

Sanibel



2012

2013

Employee Benefit Highlights

IMPORTANT CONTACT INFORMATION

City of Sanibel	Contact Name	Contact Information
Administrative Services	Jim Isom, Director	Phone: (239) 472-3700 E-mail: jim.isom@mysanibel.com
Personnel Rules & Regulations	City of Sanibel	www.mysanibel.com
Human Resources Generalist	Sharon Gibson	Phone: (239) 472-9615 E-mail: sharon.gibson@mysanibel.com
Service	Provider	Contact Information
City's Group Insurance Agent	Gehring Group	Phone: (800) 244-3696 www.gehringgroup.com
Medical Insurance	United HealthCare	Customer Service: (800) 357-0978 www.myuhc.com
Dental Insurance	Lincoln Financial	Customer Service: (800) 423-2765 www.lfg.com
Vision Insurance	Humana Specialty Benefits	Customer Service: (800) 865-3676 www.compbenefits.com
Flexible Spending Accounts	American Fidelity	Customer Service: (800) 437-1011 www.americanfidelity.com
Life Insurance	Lincoln Financial	Customer Service: (800) 423-2765 www.lfg.com
Supplemental Insurance	American Fidelity	Customer Service: (800) 437-1011 www.americanfidelity.com Agent: Darren Parker Phone: (800) 450-3506 Ext. 3094
Voluntary Insurance	MetLife	Phone: (561) 206-5655 E-mail: tetter@metlife.com Financial Services Executive: Tom Etter
Legal Insurance	LegalShield	Member Services: (800) 654-7757 E-mail: memberservices@legalshield.com
Deferred Compensation – 457 & 401a	ICMA Retirement Corporation	Customer Service: (800) 669-7400 (866) 822 3634 www.icmarc.org
Deferred Compensation – 457	Nationwide Retirement Solutions	Customer Service: (877) 677-3678 www.nrrservicenter.com
Employee Assistance Program	Southwest Florida EAP	24-Hour Crisis Line: (800) 226-7930 Local: (239) 278-7435 www.swfas.org/eap

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Introduction

The City of Sanibel offers a comprehensive fringe benefit package for all full-time and regular part-time employees. A variety of these employee benefit programs have been highlighted in this booklet as a general reference. Please refer to The City's Personnel Policies, applicable Union Contracts, and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. Questions and further clarifications regarding this booklet's contents may be directed to the Human Resources Generalist or the Administrative Services Director.

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's 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.

More information is available on the above Notices by contacting Administrative Services or Payroll.

Cafeteria Allowance Fiscal Year 2012-2013

The City provides full-time employees a fixed dollar per month for the purchase of mandatory "core" group insurance benefits. This arrangement is called a Cafeteria Plan. Core benefits consist of Health Insurance, Dental Insurance, Life and Accidental Death & Dismemberment Insurance and Long-Term Disability Insurance. Part-time employees are not eligible for benefits under the Cafeteria Plan except for Long-Term Disability Insurance. The monthly cafeteria allowance schedule table for the 2012-2013 plan year is provided along with a brief description below.

2012-2013 Cafeteria Plan Allowance			
Monthly Allowance:			\$858.70
Core Insurance Benefits.	Health	\$681.92	
> Coverages for Employee Only.	Dental	\$26.04	
> Assumes enrollment in the Choice (HMO) Plan for medical insurance	Life	\$13.00	
	AD&D	\$3.16	
	LTD	\$8.88	
Total Cost of Core Benefits:			- \$733.00
Amount Available for Voluntary Benefits:			\$125.70

Funds remaining in the cafeteria allowance after purchase of the core benefits may be used to purchase voluntary benefits for self and/or family members or deposited into a Deferred Compensation Plan account. Voluntary benefits include Dependent Health Insurance, Dependent Dental Insurance, Vision Insurance, Supplemental Life Insurance for self and spouse, and other Supplemental Insurance Coverages such as Cancer, Accident, Short-Term Disability, Long Term Care, and Personal Indemnity Insurances. Questions regarding the cafeteria plan can be directed to Jim Isom at 472-3700 or Sharon Gibson at 472-9615.

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for each Medical Plan Option is **inserted here or provided as a supplement** to this booklet distributed to New Hires and Existing Employees on or after October 1, 2012. These summaries are an important item in understanding your benefit options. A copy of these SBC documents are also available as follows:

From:	Administrative Services
Address:	800 Dunlop Road Sanibel, FL 33957
Telephone:	(239) 472-3700

Please note that if you are receiving this booklet during an enrollment period that commences before September 23, 2012 or you are a new hire who is eligible for benefits prior to October 1, 2012; a Summary of Benefits and Coverage (SBC) may not yet be available, and alternatively, you may receive a *Medical Benefits At-A-Glance* document that summarizes pertinent plan information for each plan offered.

The SBC and *Medical Benefits At-A-Glance* documents are 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 Administrative Services.

If you have any questions about the plan offerings or coverage options, please contact Administrative Services at (239) 472-3700.

Group Insurance Eligibility

The City's group insurance plan year is October 1st through September 30th.

Employee Eligibility

For those employees that are eligible to participate in The City's insurance plans, your coverage will be effective the first day of the month following 30 days of employment. For example: If you are hired on April 11th, your coverage will be effective on June 1st.

If you separate employment from The City, your insurance will continue through the end of the month in which the separation occurred.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or the spouse. Dependent children may be covered through the end of the calendar year in which the child reaches age 26 for medical and vision, and age 25 for dental. The term "child" includes any of the following:

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

Dependent Eligibility Age Requirements

Eligibility requirements for eligible Over-age Dependents have been eliminated for group medical and dental insurance. Over-age Dependents may be covered by the medical and vision plans through the end of the calendar year in which the child turns age 26.

Medical coverage may continue to the end of the calendar year in which the dependent reaches the age of 30, if the dependent is:

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

Disabled Dependents

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

1. The dependent is physically or mentally disabled and incapable of self-sustaining employment; AND
2. The dependent is otherwise eligible for coverage under the group medical plan; AND
3. The dependent has been continuously insured; AND
4. Coverage began prior to the age of 19.

Proof of disability will be required upon request. Please contact Administrative Services if further clarification is required.

Domestic Partner

Domestic Partners are eligible to participate in The City's group medical insurance plans. The IRS guidelines state that an employee may not receive a tax advantage on any portion of premium paid related to domestic partner coverage. Employees insuring domestic partners and/or child dependents of a domestic partner will see the insurance premium deductions based on these regulations and should consult their tax expert. Please contact Administrative Services for more information.

Deductions Related to "Over-Age" Dependents

The IRS guidelines state that an employee may not receive a tax advantage on any portion of premium paid related to an Over-Age (Non-Qualified) Dependent. Employees insuring Over-Age Dependents will see the insurance premium deductions based on these regulations and should consult their tax expert. Please contact Administrative Services for more information.

Qualifying Events and IRS Code Section 125

IRS Code Section 125

Premiums for medical, dental, vision insurance, and/or certain American Fidelity policies and contributions to FSA accounts (Health Care and Dependent Care FSAs) are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefits can be made ONLY during the Open Enrollment period unless you or your qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, if the event affects your own, your spouse's, or your dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125.

Examples of qualifying events include the following:

- You get married or divorced
- You have a child, gain legal custody or adopt a child
- Your spouse and/or other dependent(s) die(s)
- You, your spouse, or dependent(s) terminate or start employment
- An increase or decrease in your work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Enrollment only - Eligibility for premium assistance under Medicaid or CHIP, as long as you/dependents are eligible but not already enrolled in employer plan (60 day notification period)
- Enrollment only - Loss of Medicaid or CHIP eligibility, as long as you/dependents are eligible but not already enrolled in employer plan (60 day notification period)

IMPORTANT

If you experience a qualifying event, **you must contact Payroll within 30 days of the qualifying event** to make the appropriate changes to your coverage. Beyond 30 days, requests will be denied and the employee may be responsible both legally and financially for any claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the first of the month following the qualifying event, except for newborns which are effective on the date of birth. Any cancellations will be processed at the end of the month, except coverage terminates the date following a death. You will be required to furnish valid documentation supporting a change in status or "Qualifying Event."

Dental Insurance: PPO Dental Plan

Lincoln Financial

Customer Service: (800) 423-2765

www.lfg.com

The City offers dental insurance through Lincoln Financial. A brief description of the PPO Dental Plan is provided below, and the employee costs per pay period 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 Lincoln Financial Customer Service.

**Dental Insurance - PPO Dental Plan
24 Payroll Deductions**

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$20.29
Employee + Child(ren)	\$22.95
Employee + Family	\$31.94

In-Network Benefits

The PPO Dental 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 **Lincoln Dental Connect 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 plan's Usual, Customary and Reasonable (UCR) charge limitations.

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 or medical 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 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 locate a provider that participates in the Dental Connect Network, please contact Customer Service or visit www.lfg.com. Select "Find a Dentist," then fill out the search criteria and hit "Search."

Calendar Year Deductible

The PPO Dental Plan benefits begin once each covered member satisfies a \$50 deductible (waived for Class I services). Once any three (3) covered members in a family each satisfies the \$50 deductible (total of \$150), the deductible will then be considered met for all covered members in that family.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the PPO Dental Plan will pay for each covered member is \$1,000 for in-network services and out-of-network services combined.

Please note the following:

- Each covered family member is entitled to 2 FREE cleanings per calendar year and are covered under the preventive benefit if an in-network provider is utilized. Each cleaning has to be 6 months apart from one another.
- A 6 month waiting period on most major dental services will apply.
- Age limits and waiting periods may apply.

Dental Insurance: PPO Dental Plan At-A-Glance

Network	Lincoln Dental Connect	
Calendar Year Deductible	In Network	Out of Network
Per Member	\$50	
Per Family	\$150	
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum	In Network	Out of Network
Per Member	\$1,000	
Class I Services: Diagnostic & Preventative	In Network	Out of Network*
Office Visit	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived <i>(Subject to Balance Billing)</i>
Routine Oral Exam		
Routine Cleanings (2 Per Year)		
Bitewing X-rays		
Complete X-rays		
Class II Services: Basic Restorative	In Network	Out of Network*
Fillings (Amalgam)	Plan Pays: 80% After Deductible	Plan Pays: 80% After Deductible <i>(Subject to Balance Billing)</i>
Deep Cleaning		
Simple Extractions		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Oral Surgery (Basic Services)		
Class III Services: Major Restorative	In Network	Out of Network*
Crowns	Plan Pays 50% After Deductible	Plan Pays 50% After Deductible <i>(Subject to Balance Billing)</i>
Dentures		

*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.

Vision Insurance: Humana Vision Care Plan

Humana

Customer Service: (800) 865-3676

www.compbenefits.com

The City offers vision insurance through Humana. A brief description of the Vision Care Plan is provided below, and the employee costs per pay period 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 Humana's Customer Service.

Vision Insurance - Humana Vision Care Plan 24 Payroll Deductions

Tier of Coverage	Employee Cost
Employee Only	\$3.35
Employee + 1 Dependent	\$6.70
Employee + Family	\$12.51

In-Network Benefits

The Vision Care Plan offers you and your covered dependents with 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 Plan 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 that do not participate in the Vision Care Plan 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.

How to Locate a Provider

Please contact Customer Service or visit www.compbenefits.com. Under the "Providers/Search" tab, click "Find Vision Providers," then select "Vision Care Plan," fill out the search criteria and hit "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:

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

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

Services	In Network	Out of Network
Eye Exam	\$10 Copay	Up to \$35 Reimbursement
Materials	\$15 Copay	
Frequency of Services	In Network	Out of Network
Examination	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contact Lenses	12 Months	
Lenses	In Network	Out of Network
Single	No Charge	Up to \$20 Allowance
Bifocal		Up to \$40 Allowance
Trifocal		Up to \$60 Allowance
Frames	In Network	Out of Network
Allowance	No Charge	Up to \$35 Allowance
Contact Lenses*	In Network	Out of Network
Non-Elective (Medically Necessary)	No Charge	Up to \$150 Allowance
Elective (Fitting, Follow-up & Lenses)	Up to \$100 Allowance	Up to \$100 Allowance

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

Flexible Spending Accounts

American Fidelity
 Customer Service: (800) 437-1011
www.americanfidelity.com

For Flex Benefit Forms Visit: www.afadvantage.com
 To Submit Flex Benefit Claims by Fax: (888) 243-2638
 To Submit Flex Benefit Claims by Mail:
 AWD/Flex Account Administration
 PO Box 268887
 Oklahoma City, OK 73126-8887

The City offers Flexible Spending Accounts (FSAs) administered through American Fidelity.

If you have predictable medical expenses for yourself or your family, such as deductibles and copays, or any work-related day care expenses, an FSA may be right for you. An FSA allow you to set aside money for reimbursement of health care and day care expenses you regularly pay. The amount you set aside is not taxed and is automatically deducted from your paycheck and deposited into the FSA. During the year, you have access to this account for reimbursement of some expenses which are not covered by insurance. An FSA not only results in a substantial tax savings, it also increases your spending power. There are two types of FSAs:

Health Care Reimbursement Account	Dependent Care Reimbursement Account
<p>This account allows you to set aside up to an annual maximum of \$2,500. This money will not be taxable income to you and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs for you or your qualified dependents. Employees can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).</p> <p>Examples of common expenses that qualify for reimbursement are listed below.</p> <p>*NOTE: The entire Health Care FSA election is available to you on the first day coverage is effective.</p>	<p>This account allows you to set aside up to an annual maximum of \$5,000 if you are single or married and file a joint tax return (\$2,500 if you are married and file a separate tax return) for work-related day care expenses. Qualified expenses include adult and child day care centers, preschool, and before/after school care for eligible children and adults.</p> <p>Please note that if your family's annual income is over \$20,000, this reimbursement option will most likely save you more money than the dependent care tax credit you take on your tax return. To qualify, your dependent must be:</p> <ul style="list-style-type: none"> • a child under the age of 13, or • a child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in your household. <p>*NOTE: Unlike the Health Care FSA, you will only be reimbursed up to the amount that has been deducted from your paycheck for Dependent Care expenses.</p>

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

- Ambulance service
- Chiropractic care
- Dental fees/Orthodontic fees
- Diagnostic tests/Health screenings
- Doctor fees
- Drug addiction/Alcoholism treatment
- Experimental medical treatment
- Eyeglasses/Contact lenses (corrective)
- Hearing aids and exams
- Injections & vaccinations
- Lasik surgery
- Mental healthcare
- Nursing services
- Optometrist fees
- Physician office visits
- Prescription drugs
- Wheelchairs
- X-rays

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

Flexible Spending Accounts *(continued)*

FSA Guidelines

- Any unused funds after a plan year ends and all claims have been filed cannot be returned to you nor can the funds be carried forward to the next plan year.
- You can enroll in either or both types of FSAs during the open enrollment period or at new hire eligibility only.
- You cannot transfer money between FSAs.
- You cannot pay a dependent care expense from your Health Care FSA or vice versa.
- You cannot deduct reimbursed expenses for income tax purposes.
- You cannot be reimbursed for a service which you have not received.
- You cannot receive insurance benefits or any other compensation for expenses which are reimbursed through your FSAs.
- You have a grace period at the end of the plan year to claim reimbursement for eligible expenses incurred during your period of coverage within the plan year.

Here's How It Works

An employee earning \$30,000 elects to place \$1,000 into their FSA Health Care Savings Account, with payroll deductions being \$41.66 based on a 24 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$207.

	With the Plan	Without the Plan
Salary	\$30,000	\$30,000
FSA Contribution	- \$1,000	- \$0
Taxable pay	\$29,000	\$30,000
Estimated Tax 20.65% = 15% + 5.65% FICA	- \$5,988	- \$6,195
After Tax Expenses	- \$0	- \$1,000
Spendable Income	\$23,012	\$22,805
Tax Savings	\$207	

NOTE: Be conservative when estimating your medical and/or dependent care expenses. IRS regulations state that any unused funds which remain in your FSA after a plan year ends and all claims have been filed can not be returned to you nor carried forward to the next plan year. This is known as the "USE IT OR LOSE IT" rule.

Filing a Claim

To file a claim, you must submit your completed claim form and include a copy of the receipt as proof of the expense. Once completed, you may submit your claim either by mail or fax. The IRS requires FSA participants to maintain complete documentation, including keeping copies of receipts for reimbursed expenses, for a minimum of one year.

Debit Card

FSA participants will receive a debit card for payment of eligible expenses. The debit card allows participants to pay for most qualified services and products at the point of sale versus paying out of pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities and most pharmacy retail outlets.

Basic Life and AD&D Insurance

Lincoln Financial

Customer Service: (800) 423-2765

www.lfg.com

Basic Term Life

The City provides Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through Lincoln Financial. Benefit eligible employees are required to purchase a benefit amount of \$50,000 for both coverages pursuant to The City's Cafeteria Plan.

Accidental Death & Dismemberment

Also at no cost to the employee, The City provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

Always remember to keep your beneficiary forms updated.

Beneficiary information may be updated at anytime through the Human Resources Generalist.

Voluntary Life Insurance

Lincoln Financial

Customer Service: (800) 423-2765

www.lfg.com

Voluntary Employee Life Insurance

Eligible employees may elect to purchase additional life insurance on a voluntary basis through Lincoln Financial. This coverage may be purchased in addition to the Basic Term Life and AD&D coverages. Voluntary Life insurance offers coverage for yourself and spouse at different benefit levels.

New Hires can purchase voluntary employee life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$75,000 if the employee is under age 60.

- Units can be purchased in increments of \$5,000 to a maximum of \$75,000.
- Additional life insurance benefit elections cannot exceed seven (7) times your annual salary.
- Employee age reduction schedule is as follows:
 - 35% at age 65
 - 25% at age 70
 - 15% at age 75
- Benefits terminate upon Retirement or the day your employment with The City terminates.

Voluntary Life Insurance *(continued)*

Voluntary Spouse Life Insurance

New Hires can purchase voluntary spouse life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$30,000 if the spouse is under age 60.

- Employees must participate in the Voluntary plan for spouse to participate.
- Spouse coverage is available in increments of \$5,000, to a maximum of \$30,000, not to exceed 50% of employee's voluntary life coverage amount.
- Spouse life insurance coverage will be reduced as the employee ages by 35% at age 65 and terminates at age 70.

Dependent Child(ren) Life Insurance

- For eligible unmarried children, from 14 days up to age 19 or age 23 if a full-time student.
- Coverage is a flat \$0.40 per month for a flat \$2,000 child(ren) benefit.

Voluntary Life Monthly Rates	
Age Bracket	Employee/Spouse per \$1,000
0-29	\$0.09
30-34	\$0.10
35-39	\$0.14
40-44	\$0.24
45-49	\$0.39
50-54	\$0.59
55-59	\$0.88
60-64	\$1.45
65-69	\$2.62
70-74	\$3.71
75-99	\$9.41

Long Term Disability Insurance

Lincoln Financial
Customer Service: (800) 423-2765
www.lfg.com

Lincoln Financial Employee Connect
Customer Service: (877) 757-7587
www.eapadvantage.com (password-connect)

The City provides Long Term Disability (LTD) insurance to all eligible employees through Lincoln Financial. The LTD pays you a percentage of your weekly earnings if you become disabled due to an illness or accident.

LTD Plan Summary

- The LTD program offers a benefit of 60% of your monthly earnings, subject to a maximum of \$3,000 per month.
- An employee must be disabled for 180 days prior to becoming eligible for benefits.
- Benefit payments will commence on the 181st day of disability.
- You may continue to be eligible for benefits if you return to work on a part-time basis.
- An employee will receive benefits for 36 months if he/she is unable to perform the material duties of his/her own occupation.
- Benefits may be reduced by other income.
- Periodic evaluations will occur at the discretion of Lincoln Financial.

Employee Connect

Lincoln Financial is available 24 hours a day, seven days a week with confidential support, guidance, and resources for items such as parenting and childcare, eldercare, relationships, work and career and financial. These services are available to you or an immediate household family member by contacting Lincoln Financial Employee Connect.

Supplemental Insurance

American Fidelity
Customer Service: (800) 437-1011
www.americanfidelity.com

Agent: Darren Parker
Phone: (800) 450-3506 Ext. 3094

American Fidelity offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction on an after-tax basis. American Fidelity pays money directly to you, regardless of what other insurance plans you may have. Children may be included in most plans up to age 26. To learn more about these American Fidelity plans and/or to schedule a personal appointment, contact your local American Fidelity agent. Details regarding available American Fidelity plans and services are also available online at www.americanfidelity.com.

Available plans include:

- Disability Income Insurance
- Life Insurance
- Accident Only Insurance
- Cancer Insurance
- Hospital Indemnity Insurance

Please Note: Limitations, exclusions and waiting periods may apply. Certain products may be inappropriate for people who are eligible for medical coverage.

Voluntary Insurance - MetLife

MetLife

Financial Services Executive: Tom Etter

Office: (561) 206-5655

E-mail: tetter@metlife.com

The City offers two voluntary supplemental insurance plans through MetLife via post-tax payroll deduction.

Long-Term Care (LTC) Insurance

The care required when you are no longer able to care for yourself independently. Assistance provided for those activities of daily living, dressing, bathing, eating, toileting, etc. Insurance to help maintain your options as to how and where to receive care and avoid using retirement savings or personal assets to pay for long-term care services.

Pet Insurance

Pet insurance provides everyday protection for the health and well-being of your pet. With flexible and affordable pet insurance programs covering most veterinary costs associated with your pet's health needs, selecting a program is easy and straightforward. There are options available to meet the needs and budget of every pet owner. Call (866) 239-7387 or visit www.ptzinsurance.com/metlife. You will need the agency producer code: **12M6211**. Premiums are paid direct.

Legal Insurance

LegalShield (Formerly PrePaid Legal, Inc.)

Member Services: (800) 654-7757

Email: memberservices@legalshield.com

Glantz & Glantz Attorneys

Phone: (800) 450-3506 Ext. 3094

The City offers legal insurance through Legal Shield (Formerly PrePaid Legal, Inc.) on a voluntary basis via payroll deduction. The pre-paid legal plan gives members access to professional legal counsel not only for traditional legal problems, but for everyday events such as buying a house or a car, creating a will, handling a problem with an insurance company, dealing with identity theft and much more where legal review should be routine, but rarely is. The cost to the employee to participate in LegalShield and Identity Theft Shield is \$12.95 per pay period.

To learn more about the types of legal plans available, including Identity Theft Shield, contact LegalShield Member Services for assistance.

City Programs

Educational Assistance

It is the expressed policy of the City to make available the opportunity for training, development, and advancement consistent with individual ability, performance, and the requirements of the City. The employee may submit an Application for Educational Assistance at least once annually through his/her Department Director to the City Manager for prior approval. The use of these funds will be limited to no more than \$4,000 per person each fiscal year. The City will reimburse for undergraduate courses and graduate level courses that in the City Manager's judgment are work related or related to the future advancement of an employee.

City employees appointed to regular full-time positions who have completed their initial probationary period will be eligible to participate in this program, as well as employees who are authorized by their Department Director to go from regular full-time to regular part-time for the purpose of completing their education.

If an employee receiving a tuition reimbursement voluntarily terminates employment with the City within one (1) year after receiving tuition reimbursement, the employee must immediately refund the total amount of the reimbursement received to the City or the amount will be withheld from his/her final paycheck, and any remaining amount shall be immediately paid to the City. Refer to The City's Personnel Manual regarding the conditions that apply to approval and payment as well as the reimbursement procedure.

Note: A temporary change in the tuition reimbursement policy has been implemented. Participating employees may have their tuition advanced to cover book cost.

Direct Deposit

Direct deposit is a voluntary program by which your payroll funds are sent directly to the bank or savings institution of your choice and credited to your account on The City's scheduled payday. A direct deposit is considered a cash deposit by the bank so there are no holds on your funds which means that you can cash a check, write a check, or make ATM (automated teller machine) withdrawals at your bank's ATM machines on payday. The City will still continue to provide you with information on the amount of your deposit along with other deductions from your pay.

Virtually all financial institutions participate in this arrangement so there should not be any need for you to change your current banking arrangement to participate in this service. To learn more about direct deposits or to complete an Authorization for Automatic Deposits, contact the Human Resource Generalist.

Causeway Transponder Reimbursement

The City will provide a Causeway transponder payment, equivalent to the cost of the unlimited transponder, to all full-time employees on active status as of October 1st of each fiscal year and to all full-time new hires. The unlimited Sanibel Causeway transponder will represent the renewal period of November 1st through October 31st. The City will also provide employees who live in Cape Coral a transponder payment for the combo transponder at the same time the payment is made for the Causeway transponder.

Part-time regular and as-needed employees will be provided payment for either the unlimited or reduced fair program based on estimated annual commuting trips as approved by the Department Director.

Employee Wellness Program

Full-time employees may participate three (3) days per week in a workout program during their one-hour or one-half hour lunch break, as long as each individual's Department Director approves it, with one-half hour added to the lunch break. The Recreation Center is available for these activities. Guidelines for this program are as follows:

- All full-time employees may participate, subject to Department Director approval.
- Employees may use any three (3) of the five (5) or two (2) of four (4) workdays to work out.
- Employees who work 10-hour days cannot work out on an overtime day.
- By lunch, it is not meant that everyone must go between 12 Noon and 1:00 P.M. An employee may go earlier or later as approved by the Department Director.
- The employee cannot report late for work because of such workout or exercise, or leave one-half (1/2) hour before the scheduled day ends in order to work out.

City Programs *(continued)*

- The one-half (1/2) hour three times per week is given to employees to workout, eat lunch and shower following the exercise.
- If an employee elects not to use the Recreation Center facilities, but chooses to walk, roller blade, run, etc., during their lunch break, the employee may use the program as stated above.
- An employee may group walk or walk individually.
- Other reporting requirements may be developed, and will become applicable to employees in the manner and at the time noted.

Restricted “A” Beach Parking Stickers

Full-time and part-time employees are authorized to purchase restricted “A” beach parking stickers at the Recreation Center at the same rate as charged to Sanibel non-resident property owners for their personal vehicles. Employees must provide proof of employment with the City (ID card; leave and earnings statement, etc.), vehicle registration and driver’s license.

Immunizations

The City shall provide, at The City’s expense, voluntary Hepatitis B, influenza, tetanus and pneumonia immunizations for City employees. Each year between October 1st and October 31st the City will make arrangements with a medical facility or medical provider for employees to voluntarily obtain a flu and/or pneumonia immunization. The City offers all full-time and part-time regular employees the Hepatitis B vaccination and training at The City’s expense. Employees will be required to sign the Hepatitis B vaccine acceptance/declination form after making their choice.

Holiday Schedule

The following holidays and any such other days as the City Council and/or City Manager may declare shall be observed by the City:

2012-2013 Annual Holiday Schedule	
New Years Day (January 1st)	Veteran’s Day (November 11th)
Martin Luther King, Jr. Day (As designated in January)	Thanksgiving Day (4th Thursday in November)
Memorial Day (Last Monday in May)	Day following Thanksgiving (4th Friday in November)
Independence Day (July 4th)	Christmas Day (December 25th)
Labor Day (1st Monday in September)	Other days as designated by the City Manager

When a holiday falls on a Saturday, the preceding Friday shall be designated a substitute holiday and observed as the official holiday for that year. When a holiday falls on a Sunday, the following Monday shall be designated a substitute holiday and observed as the official holiday.

Leave Types

Personal Leave

All full-time employees are eligible for twenty-four (24) hours of personal leave each fiscal year following completion of the initial probationary period. Personal leave for regular part-time employees shall be pro-rated based upon the number of hours regularly scheduled to work. Requests to use personal leave must be submitted in writing at least one week in advance to the Department Director for approval, unless otherwise authorized by the employee's supervisor. The leave must be used during the fiscal year and may not be carried forward. Upon separation from the City, after giving proper notice, the employee will receive pay at his or her base rate of pay for any unused personal leave hours as of the date of separation.

Bereavement Leave

All full-time and part-time regular employees may be granted, upon approval of the Department Director, time off with pay, up to forty (40) hours for full-time employees or one (1) work week for part-time employees, in the event of a death in their immediate family. Bereavement leave shall not be charged to vacation or medical leave. The employee may be required to provide the Department Director with proof of death in the immediate family before payment for the leave is made.

Medical Leave

The City provides all full-time employees and regular part-time employees medical leave to guard against the loss of earnings due to illness. Full-time employees earn medical leave credits at the rate of 4.62 hours per bi-weekly pay period, 120 hours per year. All regular part-time employees, who are assigned regularly scheduled work shifts and work at least sixteen (16) hours per week, shall accrue medical leave for hours worked on their regularly scheduled shifts on a pro-rated basis computed on a base rate of 4.62 hours per bi-weekly pay period. There is no limit on the amount of medical leave an employee may accrue.

Medical leave time shall be charged to the employee for the actual time the employee is away from work. Medical leave will be charged in one-quarter (1/4) hour minimum increments. In the event that the employee is on medical leave beyond three (3) days or abuse of medical leave is suspected, the Department Director may request a physician's certificate to verify the illness.

Refer to The City's Personnel Manual regarding payment of medical leave upon separation, converting medical leave to vacation leave, and the donation of medical leave.

Court and Jury Duty Leave

Employees required to attend court, pursuant to a subpoena in cases involving their official duties or for jury duty during their normal working hours, shall receive full pay equal to their normal work schedule for the hours they attend court. This time shall be charged as court or jury duty leave with pay. Employees who are required to attend court during their normal work hours in cases not involving their official duties, will be granted leave for their attendance (vacation, compensatory, personal, or administrative, or leave without pay), if requested and approved in advance. Employees required to attend court during hours other than their normal work hours in cases involving their official duties, will be compensated in accordance with the provisions in the Personnel Rules and Regulations concerning payment for call-out and overtime.

Refer to The City's Personnel Manual regarding employees subpoenaed to attend court as witnesses and employees who attend court as parties to the litigation.

Blood Donation Leave

The City may, from time to time, promote blood donation drives. Employees donating or attempting to donate blood will receive four (4) hours blood donation leave. However, employees who attempt to donate, but are rejected a second time, are not eligible for blood donation leave until blood is once again donated. Only full-time and part-time regular employees who receive vacation/medical leave accrual are eligible for blood donation leave. Part-time employees will receive a pro-rated number of hours based on their full-time equivalent status.

Time Off to Vote

Employees are entitled to one (1) hour time off, with pay, to vote on all designated federal, state, and local elections. Time off must be requested in advance and then scheduled by each employee's supervisor. The time off to vote applies to the actual day the polls are open for voting and is not granted to file an absentee ballot.

Leave Types *(continued)*

Vacation Leave

Vacation leave shall be earned as of the last day of each bi-weekly pay period. All employees will be charged on an hour for hour basis for time used. Vacation leave may not be taken in increments of less than one-quarter (1/4) hour. Regular part-time employees who are assigned regularly scheduled work shifts shall accrue leave in proportion to the amount of time worked on their regularly scheduled shift, computed on the base rate of regular full-time employees with the same length of service, provided the normal work hours are at least sixteen (16) hours per week.

The maximum number of vacation hours that can be carried forward from one fiscal year to another fiscal year is 240 hours. Upon separation from employment, accrued vacation leave hours, up to a maximum of 240 hours, will be paid at the separating employee's base rate of pay.

All regular full-time employees other than Police Officers and Dispatchers shall accrue vacation in accordance with the following chart:

Length of Service	Bi-weekly Accrual	Annual Accrual
Date of Hire	3.08	80 hours
Beginning 6 th Year	4.62	120 hours
Beginning 9 th Year	5.23	136 hours
Beginning 11 th Year	6.16	160 hours
Beginning 15 th Year	6.46	168 hours
Beginning 20 th Year	7.38	192 hours

Police Officers and Dispatchers shall accrue vacation leave in accordance with the following chart:

Length of Service	Bi-weekly Accrual	Annual Accrual
Date of Hire	3.08	80 hours
Beginning 2 nd Year	3.38	88 hours
Beginning 3 rd Year	3.69	96 hours
Beginning 4 th Year	4.00	104 hours
Beginning 5 th Year	4.31	112 hours
Beginning 6 th Year	4.62	120 hours
Beginning 7 th Year	4.92	128 hours
Beginning 8 th Year	5.19	135 hours
Beginning 9 th Year	5.54	144 hours
Beginning 10 th Year	5.85	152 hours
Beginning 11 th Year	6.16	160 hours



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