



Benefits at a Glance Handbook

OCTOBER 1, 2019- SEPTEMBER 30, 2020



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INTRODUCTION

The City of Ocala is pleased to offer a comprehensive benefits program, which allows you to select plans based on your individual needs. This guide is intended to be a tool for you to use to make an informed choice about the benefit plans that best suit you and your family.

This Benefits at a Glance handbook is designed to provide basic information to employees on employee benefit plans and programs available October 1, 2019 — September 30, 2020 through the City of Ocala. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contracts or the Summary Plan Descriptions (SPDs). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).

Important Notices for Plan Participants & Beneficiaries

The Federal Government has outlined several notices as Important Notices for our medical plan participants:

- Children's Health Insurance Program Reauthorization Act (CHIP)
- HIPAA Notice of Privacy Practices
- Medicare Part D Creditable Coverage Notice
- Summary of Benefits and Coverage
- Women's Health and Cancer Rights Act
- Notice of Exchange Availability
- Notice Regarding Wellness Program
- Special Enrollment Rights
- The Newborn's and Mother's Health Protection Act

All of the above notices can be viewed in their entirety on the employee benefits website at <http://www.ocalafl.org/government/city-departments-a-i/human-resources-risk-management/important-notices>

Complete, printed copies can also be mailed direct to your home. Please send requests to Human Resources, 110 SE Watula Avenue, Ocala, FL 34471, call (352) 401-3986, or by emailing dkikendall@Ocalafl.org



ELIGIBILITY & QUALIFYING EVENTS

You are eligible to participate in the benefits program if you are a regular full-time employee. For purposes of the medical benefits, you are considered full-time if you normally work a minimum of 30 hours each week. Your medical insurance benefits begin on the first of the month following 30 days of employment. For purposes of all the other employee insurance benefits, you are considered full-time if you normally work a minimum of 40 hours each week.

Who is an Eligible Dependent Spouse?

Your spouse under a legally valid existing marriage.

Who is an Eligible Dependent Child under the medical benefit?

Your natural, newborn, adopted, foster, or step child(ren) (or a child for whom you have been court-appointed as legal guardian or legal custodian) who has not reached the end of the calendar year in which he or she reaches age 30 (or in the case of a foster child, is no longer eligible under the Foster Child Program), regardless of the dependent child's student or marital status, financial dependency on you, whether the dependent child resides with you, or whether the dependent child is eligible for or enrolled in any other group health plan. A dependent child may also remain covered after age 30 provided the child is incapable of self-sustaining employment by reason of mental retardation or physical handicap. (medical documentation required).

Please refer to the specific benefit plan page in this handbook for dependent eligibility for the purposes of all other employee insurance benefits.

Changes after Open Enrollment

Benefits with pre-tax deductions are governed by the IRS code Section 125. This regulation does not allow you to change your benefit selections during the year UNLESS you experience a Qualifying Life Event (QLE). If you experience a QLE, you will have to provide proof of the QLE to the HR & Risk Department.

Qualifying Life Event (QLE)

All QLEs must be reported within 30 days of the occurrence and documentation is required in order to be eligible to make a change to your benefit enrollments.

Qualified Life Events Include but are not limited to :

- Marriage, legal separation or divorce
- Birth/adoption/legal guardianship of a child
- Dependent satisfies or ceases to satisfy eligibility requirements
- Spouse's employer's Open Enrollment
- Termination of your spouse's employment
- Unpaid leave of absence
- Change in full or part time status
- Changes due to a judgment, decree or court order
- Entitlement to Medicare or Medicaid
- Enrollment on the Marketplace Exchange

PAYING FOR YOUR BENEFITS WHILE ON AN APPROVED MEDICAL LEAVE— FMLA OR LEAVE RELATED TO A WORKCOMP INJURY

Employees eligible for continuation of benefits while on an approved leave are still responsible to pay the same portion of premiums paid prior to the leave.

You may pay your portion of premiums due before starting your leave or you may pay monthly during your leave. Payment is due on or before the first of the month.

Failure to make payments in a timely manner will result in your termination of coverage. You should contact your HR & Risk Management Department to make payment arrangements prior to your leave.

Benefit Termination

Your benefits will terminate on the last day of the month you elect not to participate in the plan, or cease to be a benefits eligible employee. The only exception to this rule is the Life Insurance coverage.

Benefits for dependents who age out of coverage will end as follows:

Medical: end of the year in which he/she turns 30

Dental: end of the year in which he/she turns 30

Vision: to age 19 with no requirements. To age 26, unmarried, and living at home, or full time student

Life: to age 26

Voluntary Cancer: to age 26

Voluntary Critical Illness: to age 26

Voluntary Accident: to age 26

The Consolidated Budget Reconciliation Act (COBRA) provides insured employees and their qualified beneficiaries the opportunity to continue health, dental and vision insurance coverage when a “qualifying event” would normally result in the loss of coverage eligibility.

The City's Cobra Administrator, TASC, will provide you with the cost and information necessary to make your cobra elections.

HOW TO ENROLL

BenTek is the City of Ocala's enrollment vendor and name of the online enrollment system. All new hires, employees with qualifying events and benefit eligible employees during open enrollment must access BenTek for their elections and waivers.

- 1 Log on to www.mybentek.com/cityofocala.
- 2 If you are a first time user, follow the instructions to set up your user name and password.
- 3 Please record your user name and password to retrieve it in the future.
- 4 Check that your dependents and life beneficiaries are recorded and up to date.
- 5 Follow the prompts to make your elections.
- 6 Click on "**Submit**" at the end of your session to save your elections.
- 7 Print your election confirmation page (recommended).

Accessible 24 hours a day, you can log on to BenTek to:

- Learn about your benefit options
- Review information about all of your payroll deductions
- Access carrier contact information and carrier links
- Download and print forms

If any technical questions arise while visiting BenTek, please e-mail BenTek Support at

support@mybentek.com

or call **(888) 5-BenTek (523-6835)**,

Monday through Friday, 8:30am to 5:00pm EST.

THE EMPLOYEE HEALTH & WELLNESS CENTER

2100 NE 30th Ave, Bldg 300 Suite 102.

They are open by appointment:

Monday 7am-5pm (closed for lunch 12pm-1pm)
Tuesday & Wednesday 7am to 6pm (closed for lunch (2pm-1pm))
Thursday 7am-5pm (closed for lunch 12pm-1pm)
Friday 8am-5pm (closed for lunch 12pm-1pm)

CareHere!

Registration & Appointment Scheduler Instructions For City of Ocala

Minimum Requirements: Internet Explorer 5.0 (and higher), AOL 7.0 (and higher). If you are unable to view the calendar after login, please call CareHere at 877-423-1330 for scheduling assistance.

Email addresses are required to register. If you do not have an email address, please call CareHere at 877-423-1330 for scheduling assistance.

New Users - First Time Registration

Please do not register again if you have already previously registered. However, each eligible dependent must register separately.

1. Use your home or office computer that is connected to the Internet.
2. Start the Internet Explorer browser.
3. Enter www.CareHere.com in the website address box of the Internet Explorer (browser)
4. Click **Members Only**
5. Click **I need to register for the first time with my Access Code.**
6. Beside **First time registration** enter **Access code: OCALA3**
7. Click **Go**
8. **Consent** page - Please review the consent form. If you agree, check **I agree.**
9. **Identification** - Please enter the following
 - a. Your Social Security number
 - b. Your Birth date
 - c. Create a Username for yourself (The system will check to make certain no one else has the same username or password.)
 - d. Create a password for yourself
 - e. Your email address (a home email address is best since a confirmation email will be sent with login instructions containing your username and password.)
10. **Contact** page - Review all the fields and enter or update the appropriate information.
11. **Health** page - Skip any field for which you do not know the answer.
12. **Email Confirmation** - A confirmation email will be sent to the email address you provided.
13. **Thank you.** You are finished! You may now log in as a Member by clicking the **Go to Login Page** button.

Registration and Appointment scheduling is powered by MyHealthGuide

CareHere!

Registered User Login - To Schedule an Appointment

1. Use your home or office computer that is connected to the Internet
2. Start the Internet Explorer browser if not already open.
3. Enter www.CareHere.com in the website address box of the Internet Explorer browser.
4. Click **Members Only**
5. Enter your **username** and **password.**
6. Your Home Page will appear.
7. Click **Appointments** to schedule or change appointments.
 - a. Standard clinic days and hours will be displayed.
 - b. A Calendar will appear.
8. Click a valid clinic day on the calendar.
9. All appointment "slots" will appear (*available and not available slots*).
10. Click **Make Appointment** to schedule an appointment on your preferred time slot.
 - a. A pop-up screen will appear. (Make sure your computer permits "pop-ups." You may need to adjust the size of the pop-up by clicking on the lower right corner and "dragging" the corner to change the pop-up window size.)
 - b. If you desire, enter Symptoms, reason for appointment, or comments.
 - c. Click **Print** if you want a printed reminder copy of the appointment.
11. Click **Submit** to save. (The pop-up window will close automatically.)
 - a. The Calendar will automatically update and show your scheduled appointment.
 - b. You can edit or delete your appointment at any time.
 - c. You can only view details about your own appointment. No one else can see that you have a scheduled appointment.

Need Help? Call CareHere 877-423-1330 or email medical@carehere.com

MEDICAL BENEFITS

BlueOptions™ PPO:

Your Florida Blue BlueOptions™ PPO health insurance policy offers members the freedom to choose any doctor and hospital for care. However, you can maximize your benefits and free yourself from claims filing and balance billing by choosing physicians and providers who participate in the Blue Options provider network.



The BlueCard® Program for BlueOptions (PPO) Members:

BlueOptions™ gives you the freedom of knowing you're covered no matter where you go in the U.S. If you have a child attending school outside the state, or if you're traveling throughout the U.S. on business or pleasure, the BlueCard® Program allows your benefits to travel with you. If you or a family member become ill when outside the state of Florida, just call 1-800-810-BLUE (2583) for the name of a participating BlueCard PPO provider. When you arrive at the facility, simply show your Florida Blue ID card and you'll receive the same health care coverage you enjoy at home. You won't have any claims to file or billing hassles down the road. Simply pay the appropriate deductible, co-payment or coinsurance at the time of service.

Co-payment:

A flat dollar amount that you pay for certain services and prescription drug services, regardless of the actual amount charged by your doctor or another provider.

Deductible:

The amount you pay toward medical expenses each calendar year before the plan begins sharing in the cost of certain benefits.

Co-insurance:

The percentage split of the covered charge shared by you and the insurance carrier that is paid after you've met the deductible. For example: 80% paid by the insurance carrier, 20% paid by you once the deductible has been satisfied.

Out-of-Pocket Maximum:

The maximum amount you will pay for health care costs in a calendar year. Once you have paid the out-of-pocket maximum, consisting of your deductible, coinsurance and certain co-payments, the plan will cover the remaining eligible medical expenses at 100% for the rest of the calendar year.

How to Locate Participating Providers:

Find A Doctor is Florida Blue's on-line provider directory resource. You can locate participating physicians, hospitals and other providers in a matter of seconds.

⇒ To use **Find A Doctor**, go to www.floridablue.com

⇒ Click on "**Find a Doctor & More**"

⇒ Step 1: From the pull down menu, choose "BlueOptions", your plan network of participating providers

⇒ Step 2: Enter the location of the area you wish to receive services

⇒ Click on the "**Search**" button and a list of the providers will generate based on the criteria you entered

PREVENTIVE HEALTH SERVICES

The preventive health services described below are covered at no cost to you when using In-Network Providers. Care must be submitted to Florida Blue as “Preventive Care” by the provider and if a diagnosis results, the care will be subject to the applicable diagnostic care benefits.

Age and frequency schedules apply:

- Routine Adult Physicals / Immunizations
- Well Child Exams / Immunizations
- Routine Gynecological Exams
- Routine Mammograms
(1 baseline for females 35-39; 1 annual mammogram for females age 40 and over)
- Routine Digital Rectal Exams / PSA Testing
- Colorectal Cancer Screening for Members age 50+

FLORIDA BLUE 365 DISCOUNT SERVICES

Florida Blue offers its members a program of products and services to help offset the rising costs associated with healthcare by offering discounts on a variety of products and services.

Go to <https://www.blue365deals.com/> for information on these discounts, including:

- ◆ Enhanced vision care discount program
- ◆ Weight management programs
- ◆ **Family health & wellness facilities**
- ◆ **Fitness centers**
- ◆ Hearing aid discount programs

FLORIDA BLUE

MEMBER WEBSITE

The Florida Blue member portal is a personalized web portal designed to help provide answers to some of your most common health needs. For information on registering for this free service, visit www.floridablue.com. Your unique and confidential user identification code and password gives you access to your personal benefit information 24 hours a day, 7 days a week. You have direct access to:

- Find a doctor or hospital in your plan
- See what is covered and what you'll pay
- Order ID cards
- See statements of what was paid
- Get health information for your symptoms
- Start a Health Assessment or Lifestyle Program

How to Register

- ⇒ Go to www.floridablue.com and click on **Members**.
- ⇒ Click on the “**Login Now**” link.
- ⇒ Select a User Name, Password and a Security Phrase.
- ⇒ Once your registration is complete your user name and password will give you access to all the features of the member portal.

HEALTH DIALOG

HEALTHY ADDITION PRENATAL EDUCATION PROGRAM

Healthy Addition is Florida Blue's prenatal education and early intervention program. It is designed to educate pregnant employees or eligible spouses about the appropriate prenatal care. Under this voluntary program, trained nurses will screen pregnant employees or eligible spouses for potential risk factors and assist in the development of a personalized educational and monitoring program. To participate in the Healthy Addition program, call Florida Blue customer service at 1-877-352-2583. A member of the prenatal nursing team will contact you or your spouse to begin helping you with your new family addition.

MEDICAL CASE MANAGEMENT PROGRAM

Through this program, Florida Blue helps coordinate alternative treatments when a covered person is faced with a serious or complicated medical condition. These alternative treatments may include services that are not usually covered by this health insurance plan.

The medical case management program is voluntary. A Healthcare professional will review the case with the patient's family and doctor and, if appropriate, suggest an alternative treatment plan. The patient and the patient's doctor must agree to the suggested treatment plan.

If the patient's alternative treatment plan is approved by Florida Blue, recommended services will be paid at 100% of the charge negotiated by Florida Blue.

The case management alternative treatment plan will end if:

- The patient's condition changes and the level of care provided under case management is no longer necessary.
- The case management approach costs more than traditional benefits.
- The patient is no longer eligible to take part in this health insurance plan.



	Blue Options Plan 05902	Blue Options Plan 03359
Monthly Rates		
EE with Wellness	\$0.00	\$49.82
EE without Wellness	\$20.00	\$72.00
EE/Family with Wellness	\$157.98	\$238.30
EE/Family without Wellness	\$194.00/\$176.00	\$285.00/\$262.00
Retiree Single	\$337.36	\$460.00
Retiree Family	\$864.30	\$1,178.10

Please remember your HRA is to be completed (both appointments) NO LATER THAN September 30, 2019. If it is not completed, by both yourself and your spouse, you will be changed to the Without Wellness premium beginning the first paycheck in October. To schedule an appointment with CareHere please call 1-877-423-1330 or go to <https://www.myhealthguide.com/lab/reg2/utility>

	Plan 05902 Network Benefits	Plan 03359 Network Benefits
Calendar Year Deductible (CYD)		
Individual	\$2,500	\$1,500
Family	\$5,000	\$3,000
Coinsurance		
Plan Reimbursement	80%	70%
Member Responsibility	20%	30%
Medical Out-of-Pocket Maximum		
Individual	\$5,000	\$3,000
Family	\$10,000	\$6,000
What Applies to the Medical Out-of-Pocket Maximum	Deductibles, Coinsurance, Copays & Rx	
Primary Care Physician	\$40	\$30
Specialists	\$100	\$60
Emergency Room (Facility)	Deductible & Coinsurance	\$300
Urgent Care Facility	\$45	\$35
Clinical Lab (Blood Work) at Independent Facility	\$0	\$0
X-rays at Independent Facility	Deductible & Coinsurance	\$50
Advanced Imaging (MRI, PET, CAT, MRA) Independent Facility	Deductible & Coinsurance	\$200
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance
Ambulatory Surgery Center	Deductible & Coinsurance	\$100
Prescription Drugs		
Deductible	\$200 (Tier 2 & 3)	\$100 (Tier 2 & 3)
Tier 1– Generic	\$20	\$10
Tier 2 – Preferred Brand Name	\$40	\$30
Tier 3 – Non-Preferred Brand Name	\$60	\$45
Mail-Order Program (90 Day Supply)	2x Retail Copay	2x Retail Copay

This is a brief description of the health insurance plan administered by Florida Blue. For more details on the coverages, exclusions and stipulations, please refer to the carrier's policy.



When You Don't Have Time to Wait, You've Got Teladoc!

Provides 24/7 Access to Care

When you or a family member don't feel well and your primary care doctor or your child's pediatrician can't see you right away, you can now get care within minutes without leaving home with Teladoc.

For a cost that's less than an urgent care or ER visit, Teladoc gives you 24/7/365 access to U.S. board-certified doctors by web, phone or mobile app. It's a more convenient and affordable option for quality medical care. And there's no obligation or extra monthly fee.

Getting Started

Set up your account today—so when you need care, a Teladoc doctor is a just a call or click away.

How Does Teladoc Work?

1

Register

3 easy ways: download the mobile app, visit the Teladoc website or call the number to the right.

2

Provide Medical History

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3

Request a Visit

That's it! The next time you need immediate care for a non-emergency illness, you have another option.

The Teladoc Difference

Teladoc can help with many non-emergency illnesses, including:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergies
- Upset stomach
- Nausea
- Other minor health issues and more



Talk to a doctor anytime.

Call today 1-800-Teladoc (835-2362) or visit [Teladoc.com](https://www.Teladoc.com)

Teladoc is an independent company contracted by Florida Blue to provide physician visits via phone or online video to members with non-emergent medical issues. Teladoc is only available in the U.S. Teladoc® is a trademark of Teladoc, Inc.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, visit floridablue.com/ndnotice.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

95935B 0519



Free \$50 Debit Card

Elect Rx is Pleased and Excited To Be A Part Of The City of Ocala's Health Care Benefits Program!

Elect Rx is now offering a **\$50 debit card to you
for the first prescription that you have filled between now and
September 30, 2019!!**

- Limit one per plan member
- New enrollees only
- Must be an Active Employee or Retiree, or eligible dependent currently enrolled in the City's Health Insurance Plan
- **\$0 Co-Pay** on initial orders and only \$10 Co-Pay for each 90-day supply of your remaining refills
- **Now Offering Insulin!**

How to use the Elect Rx International mail-order prescription program:

- 1. Call the Customer Service Center to register – 1-844-353-2879**
- 2. Confirm with the customer service representative that your brand drug or insulin medication is covered.**
- 3. Have your doctor fax the prescription to 1-844-333-0700**
- 4. Your first prescription will arrive in the US mail in about 3 weeks.**
- 5. It is that simple!!**

If you are on a maintenance medication regimen that requires a brand drug, then you will want to see if the Elect Rx program will work for you. Elect Rx provides most of the brand drugs prescribed today. Elect Rx is a mail order program through a Canadian/International pharmacy. Elect Rx is not able to provide controlled substances or medication programs that include pins, needles or vials and/or requires refrigeration, but has partnered with TrueNorth Meds that specializes in Insulin medications. The Elect Rx program is not offered to those enrolled in the Blue Medicare Advantage plan.



You've got healthcare bills?
We've got you covered.

Introducing MedPut

MedPut is an innovative employee benefit that provides interest-free financing for your out-of-pocket healthcare bills.

What does that mean?

With MedPut, you can now avoid depleting your savings or incurring additional debt when paying for unexpected health expenses. MedPut contacts your healthcare provider, pays your bills, & tries to generate additional savings by negotiating your bills for you.

KEY FEATURES:

-  Interest-free financing
-  Negotiation of high value bills
-  No impact to credit score
-  No network coverage restrictions
-  Spouse & dependents covered
-  All healthcare bills covered (incl. dental, vision, & elective procedures)

How It Works

MedPut's process is quick and easy from enrollment to bill repayment.



STEP 1:

Registration

Complete a 2-minute registration process online

STEP 2:

Upload Bill

Upload your out-of-pocket healthcare bill on our secure platform

STEP 3:

Bill Payment

You're set! We'll contact the provider, check for discounts, and complete payment

STEP 4:

Repayment to MedPut

Once the bill is paid, you will see small payroll deductions until funds are repaid

Q1. Is this a loan?

A1. MedPut is structured as an employee benefit that pays healthcare bills, and is not a loan.

Q2. What bills does MedPut cover?

A2. MedPut funds any health-related expense up to the approved limit, so there are no restrictions on the type of healthcare treatment for which a bill can be submitted. MedPut covers bills for you, your spouse, or dependent.

Q3. Will MedPut affect my credit score?

A3. MedPut will have no impact on your credit score.

Q4. How much interest does MedPut charge?

A4. 0%. You are never charged any interest.

Q5. What is the financing limit?

A5. The maximum limit per submission is \$3000. There is no minimum bill size for MedPut financing. Payroll deductions are limited to 5% of your pre-tax paycheck to ensure that you continue to enjoy your existing lifestyle during repayment.

Q6. What does MedPut cost?

A6. MedPut’s subscription fee is based on the financing limit you select during open-enrollment. The fees are listed below:

Financing Limit	Your Semi-Monthly Cost
\$1000	\$1.50
\$2000	\$2.50
\$3000	\$3.50

Q7. How many bills can be submitted to MedPut?

A7. You can submit multiple bills at a time. MedPut will consolidate the bills and recoup the amount via payroll deductions. Once the amount is repaid, you can submit another bill.

Q8. How does bill discount sharing work?

A8. All bill discounts are shared equally (50-50) between you and MedPut. For example, if MedPut gets a 20% discount on a \$1000 bill, you get \$100 in savings, the provider receives \$800, and \$100 is charged as MedPut servicing fee. A total of \$900 is recouped via payroll deductions from you over time.

Q9. How is this better than a credit card?

A9. This is significantly better than a credit card because:

- You don’t pay interest unlike credit cards, which charge 15-30% APR
- Your bills may be negotiated with healthcare providers to generate savings
- All MedPut payment plans are for a fixed term unlike credit cards which can carry outstanding balances for years
- MedPut benefits don’t affect your credit score unlike a credit card
- MedPut facilitates seamless repayment through small payroll deductions



Seamless Repayment through Small Payroll Deductions



Direct Payment to Healthcare Providers



Mobile-friendly

We look forward to working with you. For additional questions, reach out to us: support@medput.com | www.medput.com

DENTAL BENEFITS



Network: Ameritas Classic PPO		
IN-NETWORK BENEFITS	High Plan	Low Plan
Co-Insurance		
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia	50%	50%
Deductible Individual / Family (Waived for Preventive Services)	\$50 / \$150	\$50 / \$150
Calendar Year Maximum	\$1,000	\$1,000
Lifetime Orthodontic Maximum	\$1,000	\$1,000
SCHEDULE OF BENEFITS		
Routine Exams	Preventive	Preventive
Cleaning	Preventive	Preventive
X-Rays (Bitewing & Full Mouth)	Preventive	Preventive
Sealants	Preventive	Preventive
Fillings	Basic	Basic
Oral Surgery	Basic	Basic
Root Canal	Basic	Basic
Periodontal Maintenance	Basic	Basic
Periodontal Surgery	Major	Major
Crowns	Major	Major
Fixed Bridges	Major	Major
Full And Partial Dentures	Major	Major
Waiting Period	None	None
OUT-OF-NETWORK BENEFITS		
Co-Insurance		
Preventive	100%	90%
Basic	80%	60%
Major	50%	40%
Orthodontia	50%	50%
Deductible Individual / Family (Waived for Preventive Services)	\$50/\$150	\$50/\$150
Calendar Year Maximum	\$1,000	\$1,000
Lifetime Orthodontic Maximum	\$1,000	\$1,000
MONTHLY RATES		
Employee	\$40.24	29.40
Employee + 1 Dependent	\$62.48	45.60
Employee + 2 or more Dependents	\$98.56	71.96

DENTAL BENEFITS



Max BuilderSM

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

Max Keeper

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan participant's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit: <http://www.standard.com/dental> and click on "Find a Dentist."

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.

DENTAL BENEFITS



Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.

VISION BENEFITS



Network: EyeMed Select

IN-NETWORK BENEFITS	
Vision Examination	\$4 copay
Single Lenses	\$10 copay
Bifocal Lenses	\$10 copay
Trifocal Lenses	\$10 copay
Progressive Lenses	Standard \$65+ Lens deductible Premium: Lens cost -20% discount -\$120 allowance +Standard Progressive Cost
Frame	\$100 allowance
Contact Lens Follow up Exam & Fitting	Standard: Participant cost up to \$40 Premium: 10% off of retail
Contact Lenses (Elective) – <i>In lieu of frames</i>	\$100 allowance
OUT-OF-NETWORK BENEFITS	
	Reimbursement up to
Vision Examination	Up to \$30
Single Lenses	Up to \$20
Bifocal Lenses	Up to \$40
Trifocal Lenses	Up to \$60
Frame	Up to \$45
Contact Lenses (Elective)	Up to \$85
FREQUENCY	
Exams	12 months
Lenses / Contacts – <i>In lieu of frames</i>	12 months
Frames	12 months
MONTHLY RATES	
Employee	\$4.98
Employee + 1 Dependent	\$9.92
Employee + 2 or more Dependents	\$15.59

VISION BENEFITS



Additional Balanced Care Vision II Features

EyeMed In-Network Discounts	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
EyeMed In-Network Secondary Purchase Plan	Participants receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Participants receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

Eye Care Plan Participant Service

Balanced Care Vision II eye care from The Standard features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan participants through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed Select network provider, view plan benefit information and more.

EyeMed Customer Care Center: 1-866-723-0514

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: eyemedvisioncare.com/locator

View plan benefit information at: standard.com/eservices

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.

Group Life Insurance Program

Your employer provides benefit eligible employees Term Life and Accidental Death & Dismemberment (AD&D) Insurance through Securian Financial- administered by Ochs, Inc.

LIFE and AD&D INSURANCE

Protect yourself and your family from the unexpected loss of life and income during working years. Life Insurance provides a financial benefit to beneficiaries upon death; AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere.

HOW MUCH LIFE INSURANCE DO YOU NEED?

Check out the life insurance calculator at LifeBenefits.com/Insuranceneeds.



Insurance helps cover

- Funeral/burial costs
- Medical bills
- Taxes & living expenses (i.e. mortgage, childcare)

Automatically Enrolled Coverage - employer paid

Employee Basic Term Life and AD&D		Amount varies according to job classification	<ul style="list-style-type: none"> • Includes an AD&D benefit of 1x annual salary plus \$10,000*
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Elect Supplemental Coverage - employee paid

Employee Term Life		up to \$500,000 maximum (not to exceed 5x annual salary)	<ul style="list-style-type: none"> • Elect in \$10,000 increments
Spouse** Term Life		up to \$250,000 maximum (not to exceed 100% of employee's total basic & supplemental coverage)	<ul style="list-style-type: none"> • Elect in \$5,000 increments
Child Term Life		\$10,000 each child	<ul style="list-style-type: none"> • One premium insures all eligible children from live birth to age 26
Dependent Life Package		\$10,000 spouse and \$10,000 children	<ul style="list-style-type: none"> • Insures your spouse and all eligible children from live birth to age 26

*AD&D benefit terminates at age 70.

**If your spouse is eligible for employee coverage, they cannot be covered as a dependent.

MONTHLY COST
Employee or Spouse
Supplemental Term Life

See rate grid for easy cost calculation.

Employee Age**	Rate per \$1,000
<25	\$0.063
25-29	\$0.075
30-34	\$0.100
35-39	\$0.113
40-44	\$0.150
45-49	\$0.263
50-54	\$0.463
55-59	\$0.763
60-64	\$0.938
65-69	\$1.638
70-74	\$2.575
75*	\$2.975

*Rates beyond age 75 are available upon request.

**Spouse rates are based on employees age.

Rates increase with age and all rates are subject to change.

Child Term Life

\$10,000 for \$1.30
 one premium insures
 all eligible children

Dependent Package

Spouse **\$10,000** and
 Child(ren) **\$10,000**
 for **\$4.95**

ENROLL NOW

Turn in your completed forms to your employer by the enrollment deadline. Premiums will be automatically deducted from your paycheck.

BENEFICIARY DESIGNATIONS

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your elections periodically.

ADDITIONAL FEATURES

- **Waiver of Premium** - If you become totally and permanently disabled, life insurance premiums may be waived.
- **Accelerated Benefit** - If an insured person becomes terminally ill, he/she may be eligible to request early payment of life insurance in force.
- **Continuation** - If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage, if elected during the limited enrollment period. Premiums may be higher than those paid by active employees. Contact your employer or Ochs for information.

NEWLY HIRED EMPLOYEES

A special guaranteed issue opportunity is available for newly hired employees during their initial 31 day enrollment period. No evidence of insurability is required for the following **guaranteed amounts**:

- **Employee** - up to **\$150,000**
- **Spouse** - up to **\$30,000**
- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts.

ANNUAL ENROLLMENT

During your employer's designated annual enrollment period, no evidence of insurability is required for the following **guaranteed amounts**:

- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts and all other elections.

OTHER ENROLLMENT

If your policy or employer allows enrollment outside of their designated enrollment periods, **elections will require evidence of insurability. If you experience a family status change, check with your employer within 31 days to confirm guaranteed issue eligibility.**



Contact Ochs

ochs@ochsinc.com
 651-665-3789 or 1-800-392-7295

This is a summary of plan provisions related to the insurance policy underwritten by Minnesota Life Insurance Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates. Minnesota Life is an affiliate of Securian Financial Group, Inc. Policy forms are offered under policy form series MHC-96-13180.9

Ochs, Inc.
 A Securian Company
 400 Robert Street N, Ste. 1880, St. Paul, MN 55101



Email: ochs@ochsinc.com
Phone: 651-665-3789 • 1-800-392-7295
Web: ochsinc.com

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VOLUNTARY SHORT-TERM DISABILITY



What is Short Term Disability Insurance?

Short-Term Disability (STD) insurance can help replace a portion of your income if you are unable to work for an extended period of time due to sickness or accidental injury. It helps to provide the day to day peace of mind that comes from knowing that, during the time you would be recovering from a significant event in your life, you may not have to shoulder the additional burden of wondering how you're going to pay for the things that would still have to be paid for.

Why Should I Consider STD Insurance?

You may have already purchased home, auto and life insurance to protect yourself against the threat of loss. And, you may already have health insurance to protect you against the cost of medical bills. But, have you protected one of your most valuable assets— your ability to work and earn a living?

Your employer recognizes the need for you to protect your ability to earn an income and is offering you the opportunity to enroll in Long term Disability insurance coverage from MetLife. The plan is being made available to you with the convenience of payroll deduction, so you don't have to worry about mailing monthly payments.

Eligibility Requirements and Rates:

All active full-time **Employees** working at least 40 hours per week are eligible to participate and the rates are listed on the following page.

How is “Disability” Defined Under the Plan?

Generally you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn more than 60% of your pre-disability earnings from any employer in your local economy at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

What is the benefit amount?

The benefit amount is 60% for your pre-disability earnings up to a maximum of \$10,000.

When do benefits begin and how long do they continue?

Benefits begin after the end of the elimination period (EP) of 14 days.

The elimination period begins on the day you become disabled and is the length of time you must wait, while disabled, before you are eligible to receive a benefit. The duration of the benefit is determined by your election. You may choose from 13 to 26 weeks for your benefits duration.

For a complete description of this and other requirements that must be met, and additional disability plan benefits, refer to MetLife's Certificate of Coverage provided by The City of Ocala.

Monthly Premiums for Short-Term Disability

Step 1) To determine your premium, refer to the chart below for the rates per \$10 of covered monthly salary, then select your age banded rate.

STD Rates for All Employees										
Elimination & Duration	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
14 day EP / 13 weeks	0.39	0.41	0.42	0.38	0.41	0.49	0.61	0.75	0.89	1.07
13 day EP / 26 weeks	0.54	0.57	0.58	0.53	0.57	0.69	0.86	1.05	1.25	1.50

Step 2) Complete the following premium calculation worksheet:

STD Monthly Premium Calculation Worksheet:	
A. Annual Earnings = <i>PLEASE NOTE: If your annual earnings exceed \$200,000, the premium is based on \$200,000, due to the maximum benefit cap. Use \$200,000 in this calculation.</i>	\$
B. Weekly Earnings = <i>("A" divided by 52)</i>	\$
C. Benefit is = <i>("B" multiplied by 60%)</i>	\$
D. Premium Step 1 = <i>("C" divided by \$10)</i>	\$
E. Monthly cost = <i>("D" multiplied by age banded rate)</i>	\$

Premiums are based on your current age as of the effective date of coverage. **At each policy anniversary, future costs will change as your age increases.** Premiums also increase if you have increases in salary during the year. Due to rounding, your actual payroll deducted premium amount may vary slightly.

VOLUNTARY LONG-TERM DISABILITY



What is Long-Term Disability Insurance?

Long-Term Disability (LTD) insurance can help replace a portion of your income if you are unable to work for an extended period of time due to sickness or accidental injury. It helps to provide the day to day peace of mind that comes from knowing that, during the time you would be recovering from a significant event in your life, you may not have to shoulder the additional burden of wondering how you're going to pay for the things that would still have to be paid for.

Why Should I Consider LTD Insurance?

You may have already purchased home, auto and life insurance to protect yourself against the threat of loss. And, you may already have health insurance to protect you against the cost of medical bills. But, have you protected one of your most valuable assets— your ability to work and earn a living?

Your employer recognizes the need for you to protect your ability to earn an income and is offering you the opportunity to enroll in Long term Disability insurance coverage from MetLife. The plan is being made available to you with the convenience of payroll deduction, so you don't have to worry about mailing monthly payments.

Eligibility Requirements and Rates:

All active full-time **Police, Fire and EMT Employees** working at least 40 hours per week are eligible to participate and the rates are listed as **EMERGENCY PERSONNEL**.

All **Active full-time employees, exclusive of Police, Fire and EMT**, employees working at least 40 hours per week are eligible to participate and the rates are listed as **NON EMERGENCY PERSONNEL**.

Rates are on the following page. Please refer to the correct chart for your classification as an Emergency Personnel or Non-Emergency Personnel.

How is “Disability” Defined Under the Plan?

Generally you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn more than 60% of your pre-disability earnings from any employer in your local economy at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

What is the benefit amount?

The benefit amount is 60% for your pre-disability earnings up to a maximum of \$10,000.

When do benefits begin and how long do they continue?

Benefits begin after the end of the elimination period (EP).

The elimination period begins on the day you become disabled and is the length of time you must wait, while disabled, before you are eligible to receive a benefit. The elimination period is determined by your election. You may choose from 90, or 180 days towards the elimination period.

For a complete description of this and other requirements that must be met, and additional disability plan benefits, refer to MetLife's Certificate of Coverage provided by The City of Ocala.

Monthly Premiums for Long Term Disability

1. To determine your premium, refer to the chart below (**either emergency personnel or non-emergency personnel**) for the rates per \$100 of covered monthly salary, then select your age banded rate.

LTD Rates for Emergency Personnel ONLY (Police, Fire, EMT)								
Elimination Period:	Employee's Age							
	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65+
90 day EP	0.182	0.327	0.510	0.789	1.028	1.348	1.140	0.444
180 day EP	0.122	0.264	0.415	0.645	0.859	1.114	0.807	0.239

Elimination Period:	Employee's Age							
	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65+
90 day EP	0.242	0.416	0.533	0.794	1.143	1.650	1.203	0.454
180 day EP	0.176	0.338	0.435	0.649	0.950	1.408	0.889	0.175

2. Complete the following premium calculation worksheet:

LTD Monthly Premium Calculation Worksheet:	
A. Annual Earnings = <i>PLEASE NOTE: If your annual earnings exceed \$200,000, the premium is based on \$200,000, due to the maximum benefit cap. Use \$200,000 in this calculation.</i>	\$
B. Monthly Earnings = <i>("A" divided by 12)</i>	\$
C. Your Monthly Earnings divided by 100 = <i>("B" divided by 100)</i>	\$
D. Estimated Monthly Premium you will pay = <i>("C" multiplied by the applicable age-banded rate)</i>	\$

Premiums are based on your current age as of the effective date of coverage. **At each policy anniversary, future costs will change as your age increases.** Premiums also increase if you have increases in salary during the year. Due to rounding, your actual payroll deducted premium amount may vary slightly.

Short-Term Disability and Long-Term Disability Frequently Asked Questions:

Q. Are my benefits taxable?

Since you pay your premiums with after-tax dollars, your benefit in the event of an approved disability is tax free.

Q. Can I return to work part-time and still receive a benefit?

Yes. As long as you are disabled and meet the terms of your disability plan, you may qualify for adjusted disability benefits. Your plan offers financial and rehabilitation incentives designed to help you return to work, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your pre-disability earnings when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and part-time earnings. With the **Rehabilitation Incentive** you can get a 10% increase in your monthly benefit. You may be eligible for the **Moving Expense Incentive** if you incur expenses in order to move to a new residence recommended as a part of the Rehabilitation Program. Expenses must be approved in advance. The **Family Care Incentive** provides reimbursement up to \$400 per month for eligible expenses, such as childcare, during the first 24 months of disability.

Q. If I didn't purchase coverage at a prior date or during this year's open enrollment, can I still purchase coverage during open enrollment?

Yes; however, you must complete an Evidence of Insurability Form to apply for coverage. Coverage is not guaranteed and is subject to approval by the insurance carrier.

Its important to note that during open enrollment this year, it is GAURANTEED ISSUE.

FLEXIBLE SPENDING ACCOUNT

Flexible Spending Accounts: allows you to have money deducted from your paycheck before taxes. There are 2 types of FSA's:

Medical FSA:

Money can be used for eligible out-of-pocket medical expenses.

- Limited to \$2,700.
- Year will carryover up to a \$500 maximum from year to year.
- Reimbursements can be set up to transfer to a personal bank account.

Dependent Care Reimbursement:

- After you have accumulated the necessary funds in your dependent care account, money is reimbursed for eligible dependent care expenses (daycare, extended day, elder care, etc.).

Custom Benefits: 352-369-9453

Online: www.myflexonline.com

Section 125 - Pre Tax Benefits

The City of Ocala sponsors a cafeteria plan also known as a Section 125 plan. Medical, dental, vision benefit premiums and FSA contributions are taken out of your paycheck on a pre-tax basis, i.e., before taxes are taken out. Doing so reduces your taxable income thereby decreasing your taxes and increasing your take home pay. With after-tax contributions, just the opposite is true. Premiums are deducted from your pay after Federal and Social Security taxes are calculated and deducted from your gross pay. The chart below shows the tax treatment of the benefits which you elect:

Benefit	Tax Treatment
Medical Coverage	Pre-Tax
Dental Coverage	Pre-Tax
Vision Coverage	Pre-Tax
Basic Life and AD&D Insurance	N/A-Paid by the City
Supplemental Life and AD&D Insurance	After-Tax
Long Term Disability - Emergency Personnel and All Other Personnel	After-Tax
Flexible Spending Accounts	Pre-Tax
Allstate Cancer Policy	Pre-Tax
Allstate Critical Illness Insurance	After-Tax
Allstate Accident Insurance	After-Tax
Pet Insurance	After-Tax
Legal Insurance	After-Tax

Your Take Care Debit Card is the easiest way to access your Flexible Spending Account!

What you can purchase with your take care Debit Card:



- Over-the-counter medicines and drugs with a doctor's prescription and purchased at pharmacy counter only;
- Doctor, dental, and pharmacy co-pays and expenses not covered by your health plan;
- Child and elder dependent care expenses, and much more!

How it works

When you swipe your Take Care Debit Card to pay for qualified plan expenses for the current plan year, the money is taken directly from your Flexible Spending Account(s). No need to pay for qualified plan expenses with a personal check, cash, or credit card and then submit a claim to get reimbursed from your plan account. It's that simple!

- Swipe your Take Care Debit Card when you're ready to pay for your purchases. Note: Select the "Credit" payment option and sign the sales receipt or select the "Debit" payment option and provide your pin.
- Remember to save all itemized receipts for your tax records or for purchase verification – you may be asked to provide receipts for certain purchases. No verification may result in a suspended card and after 60 or 90 days (based on employers guidelines) will result in a balance due on account and must be paid back to the Plan.

Swipe and Save all receipts

- Rx expenses at participating retailers may not require a receipt.



Participating Retailers

- CVS/Pharmacy
- Target Stores
- Walgreens
- Walmart
- Publix

To view an updated list of participating retailers, visit www.myflexonline.com, then hover over Card Center tab at top. Click Flex Benefits Card. See "View Retailers" highlighted in blue in middle of page.

How to Verify Swiped Expenses

- Swipe & Save** – It's important to keep all receipts for purchases made with your Take Care Debit Card. You may be requested to verify a purchase made with your card.
- Verifying Swiped Expenses** – If card swipes need to be verified, you will receive a "Take Care" e-mail. The e-mail provides a link to the myflexonline.com site where the participant may create a Card Use Verification Form. Hover over **Claims & Payment** at top. Click **Verify Card Use** tab. Click **Payment Selector** box next to swipe(s). Then follow prompts to either upload receipt electronically or click **Fax Mail Receipts** to print form. Submit signed form with receipts by fax: (352) 291-6690 or mail to Custom Benefit Services, Inc., P.O. Box 4078, Ocala, Florida 34478.

Note: Should there be a time when your Take Care Debit Card is not accepted, you may pay the qualified expense with personal funds, then submit a claim with the appropriate receipt(s) and you will receive a reimbursement from your account.

Custom Benefits: 352-369-9453

Online: www.myflexonline.com



Unbeatable **pet health coverage.**
 Unbeatable **convenience.**
 Unbeatable **price.**

 **my pet protectionSM**
 with wellness
 90% back on veterinary bills
 Starting at
\$31/paycheck¹

 **my pet protectionSM**
 90% back on veterinary bills
 Starting at
\$18/paycheck¹

You work hard to provide your family with everything they need. So whether your family includes kids with two feet or kids with four paws, you know what responsibility looks like.

My Pet ProtectionSM plans help you provide your pets with the best care possible.



90% cash back

Use any vet and get
90% reimbursement on the bill²



Open to all ages

No age limits or age-based
 premium increases



**More than just accident
 & illness coverage**

Spay/neuter³, hereditary, Rx
 therapeutic diets, dental and more



Exclusive

Available only for employees,
 not to the general public



Easy enrollment

Just a few simple questions
 to get coverage



Bigger savings

Save an average of 40% over similar
 plans from other pet insurers⁴

My Pet Protection plans are available exclusively
 through your employer.

Get a quote today.

www.petinsurance.com/ocalafi



Nationwide[®]
 Is on your side



Choose a plan that's as unique as your pet.

Get back 90% of the vet bill for these items and more.²

	my pet protection [®] with wellness	my pet protection [®]
Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses ³ , including cancer and diabetes	✓	✓
Hereditary and congenital conditions ³	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Dental cleaning	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Both plans have a **low \$250 annual deductible** and a generous **\$7,500 maximum annual benefit**. Plus, you're free to use any vet and get additional benefits for emergency boarding, lost pet advertising and more.

vet helpline[®]

Free service available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide.



My Pet Protection plans are available exclusively through your employer.
Get a quote today www.petinsurance.com/ocalaff

¹ Premiums vary based on plan type, your pet and your state of residence. Non-paycheck pricing is based on a 26 pay period per year cycle. Your pricing may vary depending on your employer's payment schedule. ² Some exclusions may apply. See policy documents for a complete list of exclusions. Plans may not be available in all states. ³ Spay/neuter coverage is available with My Pet Protection with Wellness. ⁴ Average based on similar plans from top competitors' websites for a 4-year-old Labrador retriever in Calif. 94550. Data provided using information available as of March 2016. ⁵ Excludes pre-existing conditions.

Insurance terms, definitions and exclusions are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A rated company (2015); National Casualty Company (all other states), Madison, WI, an A.M. Best A+ rated company (2014); Nationwide, the Nationwide World Eagle, and Nationwide is On Your Side are service marks of Nationwide Mutual Insurance Company. ©2016 Nationwide. 36GR03062

36GR03062



Nationwide[®]
Is on your side

CANCER POLICY



Group Voluntary Cancer

If you suddenly become diagnosed with cancer, it can be difficult on your family's financial and emotional stability. Having the right coverage to help when you are sick and undergoing treatment or when you cannot work is important. Allstate's cancer insurance can help provide security when you need it most.

Take a look at what Allstate has to offer...

Meeting your needs

Allstate's cancer coverage can help offer you and your family members financial support during a period of unexpected illness.

- Benefits will be paid directly to you unless otherwise assigned.
- Coverage can be purchased for you or entire family.
- No evidence of insurability required for newly eligible staff.
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts.
- Includes coverage for 29 other specified diseases.
- Convertible coverage.

Premiums start at

\$8.62 per pay period - Employee

\$14.76 per pay period - Family

Benefit Coverage Highlights

Group Voluntary Cancer Insurance offers you and your family coverage should you be diagnosed with cancer or 29 other specified diseases. It protects you and your family 24-hours a day, seven days a week, and is easily convertible. Each pre-packaged plan doesn't just cover you; if you choose, it also covers your dependents (which can include spouse and dependent children). Allstate's valuable coverage can help supplement your traditional medical insurance which may only cover a small portion of the non-medical expenses that can be incurred with such a diagnosis as cancer.

You and each covered family member can be sure they will receive :

- Benefits that can help pay for treatment, hospital stays, transportation, and much more.
- Easy online enrollment.
- Benefit coverage that includes 29 other specified diseases.

Note: During open enrollment, if you did not previously apply for this coverage, you must fill out a Medical Questionnaire for Allstate approval.

CRITICAL ILLNESS INSURANCE



Allstate
You're in good hands.

Group Voluntary Critical Illness

You can't predict the future, but you can plan for it. We invite you to put yourself in Good Hands with Critical Illness insurance from Allstate Benefits.

Key Features

- GUARANTEED ISSUE during Open Enrollment.
- Coverage available for spouse and children.
- Benefits are paid regardless of any other coverage.
- Premiums are affordable and conveniently payroll deducted.
- Coverage may be continued.
- Annual wellness benefit.

PREMIUMS start at

\$1.61 per pay period (employee)

\$2.60 per pay period (family)

Based on age and tobacco status

Here's How it Works

You select the benefit coverage amount you want based on your individual need and budget. If you have covered family members, our coverage also provides cash benefits to them. If diagnosed with a covered critical illness, you will receive a cash benefit based on the condition.

YOU DECIDE how to use the cash benefits

- Finances – can help protect your savings and retirement plans from being depleted
- Travel – you can use your cash benefits to help pay for travel to receive treatment in another city
- Home – you can use your benefit to help pay mortgage, rent, etc.

Note: During open enrollment, if you did not previously apply for this coverage, you must fill out a Medical Questionnaire for Allstate approval.

ACCIDENT INSURANCE



Group Voluntary Accident Plan

Even when you live well, accidents happen. We invite you to put yourself in Good Hands with Accident insurance from Allstate Benefits.

Key Features

- ON and OFF THE JOB coverage.
- GUARANTEED ISSUE during Open Enrollment.
- Coverage available for spouse and children.
- Benefits are paid regardless of any other coverage.
- Premiums are affordable and conveniently payroll deducted.
- Coverage may be continued.
- Annual physician treatment benefits.

PREMIUMS start at

\$7.26 per pay period (employee)

\$18.48 per pay period (family)

All employees pay the same price.

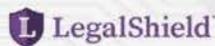
Here's How it Works

Our coverage pays cash benefits for a variety of occurrences, such as fracture, dislocation, hospital confinement and more due to an accident. The cash benefits are payable directly to you.

YOU DECIDE how to use the cash benefits

- Finances – can help protect your savings and retirement plans from being depleted
- Travel – you can use your cash benefits to help pay for travel to receive treatment in another city
- Home – you can use your benefit to help pay mortgage, rent, etc.

Note: During open enrollment, GUARANTEED ISSUE (No health questions.)



Affordable Legal and Identity Theft Protection

LegalShield and IDShield provide the legal and identity theft protection you and your family need and deserve.

LegalShield Plan Benefits*:

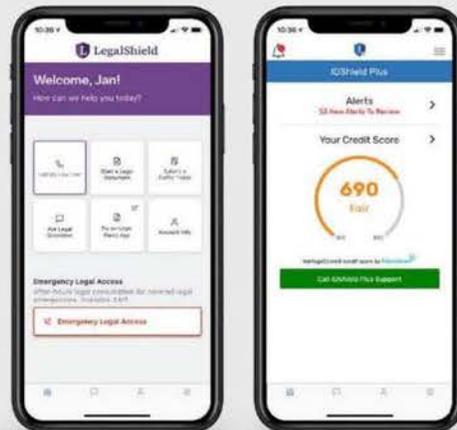
- Legal Consultation and Advice
- Court Representation
- Dedicated Law Firm
- Legal Document Preparation and Review
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Will Preparation
- 24/7 Emergency Legal Access
- Mobile App

IDShield Plan Benefits*:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity and Credit Monitoring
- Social Media Monitoring
- Child Monitoring (family plan only)
- Comprehensive Identity Restoration
- Identity and Credit Threat Alerts
- 24/7 Emergency Access
- Mobile App

We have an app for that!

With the LegalShield and IDShield Plus mobile apps, you can easily begin your Will preparation, track your identity alerts and have on-the-go access, 24/7!



Affordable legal and identity theft protection

LegalShield	IDShield	
	INDIVIDUAL	FAMILY
FAMILY		
\$15.75	\$6.95	\$12.95
MONTHLY	MONTHLY	MONTHLY
LegalShield & IDShield	INDIVIDUAL	FAMILY
	\$21.70	\$26.80
	MONTHLY	

For more information visit:

benefits.legalshield.com/ocala

*This is a general overview of the legal and identity theft protection plans available from LegalShield for illustration purposes only. For complete terms, coverage and conditions, please see a summary plan description. Google Play and the Google Play logo are trademarks of Google Inc. Apple, the Apple logo, and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries.



Employee Assistance Program (EAP)

To access services:
1-888-238-6232
resourcesforliving.com
Username: **ocalafl**
Password: **eap**

City of Ocala

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home.

Services are confidential and available 24 hours a day, 7 days a week.

Emotional well-being support

You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face to face or online with televideo. Services are free and confidential. We're always here to help with a wide range of issues including:

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression
- Anxiety
- Substance misuse
- Self-esteem and personal development

Daily life assistance

Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Summer programs for kids
- School and financial aid research
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Home repair and improvement
- Household services and more

We also offer carekits related to growing families, child care, caregiving and more.

Online resources



Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel and more.

Fitness discounts

Save on gym memberships at over 9,000 locations nationwide and home fitness equipment. Participating gyms and programs include 24 Hour Fitness, LA Fitness, Anytime Fitness®, Zumba® Fitness, Nutrisystem® and more.

myStrength

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain.

Other services



Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

Legal services



You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- Criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions
- Mediation services

If you opt for services beyond the initial consultation you can get a 25 percent discount.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial services



Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions and preparation

You can also get a 25 percent discount on tax preparation services.

*Services must be for financial matters related to the employee and eligible household members.

Aetna Resources For Living™ is the brand name used for products and services offered through the Aetna group of subsidiary companies (Aetna). The EAP is administered by Aetna Behavioral Health, LLC and in California for Knox-Keene plans, Aetna Health of California, Inc. and Health and Human Resources Center, Inc.

All calls are confidential, except as required by law. This material is for informational purposes only. It contains only a partial, general description of programs and services and does not constitute a contract. EAP instructors, educators and network participating providers are independent contractors and are neither agents nor employees of Aetna. Aetna does not direct, manage, oversee or control the individual services provided by these persons and does not assume any responsibility or liability for the services they provide and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to aetna.com.

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Notes