

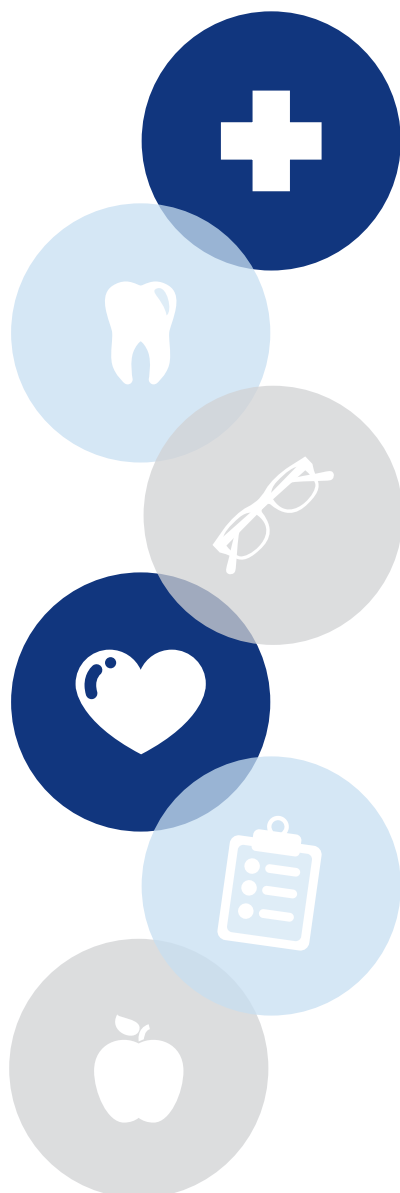
CITY OF
NAPLES



2019 | 2020
**EMPLOYEE
BENEFIT
HIGHLIGHTS**



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This booklet is merely a summary of employee benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The 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	Human Resources	Phone: (239) 213-1810 www.naplesgov.com
	Employee Self Service	Human Resources	www.naplesgov.com
	Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Prescription Drug Coverage and Mail-Order Program	Cigna Home Delivery	Customer Service: (800) 835-3784 www.cigna.com
	Health Reimbursement Account	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Dental Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Vision Insurance	Vision Service Plan (VSP)	Customer Service: (800) 877-7195 www.vsp.com
	Flexible Spending Accounts	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Basic Life and AD&D Insurance	Cigna	Human Resources
	Voluntary Life Insurance	Cigna	Human Resources
	Long Term Disability Insurance	Cigna	Human Resources
	Supplemental Insurance	EarQ	Customer Service: (866) 432-7500 www.earq.com
	Cigna Telehealth Connection	Cigna	Amwell Customer Service: (855) 667-9722 www.AmwellforCigna.com MDLIVE Customer Service: (888) 726-3171 www.MDLIVEforCigna.com
	Employee Assistance Program	Cigna	Customer Service: (877) 622-4327 www.mycigna.com Employee ID: con
	Online Benefit Enrollment	Bentek Support	Customer Service: (888) 5-BenTek (523-6835) www.mybentek.com/naples
	Supplemental Retirement Plans	ICMA	Natasha Barone, Retirement Specialist Phone: (866) 886-8025 Email: nbarone@icmarc.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 an 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.

2019-2020 Plan Year News

Open enrollment is mandatory!

All employees are required to:

- Elect or waive coverage
- Update life insurance beneficiary information
- Indicate tobacco usage

Effective October 1, 2019 through September 30, 2020, the following plan options will be available:

Medical Insurance — Cigna 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).

Tobacco Surcharge — Employees who enroll in the City's medical plan will be assessed a \$25 surcharge per pay if they use tobacco products. It does not apply to covered spouses or dependents at this time but, will be automatically applied to any employee who does not provide their electronic signature to the Non-Tobacco Use Statement online (www.myBentek.com/Naples) during the open enrollment process. Participants may also provide a certificate of completion from a tobacco cessation program at anytime throughout the year to eliminate the surcharge. For additional program details concerning the Tobacco Surcharge, please see page 6 or contact Human Resources.

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

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

Flexible Spending Accounts (FSA)

- Cigna is the Flexible Spending Account (FSA) administrator.
- Any employee wishing to contribute to a FSA can do so during open enrollment.
- 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 \$2,700.

Voluntary Life Insurance and Accidental Death & Dismemberment (AD&D)

Cigna is the City's life insurance provider. **Please be sure to update beneficiaries in Bentek***.

**Please Note: To update beneficiaries for Pension, Police/Fire Death Benefit, and ICMA - RC, 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 and health risk assessment 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, 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.
- Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through Cigna.
- Long Term Disability (LTD) through Cigna (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 call (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.



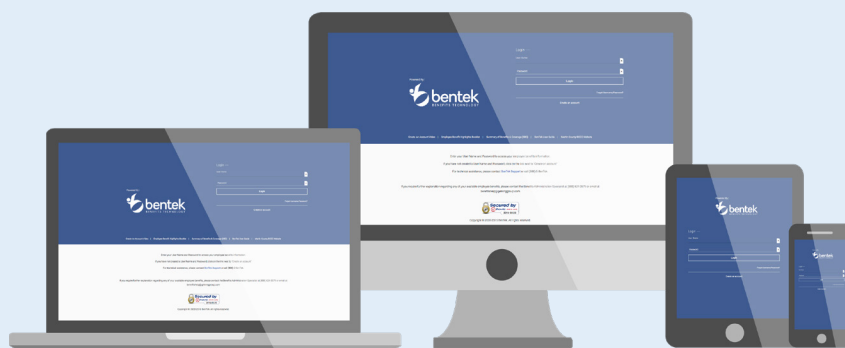
Bentek Reminder

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

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

To access group insurance benefits online, 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.



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 full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following 30 days of employment. For example, if employee is hired on April 11, then effective date of coverage will be June 1.

Termination

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

Dependent Eligibility

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

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

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of calendar year in which they turn 26. An over-age dependents may continue to be covered on the medical plan to the end of the calendar year in which the dependent reaches the age of 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 over age 26.

Disabled Dependents

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

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

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 plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year. Imputed income is the dollar value of insurance coverage attributable to covering the adult dependent child. Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return. Contact 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.



Qualifying Events and IRS Code Section 125

IRS Code Section 125

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 the Internal Revenue Code, Section 125. Any requested changes must be consistent with and due to the Qualifying Event.

Examples of Qualifying Events:

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



IMPORTANT NOTES

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



Medical Insurance

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

Bi-Weekly Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee	\$48.89
Employee + 1 Dependent	\$96.32
Employee + Family	\$158.90
Over-Age Dependents (Age 26 – 30)*	\$191.75

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

Cigna | Customer Service: (800) 244-6224 | www.cigna.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 Open Enrollment. 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 available as follows:

From:	Human Resources
Address:	735 8th Street South Naples, FL 34102
Phone:	(239) 213-1810
Email:	lbevard@naplesgov.com
At Website URL:	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 employees have any questions about the plan offerings or coverage options, please contact Human Resources at (239) 213-1810.

Tobacco Use Surcharge

The City recognizes the impact tobacco use has on medical expenses and insurance costs. Employees who enroll in the City's medical plan will be charged a \$25 surcharge per pay period if they use tobacco products (any lighted or unlighted cigarette, cigar, nicotine dispensing device, pipe, or any other types of smoking products including smokeless tobacco such as spit tobacco, dip, chew or snuff in any form). It does not apply to covered spouse or dependent(s) at this time. **It will be applied automatically to any employee who does not provide an electronic signature to the Non-Tobacco Use Statement online during open enrollment in BenTek.** During the open enrollment process, employees will be directed to answer questions in BenTek. Please contact Human Resources for free cessation resources. An employee who falsifies a document or violates the Tobacco Free Workplace policy, and/or fails to be truthful is in violation of the City of Naples Personnel Policies & Procedures and will be subject to disciplinary action up to and including termination.

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).
- Prescription from physician is required.

- Chantix
- Bupropion (generic Zyban®) *may also be known as:* Bupropion HCl SR 12HR nicotine replacement therapy patches, gum and lozenges, *may also be known as:*

Nicoderm	Nicotine Polacrilex Lozenge
Nicorelief	Nicotine TD Patch 24HR
Nicorette	Nicotine Transdermal System Nicotine Polacrilex Gum

Quantity Limitations Apply

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, and much more!



Other Available Plan Resources

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

Your Health First

With Cigna coverage, employee has access to help with Chronic Conditions. If employee or dependent(s) suffer from conditions such as, asthma, heart disease or diabetes, Cigna can assist with:

- ✓ Creating a plan to manage condition
- ✓ Understanding medication or doctor's orders
- ✓ Identifying triggers that affect your condition
- ✓ Get additional information and treatment options to discuss with your doctor

Log on to or register at www.mycigna.com, select Wellness, then select Health Topics & Resources

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.

Log on to or register at www.mycigna.com, select Wellness, then select Health Topics & Resources

Lifestyle Management Program 1.855.246.1873

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.

Log on to or register at www.mycigna.com, select Wellness, then select Health Topics & Resources

My Health Assistant

Let's face it; everyone has health and wellness goals. But reaching them can sometimes seem impossible. That is until now. With My Health Assistant, employees have an online, interactive coaching program to help make those big changes possible in a fun, flexible and motivating way.

Visit www.mycigna.com, select Wellness and select My Health Assistant Online Coaching

Health Information Line 1.800.Cigna24

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 direction to the most appropriate resource.

Healthy Babies 1.800.615.2906

This program is designed to help mothers to be and baby stay healthy during pregnancy and in the days and weeks following baby's birth.

Log on to www.mycigna.com now. Select Wellness, then select Health Topics & Resources

Healthy Rewards 1.800.870.3470

With Cigna coverage, employee has the choice to use Healthy Rewards. The program is separate from medical coverage, so the services do not apply to copays or coinsurance. No doctor's referral or claim forms are required. Employee can set appointments and show their ID card when paying for services and enjoy the savings.

- ✓ Weight Management and Nutrition
- ✓ Fitness (Gym Discounts)
- ✓ Tobacco Cessation
- ✓ Alternative Medicine
- ✓ Lasik
- ✓ Hearing Care

Log on to register at www.mycigna.com and select Wellness and then select Healthy Rewards - Discount Programs.

Register today. It's this easy:

1. Go to www.mycigna.com and select "Register."
2. Enter name, address and date of birth.
3. Confirm identity with secure information such as Cigna ID, social security number or complete a security questionnaire. This will confirm only employee can access personal information.
4. Create a user ID and password.
5. Review and submit.

Employee is able to log in to personal, secure www.mycigna.com. See how the site has been "designed to click with you", making it easy to navigate and find what employee needs:

- ✓ Find doctors and medical services
- ✓ Manage and track claims
- ✓ See cost estimates for medical procedures
- ✓ Compare quality of care ratings for doctors and hospitals
- ✓ Access a variety of health and wellness tools and resources



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	No Charge	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work): LabCorp or Quest***	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	50% 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	50% After PYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospitalization (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 search criteria, select Open Access Plus network.



Plan References

* To be eligible for the City's contribution, employees must complete a biometric screening and health risk assessment. 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 plan's summary of benefits and coverage document.

*** LabCorp or Quest are the preferred lab for bloodwork through Cigna. When using labs 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 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. The HRA monies provide tax-free funds to cover those expenses incurred under the medical plan.

To be eligible for the City's initial contribution participants must complete a biometric screening and health risk assessment. 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 and health risk assessment to be eligible to receive the following HRA funding for 2019/2020.

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

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 taxes. 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

Participants may check available balance, activity and account history anytime online at www.mycigna.com or by calling 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.

Cigna | Customer Service: (800) 244-6224 | www.cigna.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 time per year.

Health Reimbursement Account (HRA) Funding

To receive the initial City funding, participants are required to:

- Complete a biometric screening at a city sponsored onsite event or at a Quest Patient Service Center using the city code no later than August 31, 2019.
- Complete an online health assessment at www.mycigna.com no later than September 17, 2019.

Employees who complete the requirements above will receive the City’s initial 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 targets achieved (up to \$500). All of these targets and employee results will be tracked by Cigna’s MotivateMe Program. Employees will be able to log in to www.mycigna.com to see results as MotivateMe will be the primary source to track the wellness incentives employees have earned throughout the 2019/2020 plan year.

Wellness Targets for 2019-2020

Measurement	Targets
Annual Preventive Physical Exam	Complete a Preventive Physical Exam during the plan year (must be completed between 10/1/18 to 9/30/19)
Total Cholesterol Level	Achieve a level of less than or equal to 239 mg/dl or complete alternative activity
LDL Cholesterol Level	Achieve a level of less than or equal to 129 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, participation in wellness program and/or as prescribed by a physician

Please Note: Alternative Activities must be completed no later than March 31, 2020.

Alternative Activities:

Employees 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 alternative activity that is appropriate or a waiver from completing the activity.

The MotivateMe Health Coach is highly qualified and is dedicated to understanding the needs of employee. The coach will work with the employee one-on-one for support and be available to listen and help create solutions. 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:

Employees must complete a biometric screening and health risk assessment and then visit www.mycigna.com and Wellness, then select Incentive Awards Programs. Once set up with MotivateMe, employees will be able to view a list of available healthy actions and goals, details on how to get started and instructions on how to earn and redeem rewards.



Dental Insurance

Cigna Dental PPO Plan

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

Dental Insurance – Cigna Dental PPO Plan

Bi-Weekly Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$16.40
Employee + Child(ren)	\$25.20
Employee + Family	\$46.00
Over Age Dependent	\$11.29

In-Network Benefits

The 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 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 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 using the Cigna Advantage Network will see additional cost savings from the added discount 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 Cigna Total DPPO provider. Cigna reimburses out-of-network services based on what it determines is 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 | Customer Service: (800) 244-6224 | www.mycigna.com



Cigna Dental PPO Plan At-A-Glance

Network		Cigna Total DPPO	
Plan Year Deductible (PYD)		In-Network and Out-of-Network Combined	
Per Member		\$50	
Per Family		\$150	
Waived for Class I Services?		Yes	
Plan Year Benefit Maximum		In-Network	Out-of-Network*
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)			
Bitewing X-rays (2 Per Year)			
Complete X-rays (1 Series Every 3 Calendar Years)			
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			
Endodontics (Root Canal Therapy)			
Periodontal Services			
Oral Surgery			
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%; Coinsurance	Plan Pays: 50%; Coinsurance (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 Cigna Total 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.
- Pretreatment review is available on a voluntary basis when extensive dental work is expected to exceed \$200. The member must request that the dentist submit the pretreatment review to Cigna since it is not required, only recommended.
- Late entrant provisions, age limitations and waiting periods may apply.



Vision Insurance

VSP Vision Plan

The City offers vision insurance through Vision Service Plan (VSP) 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 VSP’s customer service.

Vision Insurance – VSP Vision Plan

Bi-Weekly Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$2.62
Employee + 1 Dependent	\$3.80
Employee + Family	\$6.82

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, covered employee and dependent(s) can select any network provider who participates in the VSP Choice 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

Employees and covered dependent(s) may also choose to receive services from vision providers who do not participate in the VSP Choice Network. When going out of network, the provider will require payment at the time of appointment. VSP 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.

VSP | Customer Service: (800) 877-7195 | www.vsp.com



VSP Vision Plan At-A-Glance

Network	VSP Choice	
	In-Network	Out-of-Network
Services		
Eye Exam	\$10 Copay	Up to \$45 Reimbursement
Frequency of Services		
Examination		12 Months
Lenses		12 Months
Frames		24 Months
Contact Lenses		12 Months
Lenses		
Single	\$30 Copay	Up to \$30 Reimbursement
Bifocal		Up to \$50 Reimbursement
Trifocal		Up to \$65 Reimbursement
Frames		
Eye Glass Frames	\$130 Retail Allowance; then 20% Discount Over Allowance	Up to \$70 Reimbursement
Contact Lenses*		
Elective (Includes Fitting, Evaluation & Follow-up)	Up to \$130 Allowance After Applicable Copay	Up to \$105 Reimbursement
Non-Elective; Medically Necessary (Prior Authorization Required)	\$30 Copay	Up to \$210 Reimbursement
LASIK		
Discount Programs	15-20% Off Retail Price or 5% Off Promotional Pricing Contact VSP for Details	Discount Programs Not Available Out-of-Network



Locate a Provider

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



Plan References

* Contact lenses are in lieu of spectacle lenses and a frame.



Flexible Spending Account

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

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

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

Dependent Care FSA

This account allows participant to set aside up to an **annual maximum of \$5,000** if the participating employee is 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 that 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 the participant's paycheck for the Dependent Care FSA.

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

- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees
- ✓ Diagnostic Tests/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
- ✓ Prescription Drugs
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs

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



Flexible Spending Account *(Continued)*

FSA Guidelines

- The Health Care FSA and Dependent Care FSA allow a grace period at the end of the plan year (September 30, 2020). The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends. Once the grace period ends, any unused funds still remaining in the account will be forfeited.
- **The City's grace period allows employees to incur claims through December 15 and file claims by December 30, 2020.**
- When a plan year and grace period ends and all claims have been filed, all unused funds will be forfeited and will not be returned.
- Employee can enroll in either or both of the FSAs only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employees and dependent(s) cannot be reimbursed for services not received.
- Employees and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

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

HERE'S HOW IT WORKS!



Employee earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.66 based on a 24 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$227.

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

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

Claims Mailing Address

PO Box 182223, Chattanooga, TN 37422 | Fax: (423) 553-8953

Cigna | Customer Service: (800) 224-6224 | www.mycigna.com



Basic Life and AD&D Insurance

Basic Term Life

The City provides Basic Term Life Insurance to eligible employees at no cost through Cigna. Full-time employees working a minimum of 20 hours per week are covered for 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

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.

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, Police/Fire Death Benefit, and ICMA - RC, please contact Human Resources to complete a separate form.*

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

Cigna | Customer Service: (800) 732-1603 | www.mycigna.com

Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employees may elect to purchase additional Life and AD&D insurance on a voluntary basis through Cigna. 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 Hire may purchase Voluntary Employee Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$250,000.**

- **Option 1:** One time (1x) Basic Annual Earnings (BAE) rounded to the next higher \$1,000, with a \$10,000 minimum and a \$350,000 maximum.
- **Option 2:** Two times (2x) Basic Annual Earnings (BAE) rounded to the next higher \$1,000, with a \$10,000 minimum and a \$350,000 maximum.
- The AD&D benefit amount equals the Voluntary Employee Life amount.
- Benefit amounts for employees are subject to a 50% age reduction at age 72.
- Check BenTek for rate calculations.

Voluntary Spouse and/or Dependent Child(ren) Life

- Dependents are eligible for coverage as long as the employee is eligible for coverage (employee does not need to be enrolled).
- Voluntary Dependent Life Insurance coverage may be purchased separately or as a family unit.
- A flat \$10,000 benefit is offered for Voluntary Spouse coverage.
- Spouse coverage ends at age 100.
- A flat \$5,000 benefit is offered for eligible unmarried child(ren), from 14 days up to age 25 if a full-time student.
- Dependent Life Insurance coverage is a flat \$.99 biweekly deduction, whether purchased as a single unit or a combined family unit.
- AD&D is not available for spouse and/or dependent child(ren).

Please Note: The rate for spouse and/or dependent child(ren) coverage is \$.99 per pay period, or \$2.14 per month. The rate is the same if you are covering a spouse only, covering eligible dependent children only, or covering a spouse plus eligible dependent children.



Voluntary Life and AD&D Insurance

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	\$0.118
30-34	\$0.128
35-39	\$0.176
40-44	\$0.265
45-49	\$0.411
50-54	\$0.636
55-59	\$1.050
60-64	\$1.410
65-69	\$2.260
70-74	\$3.560
75+	\$5.780

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

Cigna | Customer Service: (800) 732-1603 | www.mycigna.com

Long Term Disability

The City provides Long Term Disability (LTD) to all eligible full-time employees (excluding Police and Fire) working at least 24 hours per week, at no cost through Cigna. The LTD pays a percentage of an employee's monthly earnings if employee becomes disabled due to an illness or non work related injury.

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings, up to a benefit maximum of \$6,000 per month.
- Employee must be disabled for 90 days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will commence 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.
- Periodic evaluations may occur at the discretion of Cigna.
- Employee will continue to receive benefits for 60 months if they are unable to return to employee's own occupation.
- After 60 months, if the 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.

Cigna | Customer Service: (800) 362-4462 | www.mycigna.com



Cigna Telehealth Connection

City employees and covered dependents are eligible to participate in Cigna's Telehealth services, Amwell and MDLIVE.

- Provides fast and convenient access to a board certified Amwell and MDLIVE doctors 24/7/365 via phone or video chat.
- By pre-registering, employees can speak to a doctor at all hours for help with a variety of health issues, such as:
 - ✓ Sore Throat
 - ✓ Headache
 - ✓ Stomachache
 - ✓ Fever
 - ✓ Cold and Flu
 - ✓ Allergies
 - ✓ Rash
 - ✓ Acne
 - ✓ UTIs and More
- Telehealth services are provided by the City at no cost to employee.

Amwell | Customer Service: (855) 667-9722 | www.AmwellforCigna.com

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

Supplemental Insurance - EarQ

The City provides employee with a Family Hearing Plan at no cost through EarQ. This discount plan provides annual coverage for preventive hearing checkups, as well as discounts on purchase of hearing aids for participants and family member(s).

Some of the benefits employee may receive through this program include:

- 35% off EarQ manufacturer suggested retail price
- Family coverage includes parents, dependents, and other extended family members
- Free annual hearing checkup
- 50-day satisfaction guarantee
- The EarQ 4-Year Warranty for repairs, cleaning and adjustments and a nationwide service plan

For detailed coverages, exclusions and stipulations, please contact EarQ's Customer Service or visit www.earq.com.

EarQ Family Hearing Plan

Customer Service: (866) 432-7500 | www.earq.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/domestic partners free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes five (5) face-to-face, visits with a specialist, per person, per issue per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

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

Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor, 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



General Employees' Retirement Plan

The City offers general employees an opportunity to participate in a retirement plan. The information about the plan is provided here for general information only, and not all information is included. For details about eligibility and how the rules apply, 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:

- Those in 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 these milestones are met:

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

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

New Employees

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

Employee who reaches normal retirement is eligible to receive a monthly retirement with a multiplier of 2.5 percent of final average compensation for every year of credible service prior to September 30, 2011 and 1.6 percent 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 years of credited service, but the benefit is reduced by 3 percent per year by which the early retirement date precedes age 60. The early retirement penalty is 5 percent for new employees.

Employees hired prior to September 30, 2011 contribute 5 percent of compensation and new employees contribute 3 percent 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 information about the plan is provided here for general information only, and not all information is included. For details about eligibility and how the rules apply, 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 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 years of credited service
- 25 years of credited service

Employee who reaches normal retirement is eligible to receive a monthly retirement with a multiplier of 4 percent of final average compensation for every year of creditable service prior to May 31, 2013 and 3 percent 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 of their final average compensation multiplier. Current employee retiring after June 30, 2005 receives a 3 percent 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 for each month by which the early retirement date precedes age 55.

Employees, if hired prior to May 31, 2013, contribute 5 percent of compensation.

New employees contribute 3 percent 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 information about the plan is provided here for general information only, and not all information is included. For details about eligibility and how the rules apply, 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 years of credited service, or
- 25 years of credited service

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

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

Employee who reaches normal retirement is eligible to receive a monthly retirement with a multiplier of 3.63 percent of final average compensation for credited service through March 31, 2012 and 3 percent 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 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 enroll after they have been employed with the City for six continuous months.** Eligible employees may elect to waive participation. If participation is waived, 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.**

ICMA

Natasha Barone, Retirement Specialist
 Phone: (866) 886-8025
 Fax: (305) 235-9132
 Email: nbarone@icmarc.org

Please contact Human Resources for additional information.

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



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.



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www.gehringgroup.com

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