



EMPLOYEE AND FAMILY HEALTH CENTER
464 FERN STREET, WEST PALM BEACH, FL 33401
(561) 822-2000

7/1/2015 - 6/30/2016
Employee Benefit Highlights

POLICE RETIREES



City of West Palm Beach

Employee Health Center

West Palm Beach Employee Health Center

464 Fern Street,
West Palm Beach,
FL 33401

Tel: (561) 822-2000
Fax: (561) 822-1588
www.cityfitmd.com



Monday - Thursday • 7:00 am - 6:00 pm,
Friday • 7:00 am - 4:00 pm,
Saturday • 8:00 am - Noon, Sunday • Closed
**(Hours subject to change)*

**ADDITIONAL
LOCATION!**



Stuart Urgent Care

3405 NW Federal Hwy,
Jensen Beach,
FL 34957

(772) 692-8082

www.stuarturgentcare.com

Mon. - Fri. • 8:30 am - 7:00 pm
Sat. • 8:30 am - 3:00 pm
Sun. • Closed

**(Hours subject to change)*

PLEASE NOTE - The above Employee Center telephone numbers are also an On-Call Medical Answering Hotline. This is available to members and their dependents 24 hours a day, 7 days a week in addition to the regularly scheduled hours.

CLOSED THE FOLLOWING HOLIDAYS (otherwise open regular hours):

- New Year's Day
- Independence Day
- Thanksgiving Day
- Memorial Day
- Labor Day
- Christmas Day

✓ **Services are 100% FREE**

✓ **24-Hour Medical On-Call Answering Service**

✓ **Primary Care and Urgent Care Services**

✓ **Wellness and Health Maintenance**

✓ **Chronic Disease Management**

✓ **Physicals**

- Wellness
- Well Woman
- DOT
- Preoperative
- School / Sports / Camp

✓ **On-Site Services**

- X-Ray
- Laboratory Draws*
- 12-Lead EKG
- IV Fluids

✓ **Medications Dispensed On Site****

* There may be specialty lab draws that must be drawn at an actual lab-draw station. Outside orders with uncommon lab requests must be provided to the health center so as to determine the capability of drawing such specimens.

** Providers may request lab studies and/or a provider/patient visit prior to the dispensing of any medications.

Rx Refill Line

Phone: 561.822.1585. Available for established patients.

Remember: upon visiting the Health Center, employees MUST provide a valid City ID Badge and show a current Cigna medical insurance ID card.

**In ALL Emergency
Situations,
Please Call 9-1-1.**



IMPORTANT CONTACT INFORMATION

City of West Palm Beach	Contact Name	Contact Information
Human Resources/Benefits Department	General Benefit Questions	Phone: (561) 494-1000
Health Center	Employee and Family Health Center	464 Fern Street West Palm Beach, FL 33401 Phone: (561) 822-2000 www.cityfitmd.com
	Prescription Refill Line	Phone: (561) 822-1582
Service	Provider	Contact Information
Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.mycigna.com On-Site Cigna Representative: (561) 494-1032
Prescription Drug Coverage & Mail-Order Program	Cigna Home Delivery	Customer Service: (800) 835-3784 www.mycigna.com
Dental Insurance	Humana	Customer Service: (800) 233-4013 www.compbenefits.com
Vision Insurance	Humana	Customer Service: (866) 537-0229 www.compbenefits.com
Basic & Voluntary Life and AD&D Insurance	The Hartford	Customer Service: (888) 563-1124 www.thehartfordatwork.com
Defined Contribution and Deferred Compensation Programs	Empower Retirement (Great-West Retirement Services)	Customer Service: (800) 701-8255 www.gwrs.com On-Site Empower Retirement Representative: Helena Novakova Cell: (786) 877-9572 or On-Site HR (561) 494-1000 Email: Helena.novakova@empower-retirement.com
West Palm Beach Police Pension Fund	Police Pension Retirement Questions	Customer Service: (561) 471-0802 2100 N Florida Mango Road West Palm Beach, FL 33409 Email: info@wpbppf.com

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Introduction

The City of West Palm Beach provides a comprehensive compensation package including group insurance benefits. The Retiree Benefit Highlights Booklet provides a general summary of these benefit options as a convenient reference. Please refer to the City's Personnel Policies, applicable Contracts and/or Certificates of Coverage for detailed descriptions of all available retiree benefit programs and stipulations therein. If you require further explanation or need assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact the Human Resources/Benefits Department using the contact information provided.

Notices

COBRA Continuation of Medical Coverage Benefits

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), employees and/or dependents may be able to continue their enrollment in certain health plans such as medical and dental, if such coverage is terminated or changed due to a qualifying event.

Medicare Part D Creditable Coverage

The City of West Palm Beach prescription drug coverage(s) is considered Creditable Coverage under Medicare Part D. If you or your dependents are or will be eligible for Medicare, you may obtain more information by requesting a Medicare Part D Disclosure of Creditable Coverage Notice.

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is **inserted here or provided as a supplement** to this booklet which is being distributed to new hires, existing employees and retirees during open enrollment. The summary is an important item in understanding your benefit options. A copy of the SBC document is also available as follows:

From:	Human Resources/Benefits Department
Address:	401 Clematis Street, 3rd Floor West Palm Beach, FL 33401
Phone:	(561) 494-1000
Through the enrollment software – BenTek:	www.mybentek.com/wpb

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 actual group certificate of coverage can be reviewed and obtained by contacting the Human Resources/Benefits Department or at the following web address: www.mybentek.com/wpb.

If you have any questions about the plan offerings or coverage options, please contact the Human Resources/Benefits Department at (561) 494-1000.

Medical Insurance Premium

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Cigna medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Cigna's Customer Service at (800) 244-6224.

The City offers medical insurance through Cigna to benefit eligible retirees. The cost per month for coverage is listed in the premium table below. For information about your medical plan please refer to the Summary of Benefits and Coverage (SBC) provided.

Medical Insurance – Cigna OAP High Deductible Health Plan (HDHP) Monthly Premium Cost

Tier of Coverage	Total Premium
Retiree Only	\$559.07
Retiree + 1 Dependent	\$1,174.69
Retiree + Family	\$1,697.05

Medical Insurance – Cigna OAP High Deductible Health Plan (HDHP) Monthly Premium Cost

Tier of Coverage	Retiree Cost
Over-Age Dependent ¹	\$290.20

1) For the entire 2015 Benefits year, an over-age dependent is defined as: "a dependent who will reach age 27, 28, 29, or 30 during 2015".

How to Locate A Provider

To search for a participating provider, contact Customer Service or visit www.cigna.com. You may either log into mycigna.com and search for a participating provider, or click the "Find a Doctor" tab. Then under Choose a Directory, select "If your insurance plan is offered through work or school... Find a doctor or dentist using this directory" box. Under Select a Plan, click "Pick." Select the "Open Access Plus, OA Plus, Choice Fund OA Plus" medical plan option, then click "Choose." Complete the additional search criteria, then "Search."

Medical Insurance: Cigna OAP High Deductible Health Plan (HDHP) At-A-Glance

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Cigna medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Cigna's Customer Service at (800) 244-6224.

Network	Open Access Plus	
Plan Year Deductible (PYD)	In Network	Out of Network
Employee	\$1,400 <i>(Includes funding upon completion of Health Assessment)</i>	
Employee + 1	\$2,100 <i>(Includes funding upon completion of Health Assessment)</i>	
Employee + Family	\$2,800 <i>(Includes funding upon completion of Health Assessment)</i>	
Plan Year Deductible (PYD)	In Network	Out of Network
Employee	\$1,500	\$3,000
Employee + 1	\$2,250	\$4,500
Employee + Family	\$3,000	\$6,000
Coinsurance	In Network	Out of Network
Member Responsibility	20%	50%
Plan Year Out-of-Pocket Limit	In Network	Out of Network
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?	Deductibles and Coinsurance (Includes Rx Copays)	
Physician Services	In Network	Out of Network*
Primary Care Physician (PCP) thru Employee Health Center	No Charge at Health Center Only	N/A
Physician Office Visit	20% After PYD	50% After PYD
Specialist Office Visit	20% After PYD	50% After PYD
Diagnostic Services	In Network	Out of Network*
Lab (Blood Work) thru Employee Health Center	No Charge at Health Center Only	N/A
Clinical Lab (Blood Work) at Independent Facility	20% After PYD	50% After PYD
X-rays thru Employee Health Center	No Charge at Health Center Only	N/A
X-rays at Independent Facility	20% After PYD	50% After PYD
Advanced Imaging (MRI, PET, CT)		
Hospital Services	In Network	Out of Network*
Inpatient and/or Outpatient	20% After PYD	50% After PYD
Physician Services at Hospital or Outpatient Facility		20% After PYD
Emergency Room		50% After PYD
Urgent Care Facility		50% After PYD
Mental Health / Alcohol & Substance Abuse	In Network	Out of Network*
Inpatient	20% After PYD	50% After PYD
Outpatient	20% After PYD	50% After PYD
Prescription Drugs (Rx)	In Network	Out of Network*
Generic thru Employee Health Center	No Charge thru Health Center Only	50% After PYD
Generic	\$15 Copay	
Preferred Brand Name	\$35 Copay	
Non-Preferred Brand Name	\$60 Copay	
Mail Order Drug (90 Day Supply)	2x Copay	

* Out-Of-Network Balance Billing

For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage.

Group Plan Number: 3332277

Other Available Plan Resources

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Cigna medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Cigna's Customer Service at (800) 244-6224.

Cigna offers to all enrolled members and dependents additional services and discounts through value added programs. **For more details regarding other available plan resources, please refer to your Summary of Benefits and Coverage (SBC).**

Healthy Rewards

Cigna's Healthy Rewards is provided to you automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Members can log on to www.mycigna.com, click on "Review My Coverage"; then select "Discount Programs - Healthy Rewards" to learn more about these programs or call 1-800-870-3470.

- Weight Management and Nutrition
- Fitness and Mind/Body
- Vision, Hearing and Dental Care
- Tobacco Cessation
- Alternative Medicine
- Wellness and Healthy Products

24 Hour Help Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Line provides you access to helpful, reliable information and assistance from qualified health information nurses on a wide range of health topics 24 hours a day, any day of the year. Not sure what to do when your child has a fever in the middle of the night? Have you injured yourself and are not sure if you should seek treatment or go see a doctor? There are over 1,000 topics in the Health Information Library that include FREE audio, video and printed information on aging, women's health, nutrition, surgery and specific medical conditions to help you weigh the risks and advantages of treatment options. The call is FREE and is strictly confidential.

The myCigna Mobile App

The myCigna Mobile App gives you an easy way to organize and access your important health information. Anytime. Anywhere. Download it today from the App StoreSM or Google PlayTM. With the myCigna Mobile App you can:

- Find a doctor, dentist or health care facility
- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs
- Speed-dial Cigna Home Delivery PharmacyTM
- Store and organize all important contact info for doctors, hospitals, and pharmacies
- Add health care professionals to contact list right from a claim or directory search
- And, much more!

Dental Insurance: Cigna Dental PPO Plan

Cigna

Customer Service: (800) 244-6224

www.cigna.com

The City offers dental insurance through Cigna. A brief description of the Cigna Dental PPO Plan is provided below, and the employee costs per month are shown on the premium table to the right. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Cigna's Customer Service.

**Dental Insurance – Cigna Dental PPO Plan
Monthly Premium Cost**

Tier of Coverage	Total Premium
Retiree Only	\$31.71
Retiree + 1 Dependent	\$62.48
Retiree + Family	\$111.65

In-Network Benefits

The dental PPO plan is "open access" and allows you to receive services from any dental provider without selecting a Primary Dental Provider (PDP) and does not require referrals to specialists. The network of participating dental providers the plan utilizes is the **PPO Core Network**. The PPO plan provides benefits for services received from in-network and out-of-network providers. You are responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the participating providers contracted fee for that service.

Out-of-Network Benefits

Providers who do not contract with insurance carriers because they do not accept their discounted rates are referred to as "non-participating" or "out of network." Understanding how your insurance company pays for out-of-network services is important because you will usually pay more.

The insurance company processes charges based on what it determines the "Usual, Customary and Reasonable (UCR)" charge is for a specific service. UCR or the "allowed amount" can be defined as the most common charge for a particular dental procedure performed in a specific geographic area. Since there is no contract in place between the insurance company and out-of-network provider, the dentist may charge an amount higher than the UCR. The difference between the UCR amount and the dentist's higher charge is called "balance billing." **Balance billing is in addition to your deductible and coinsurance responsibility.**

How to Locate a Provider

To search for a participating provider, contact Cigna's Customer Service or visit www.cigna.com. Click the "Find a Doctor" tab, then the "If your Insurance plan is offered through work or school... Find a Doctor or Dentist using this directory" box. Next, under Select a Plan, click "Pick" and choose "Cigna Dental PPO or EPO" option for your plan type and then the "Choose a button." Then, complete the additional search criteria and click "Search."

Calendar Year Deductible

The dental PPO plan benefits begin once each covered member satisfies a \$50 deductible (waived for Class I services). The deductible is applied collectively for either in or out-of-network services or any combination of both. Once any 2 covered members in a family each satisfies the \$100 deductible, the deductible will then be considered met for all covered members in that family.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the dental PPO plan will pay for each covered member is \$1,250 for in-network and out-of-network services. All services, including preventive and diagnostic care, accumulate toward the calendar year Benefit Maximum.

Please Note the Following:

- *Each covered family member may receive up to 2 cleanings per calendar year covered under the preventive benefit.*
- *Teeth missing prior to coverage under the plan are not covered.*

Dental Insurance: Cigna Dental PPO Plan At-A-Glance

Network	Cigna PPO	
Calendar Year Benefit Maximum	In Network	Out of Network
Per Member	\$1,250	\$1,250
Calendar Year Deductible (CYD)	In Network	Out of Network
Per Member	\$50	
Per Family	\$100	
Waived for Class I Services?	Yes	
Class I Services: Diagnostic & Preventive	In Network	Out of Network*
Routine Oral Exam (2 Per Calendar Year)	Plan Pays: 100% After CYD Deductible Waived	Plan Pays: 100% After CYD Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Calendar Year)		
Bitewing X-rays (2 Per Calendar Year)		
Fluoride Treatments Up to Age 19 (1 Per Calendar Year)		
Sealants Up to Age 14 (Every 3 Years)		
Space Maintainers (Non-orthodontic treatment)		
Class II Services: Basic Restorative	In Network	Out of Network*
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions		
Root Canal Therapy (Endodontics)		
Periodontal Scaling		
Oral Surgery		
General Anesthesia		
Class III Services: Major Restorative**	In Network	Out of Network*
Bridges	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Crowns		
Dentures		
Class IV Services: Orthodontia**	In Network	Out of Network*
Lifetime Maximum	\$1,250	
Benefit	50% Coinsurance	50% Coinsurance (Subject to Balance Billing)
Age Limitation	None	

*Out-Of-Network Balance Billing

For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.

** Late Entrant, Age and Plan limitations may apply.

For any dental work expected to cost \$200 or more, the plan will provide a “Pre-Determination of Benefits” upon the request of your dental provider. This will assist you with determining your approximate out-of-pocket costs should you have the dental work performed.

Vision Insurance: Humana Vision Care Plan

Humana/CompBenefits

Customer Service: (800) 865-3676

www.compbenefits.com

The City provides vision insurance through Humana. A brief description of the Humana Vision Care Plan is provided below, and the employee costs are shown on the premium table to the right, with a summary of the plan's schedule of benefits on the following page. For detailed coverages, exclusions and stipulations please refer to the carrier's benefit summary or contact Humana.

Vision Insurance – Humana/CompBenefits Monthly Premium Cost

Tier of Coverage	Total Premium
Retiree Only	\$4.48
Retiree + Family	\$12.80

In-Network Benefits

The vision plan offers you and your covered dependents coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered members can select any optometrist or ophthalmologists that participates in the **Humana Vision Care 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 your appointment.

Out-of-Network Benefits

Covered members may also choose to receive services from vision providers who do not participate in the vision network. If so, the cost of the services received would be paid to that provider at the time of the scheduled appointment. Humana will then reimburse the covered members based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered. Contact Humana's Customer Service for an out-of-network reimbursement schedule.

How to Locate a Provider

To search for a participating provider, contact Customer Service or go to www.compbenefits.com and under the "Providers/Search" tab click on "Find Vision Care Providers." Choose "**Vision Care Plan**" and then fill out the search criteria and click "Search."

Calendar Year Deductible

There is no Calendar Year Deductible.

Calendar Year Out-of-Pocket Maximum

There is no Out-of-Pocket Maximum. However, there are benefit reimbursement maximums for certain services per calendar year.

Please Note the Following:

- *Members receive additional fixed copayments on lens options including anti-reflective and scratch-resistant coatings. Contact Humana for more information.*
- *Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam, and is available through the VCP network provider who sold the initial pair of eyeglasses.*
- *After copay, standard polycarbonate available at no charge for dependents under age 19.*

Vision Insurance: Humana Vision Care Plan At-A-Glance

Services	In Network	Out of Network
Eye Exam	\$10 Copay	Up to \$35 Reimbursement
Frequency of Services	In Network	Out of Network
Examination	12 Months	12 Months
Lenses	12 Months	12 Months
Frames	24 Months	24 Months
Contact Lenses	12 Months	12 Months
Lenses	In Network	Out of Network
Single	Paid in Full	Up to \$25 Reimbursement
Bifocal		Up to \$40 Reimbursement
Trifocal		Up to \$60 Reimbursement
Contact Lenses	In Network	Out of Network
Non-Elective (Medically Necessary)	Paid in Full ¹	Up to \$210 Reimbursement
Elective (Fitting, Follow-up & Lenses)	Up to \$105 Allowance ²	Up to \$105 Reimbursement
Frames	In Network	Out of Network
Maximum Allowance	\$40 Wholesale Allowance	\$40 Retail Price Reimbursement
Lasik	In Network	Out of Network
Discount Programs ³	Contact Humana's Customer Service For More Information	Discount Programs Not Available Out of Network

Group Plan Number: VS3150

Please Note:

1. Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens 2) correction of extreme visual acuity problems not correctable with glasses 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.
2. This allowance is paid with the same frequency as lenses, in place of all other benefits. The allowance applies to materials, evaluation and fitting. Members also receive 15% discount on in-network professional services, available for 12 months after the covered eye exam.
3. Plan members must first contact Humana / CompBenefits for a list of providers who participate in the Vision Care Plan network.

Retiree Life Insurance

The Hartford

Customer Service: (888) 563-1124

www.thehartfordatwork.com

Retiree Life Insurance

The City provides a Basic Term Life Insurance benefit, through The Hartford, for those retirees **who choose to elect coverage upon retirement**. Your benefit amount is determined by your eligibility classification as described below.

Beneficiary designations or changes to your beneficiary designations can be made online at www.mybentek.com/wpb and a beneficiary confirmation statement can also be printed and retained for your records. If you would like to request a paper beneficiary form to list beneficiaries or make changes to existing beneficiaries, you may contact the City of West Palm Beach Human Resources/Benefits Department by calling (561) 494-1000 and a form will be sent to you.

Once a paper beneficiary form is completed, it must be returned to the City of West Palm Beach, Human Resources/Benefits Department, 401 Clematis St, 3rd Floor, West Palm Beach, FL 33401 and an official record of your beneficiary designations will be kept on file.

	Eligibility Classifications
Class 10	Retired Employees of the Police Department.
	Benefit Classifications
Class 10	Flat \$25,000.

***Always remember to keep your beneficiary forms updated.
You may update your beneficiary information at anytime by contacting
The Human Resources/Benefits Department.***

Notes

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

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GEHRING GROUP

11505 Fairchild Gardens Ave., Suite 202
Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696; Fax: (561) 626-6970
www.gehringgroup.com

FINAL – Last Modified:
May 19, 2015 9:11 AM