor will not receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

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: (877) 622-4327
www.mycigna.com | Access Code: con

Cigna Behavioral Health

For covered services related to mental health and substance abuse, participants have access to the Cigna Behavioral Health network of providers. This program provides dedicated support, lifestyle coaching and online tools and 24/7 availability through on-demand coaching, personalized learning, and virtual behavioral care.

Happify

The Happify app features science-based activities and games designed to help lessen symptoms of depression and change behavior. Happify is included in plans with Cigna Total Behavioral Health at no cost.

iPrevail

iPrevail offers 24/7 access to digital peer coaching and peer support using cognitive behavioral therapy techniques, interactive video lessons and support communities. iPrevail is included in plans with Cigna Total Behavioral Health at no cost.

To learn more about the Cigna Behavioral Health network or to find a provider and start video counseling contact customer service or visit www.mycigna.com then visit the Wellness page - Emotional Health.

Cigna | Customer Service: (800) 433-5768 | www.mycigna.com



Long Term Disability

The City provides Long Term Disability (LTD) insurance at no cost to all eligible employees working at least 24 hours per week, through The Hartford (excluding Police and Fire). The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

Long Term Disability (LTD) Benefits: Employer Paid

- LTD provides a benefit of 60% of employee's monthly earnings, up to a benefit maximum of \$6,000 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.
- LTD benefits may be offset with other income benefits, such as sick pay, Social Security, Workers' Compensation or retirement benefits.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- Employee will continue to receive benefits for 60 months if they are unable to return to employee's own occupation.
- After 60 months, if employee can return to any occupation in which they are suitably trained, educated, and capable of performing, the employee must return to that occupation (if the salary of that occupation does not meet the salary of the employee's own occupation, the plan will pay the difference).
- The maximum benefit period is determined based on age at the time of the disability.
- Disability benefits may be taxable.

The Hartford

Customer Service: (800) 523-2233 | www.thehartford.com

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 The Hartford. Eligible employees working a minimum of 20 hours per week will receive a benefit amount as follows:

Class I: General Employees — Two times (2x) Basic Annual Earnings (BAE) rounded to the next higher \$1,000, with a \$300,000 maximum.

Class II: Police/Fire Employees — One time (1x) Basic Annual Earnings (BAE) rounded to the next higher \$1,000, with a \$225,000 maximum.

Accidental Death & Dismemberment Insurance

Also, at no cost to the 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.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces by 50% of the benefit amount at age 70

Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Life Insurance benefit, in excess of \$50,000, be included in income and subject to Social Security and Medicare taxes.

**Please Note: To update beneficiaries for Pension and Police/Fire Death Benefits. Please contact Human Resources to complete a separate form.*

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

The Hartford | Customer Service: (800) 523-2233 | www.thehartford.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 The Hartford. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employee, spouse and/or dependent 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 \$250,000.**

- Units may be purchased in increments of \$10,000 up to the maximum of \$350,000 not to exceed three (3) times annual earnings.
- The AD&D benefit amount equals the Voluntary Employee Life benefit
- View rate calculations on Bentek.

Voluntary Spouse and/or Dependent Child(ren) Life

- Employee must participate in the Voluntary Employee Life plan for spouse and/or dependent child(ren) to participate.
- Voluntary Dependent Life Insurance coverage may be purchased separately or as a family unit.
- A flat \$10,000 benefit is offered for Voluntary Spouse Life coverage.
- **A flat \$5,000 benefit is offered for eligible unmarried dependent child(ren), from 15 days up to age 26.**
- Voluntary Spouse and/or Dependent Life Insurance coverage cost is \$0.99 per bi-weekly deduction, whether purchased as a single unit or a combined family unit.

Please Note: The rate for spouse and/or dependent child(ren) coverage is \$0.99 per pay period, or \$2.14 per month. The rate is the same if you are covering a spouse only, covering eligible dependent child(ren) only, or covering a spouse plus eligible dependent child(ren).

Voluntary Spouse and/or Dependent Child(ren) AD&D

- Employee may also purchase Voluntary Spouse and/or Dependent Child(ren) Accidental Death & Dismemberment (AD&D) insurance if the Spouse and/or Dependent Child(ren) are covered under the Voluntary Life plan.
- Voluntary Spouse AD&D is available in increments of \$1,000 up to \$175,000 not to exceed 50% of the employee elected and approved Voluntary Life benefit.
- Voluntary Dependent Child(ren) AD&D benefit amount equals the Voluntary Dependent Child(ren) Life benefit.
- Voluntary Spouse and Dependent Child(ren) AD&D insurance may be purchased at a rate of \$0.03 per month, per \$1,000 units.

Voluntary Employee Life and AD&D Rate Table

Monthly Rates

Age Bracket <i>(Based On Employee Age)</i>	Employee <i>(Rate Per \$1,000 of Benefit)</i>
Under Age 30	\$0.101
30-34	\$0.109
35-39	\$0.148
40-44	\$0.221
45-49	\$0.339
50-54	\$0.521
55-59	\$0.856
60-64	\$1.148
65-69	\$1.836
70-74	\$2.889
75+	\$4.668

Premium Calculation:

Elected Coverage ÷ \$1,000 x Employee Rate (See Rate Table) x 12 Months ÷ 26 Annual Deductions = Per Pay Cycle Premium

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

The Hartford

Customer Service: (800) 523-2233 | www.thehartford.com



General Employees' Retirement Plan

The City offers general employees an opportunity to participate in a retirement plan. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. For details regarding eligibility and plan rules, please see the governing ordinances.

The General Employees' Retirement System is governed by these following statutes/ordinances:

1. Code of Ordinances for the City of Naples, Florida, Chapter 29, Article III
2. Chapter 112, Florida Statutes
3. Internal Revenue Code

The General Employee Retirement System covers all city employees except:

- Police, Fire or other pensions
- Contractual employees
- Part-time, temporary and seasonal workers
- The Mayor or members of the City Council

For employees in the General Employees' Retirement Plan, normal retirement can occur when either of the following milestones are met:

Current Employees (*Hired prior to September 30, 2011*)

- Age 60 with five (5) years of credited service, or
- Total age plus service equals 85 years

New Employees

- Age 65 with eight (8) years of credited service, or
- 33 years of credited service

Employee who reaches normal retirement is eligible to receive a monthly retirement benefit multiplier of 2.5 percent (2.5%) of final average compensation for every year of credible service prior to September 30, 2011 and 1.6 percent (1.6%) of final average compensation for every year of credible service after September 30, 2011.

There is an early retirement option for current employees who are 55 and have completed five (5) years of credited service, but the benefit is reduced by 3 percent (3%) per year by which the early retirement date precedes age 60. The early retirement penalty is 5 percent (5%) for new employees.

Employees hired prior to September 30, 2011, contribute 5 percent (5%) of compensation and new employees contribute 3 percent (3%) of compensation.

The pension plan is managed by a Board of Trustees, who serve a four-year term. They establish the investment policies of the plan, determine the plan administrators, and select counsel and other professionals who serve.

Firefighters' Retirement Plan

The City offers eligible firefighters the opportunity to participate in the Firefighters' Retirement System. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. For details regarding eligibility and plan rules, please see the governing ordinances.

The Firefighters' Retirement System is governed by the following statutes/ordinances:

1. Code of Ordinances for the City of Naples, Florida, Chapter 29, Article IV
2. Chapter 112, Florida Statutes
3. Internal Revenue Code

For employees in the Firefighters' Pension Plan, Normal Retirement can occur when either of these milestones are met:

Current Employees (*Hired prior to May 31, 2013*)

- Age 55 with five (5) years of credited service
- Age 50 with 20 years of credited service
- 25 years of credited service

New Employees (*Hired after June 1, 2013*)

- Age 55 with eight (8) years of credited service
- 25 years of credited service

Employee who reaches normal retirement is eligible to receive a monthly retirement benefit multiplier of 4 percent (4%) of final average compensation for every year of creditable service prior to May 31, 2013 and 3 percent (3%) of final average compensation for every year of creditable service after June 1, 2013. For example, an employee with 10 years of creditable service will get 40 percent (40%) of their final average compensation multiplier. Current employee retiring after June 30, 2005 receives a 3 percent (3%) increase in benefits on October 1 of each year starting at age 50 to benefits accrued prior to May 31, 2013. COLA is not applicable to benefits accrued after May 31, 2013.

Early retirement can occur when a firefighter reaches age 50, but the normal retirement benefit is reduced by 0.25 percent (0.25%) for each month by which the early retirement date precedes age 55.

Employees hired prior to May 31, 2013, contribute 5 percent (5%) of compensation and new employees contribute 3 percent (3%) of compensation.

The pension plan is managed by a five-member Board of Trustees, who serve two-year terms. The Board of Trustees establishes the investment policies of the plan, determine the plan administrators, and select counsel and other professionals who serve.



Police Officers' Retirement Plan

The City offers police officers the opportunity to participate in a retirement plan. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. For details regarding eligibility and plan rules, please see the governing ordinances.

The Police Officers' Retirement System is governed by the following statutes/ordinance:

1. Code of Ordinances for the City of Naples, Florida, Chapter 29, Article V
2. Chapter 185, Florida Statutes
3. Chapter 112, Florida Statutes
4. Internal Revenue Code

The membership of the Police Officers' Retirement System includes only city police officers, defined as a full-time State Certified Police Officers employed by the City as a member of the Naples Police Department.

For employees in the Police Officers' Pension Plan, normal retirement can occur when either of these milestones are met:

Current Employees (*Hired prior to March 31, 2012*)

- Age 50 with five (5) years of credited service, or
- 25 years of credited service

New Employees (*Hired after April 1, 2012*)

- Age 60 with eight (8) years of credited service, or
- 30 years of credited service

Employee who reaches normal retirement is eligible to receive a monthly retirement benefit multiplier of 3.63 percent (3.63%) of final average compensation for credited service through March 31, 2012 and 3 percent (3%) for every year of creditable service after March 31, 2012.

The pension plan is managed by a five-member Board of Trustees, who serve two (2) year terms. The Board of Trustees establish the investment policies of the plan, determines the plan administrators, and select professionals who serve.

Supplemental Retirement Plans

401(a) Defined Contribution Plan

Benefit-eligible employees (excluding Police and Fire) are eligible to contribute three percent (3%) of their gross pay into a 401(a) Defined Contribution Plan which will be matched by an additional two percent (2%) provided by the City. **Eligible employees may participate in the 401(a) plan after they have been employed with the City for six (6) continuous months. However, enrollment paperwork must be completed/submitted before employee reaches the six (6) month date.** Eligible employees may elect to waive participation. If participation is waived, or if enrollment is not submitted timely, employees will not be eligible at a later date.

457(b) Deferred Compensation Plan

The tax advantages, plus plan features and benefits, make the 457 (b) Deferred Compensation Plan an ideal way to help accumulate funds for employee's retirement. Employee determines investment allocations(s) among many accounts available and maintains control through allocation changes and transfer options within the vendors system. **Eligible employee may enroll anytime during the plan year.**

If any additional information is needed, please contact Human Resources at (239) 213-1810.

Always remember to keep beneficiary information updated. Beneficiary information for MissionSquare Retirement may be updated at anytime by logging into www.missionsq.org

MissionSquare Retirement

Customer Service: (800) 669-7400 | www.missionsq.org
Natascha Barone, Retirement Specialist | Phone: (202) 759-7016
Fax: (866) 202-4166 | Email: nbarone@missionsq.org



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 for taking 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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