

# Sanibel



2015

2016

## Employee Benefit Highlights

## IMPORTANT CONTACT INFORMATION

City of Sanibel	Contact Name	Contact Information
<b>Administrative Services</b>	Jim Isom, Director	Phone: (239) 472-3700, ext. 357 Email: jim.isom@mysanibel.com
<b>Administrative Services Technician</b>	Crystal Mansell	Phone: (239) 472-3700, ext. 355 Email: crystal.mansell@mysanibel.com
<b>Benefits &amp; Payroll Specialist</b>	Beatrice Galvan	Phone: (239) 472-9615, ext. 367 Email: beatrice.galvan@mysanibel.com
<b>Personnel Rules &amp; Regulations</b>	City of Sanibel	www.mysanibel.com
Service	Provider	Contact Information
<b>City's Group Insurance Consultant</b>	Gehring Group	Phone: (800) 244-3696 www.gehringgroup.com
<b>Medical Insurance</b>	Florida Municipal Insurance Trust UnitedHealthCare Network	Customer Service: (800) 357-0978 www.myuhc.com
<b>Dental Insurance</b>	Lincoln Financial	Customer Service: (800) 423-2765 www.lfg.com
<b>Vision Insurance</b>	Humana	Customer Service: (866) 537-0229 www.humanavisioncare.com
<b>Flexible Spending Accounts</b>	American Fidelity	Customer Service: (800) 437-1011 www.americanfidelity.com
<b>Life Insurance</b>	Lincoln Financial	Customer Service: (800) 423-2765 www.lfg.com
<b>Supplemental Insurance</b>	American Fidelity	Customer Service: (800) 437-1011 www.americanfidelity.com Agent: Pam Calary Phone: (813) 362-2954 Email: pam.calary@americanfidelity.com
<b>Legal Insurance</b>	LegalShield	Customer Service: (800) 654-7757 Email: memberservices@legalshieldcorp.com
<b>Employee Assistance Program</b>	Southwest Florida EAP	24-Hour Crisis Line: (800) 226-7930 Local: (239) 278-7435 www.swfeap.com
<b>Deferred Compensation – 457, 401a &amp; Roth IRA</b>	ICMA Retirement Corporation	Customer Service: (800) 669-7400, (866) 822 3634 www.icmarc.org
<b>Deferred Compensation – 457 &amp; Roth IRA</b>	Nationwide Retirement Solutions	Customer Service: (877) 677-3678 www.nrsservicenter.com

# Table of Contents

---

Introduction . . . . .	1
Notices . . . . .	1
Medical Insurance . . . . .	2
Group Insurance Eligibility . . . . .	3-4
Qualifying Events and IRS Code Section 125 . . . . .	4
Cafeteria Allowance Fiscal Year 2015-2016 . . . . .	5
Medical Insurance Premiums & Additional Information . . . . .	6
How To Locate A Provider ( <i>For All Plans</i> ) . . . . .	6
Medical Insurance: UHC Choice Plus Plan 004 At-A-Glance . . . . .	7
Medical Insurance: UHC Choice Plus Plan 003 At-A-Glance . . . . .	8
Medical Insurance: UHC Choice Plus Plan 002 At-A-Glance . . . . .	9
Dental Insurance: Lincoln Financial PPO Dental Plan . . . . .	10
Dental Insurance: Lincoln Financial PPO Dental Plan At-A-Glance . . . . .	11
Vision Insurance: Humana Vision Care Plan . . . . .	12
Vision Insurance: Humana Vision Care Plan At-A-Glance . . . . .	13
Flexible Spending Accounts . . . . .	14-15
Basic Life and AD&D Insurance . . . . .	16
Voluntary Life Insurance . . . . .	16-17
Long Term Disability Insurance . . . . .	17
Supplemental Insurance . . . . .	18
Legal Insurance . . . . .	18
Employee Assistance Program . . . . .	19
City Programs . . . . .	20-21
Holiday Schedule . . . . .	21
Leave Types . . . . .	22-23
Employee Self Service "ESS" . . . . .	24



# 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 Benefits & Payroll Specialist or the Administrative Services Technician.

## 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, dental and vision, if such coverage is terminated or changed due to a qualifying event.

### **Medicare Part D Creditable Coverage**

The City's prescription drug coverages are 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.*

## Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for each Medical Plan Option is **provided as a supplement** to this booklet which is being distributed to new hires and existing employees during open enrollment. These summaries are an important item in understanding your benefit options. Free paper copies of the SBC documents may be requested or are also available as follows:

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

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 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 who are eligible to participate in The City's insurance plans, 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.

## Termination

If you separate employment from The City, your insurance will continue through the end of the month following the month of separation. COBRA continuation of coverage may be available as applicable by law.

## Dependent Eligibility

A dependent is defined as the legal spouse/qualified domestic partner and/or dependent child(ren) of the participant or the spouse/qualified domestic partner. Dependent children may be covered through the end of the calendar year in which the child reaches age 26 for medical and age 25 for dental. Vision coverage may continue up to the dependent's 26th birthdate. 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/qualified domestic partner
- 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 insurance. Dependents may be covered by the medical plan 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 (prior to age 26); AND
2. The dependent is otherwise eligible for coverage under the group medical plan; AND
3. The dependent has been continuously insured under The City's plan prior to age 26.

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

## 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.

## Domestic Partner

The City offers domestic partner benefits to a person whom the employee shares a mutual residence within the context of a committed relationship and who has registered with The City. Both a Certificate of Domestic Partnership and completed HR/Affidavit of Domestic Partnership must be turned in to Administrative Services along with supporting documentation required on Affidavit for review and approval to be eligible for domestic partner insurance benefits.

# Group Insurance Eligibility *(continued)*

---

The City also provides a supplementary cafeteria allowance when covering eligible domestic partners. Employees insuring domestic partners and/or child dependents of a domestic partner will see the insurance premium deductions based on IRS regulations and should consult their tax expert. Please contact Administrative Services for more information.

Per IRS rules, an employee may not receive a tax advantage on any portion of premium attributable to a domestic partnership; therefore, imputed income for the value of the applicable domestic partner coverage for the period of coverage, including the value of the coverage for a domestic partner's child(ren), must be reported on the employee's W-2 and taxed accordingly. Imputed income is the dollar value of insurance coverage attributable to covering the domestic partner (and the domestic partner's child(ren)).

**Domestic Partners Who Become Married:** Opposite or Same Sex Domestic Partners (IRS Revenue Ruling 2013-17) who become legally married need to notify Administrative Services during Open Enrollment or within 30 days of marriage.

## 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 benefit 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. Any requested changes must be consistent with and on account of the qualifying event.

#### Examples of qualifying events:

- You get married or divorced
- Birth of a child
- You 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
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing eligibility for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)
- Becoming eligible for State premium assistance under Medicaid or CHIP (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 latter of the date of the qualifying event or the date of the written request for change in coverage is received by Payroll, 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."

# Cafeteria Allowance Fiscal Year 2015-2016

The City provides full-time employees a fixed dollar amount per month for the purchase of mandatory “core” group insurance benefits. This arrangement is called a Cafeteria Plan. Core benefits consist of Medical Insurance, Dental Insurance, Life and Accidental Death & Dismemberment Insurance and Long-Term Disability Insurance. The medical benefit monthly allowance is based on the cost of the Choice Plus Plan 004. Part-time employees are not eligible for benefits under the Cafeteria Plan. The monthly cafeteria allowance schedule table for the 2015-2016 plan year is provided along with a brief description below.

2015-2016 Cafeteria Plan Allowance			
<b>Monthly Allowance (All Employees):</b>			<b>\$869.92</b>
Core Insurance Benefits	Medical	\$689.27	
> Coverages for Employee Only	Dental	\$27.58	
> Assumes enrollment in the Choice (HMO) Plan for medical insurance	Life	\$12.78	
	AD&D	\$2.00	
	LTD*	\$12.59	
<b>Total Cost of Core Benefits:</b>			<b><u>-\$744.22</u></b>
<b>Amount Available for Voluntary Benefits:</b>			<b>\$125.70</b>
<i>*Varies based on actual pay rate.</i>			

The City also provides an additional fixed dollar amount when covering spouses/qualified domestic partners and/or dependent children to use towards purchasing medical benefits on the cafeteria plan. The monthly supplemental cafeteria allowance schedule table for the 2015-2016 plan year is provided below.

2015-2016 Supplemental Cafeteria Plan Allowance	
<b>Monthly Supplemental Allowance (Dependents):</b>	
> Spouse/Qualified Domestic Partner	\$530.34
> Children	\$503.94
> Family	\$839.94

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 Medical 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 (239) 472-3700 ext. 357 or Crystal Mansell at (239) 472-3700 ext. 355 or Beatrice Galvan at (239) 472-9615 ext. 367.

# Medical Insurance Premiums & Additional Information

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your United Healthcare medical plans. The information contained in this Booklet regarding your medical plans 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 plans, please contact United Healthcare's Customer Service at (800) 357-0978.

The City provides medical insurance through FMIT using the United Healthcare network to benefit eligible employees. The costs per pay period for coverage are listed in the premium tables below. **For information about your medical plan please refer to the Summary of Benefits and Coverage (SBC) provided.**

## Medical Insurance – UHC Choice Plus Plan 004 - 24 Payroll Deductions

Tier of Coverage	Total Plan Cost	Employee Cost Per Month	Employee Cost Per Pay
Employee Only	\$689.27	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$1,447.45	\$227.84	\$113.92
Employee + Child(ren)	\$1,342.93	\$149.73	\$74.87
Employee + Family	\$2,121.79	\$592.58	\$296.29

## Medical Insurance – UHC Choice Plus Plan 003 - 24 Payroll Deductions

Tier of Coverage	Total Plan Cost	Employee Cost Per Month	Employee Cost Per Pay
Employee Only	\$712.24	\$22.97	\$11.49
Employee + Spouse/Domestic Partner	\$1,495.71	\$276.10	\$138.05
Employee + Child(ren)	\$1,387.72	\$194.52	\$97.26
Employee + Family	\$2,191.86	\$662.56	\$331.28

## Medical Insurance – UHC Choice Plus Plan 002 - 24 Payroll Deductions

Tier of Coverage	Total Plan Cost	Employee Cost Per Month	Employee Cost Per Pay
Employee Only	\$795.94	\$106.67	\$53.34
Employee + Spouse/Domestic Partner	\$1,671.58	\$451.97	\$225.99
Employee + Child(ren)	\$1,550.85	\$357.65	\$178.83
Employee + Family	\$2,449.94	\$920.73	\$460.37

**Please Note:** Employee Cost Per Pay is calculated after crediting receipt of the 2015-2016 Cafeteria Plan Allowance, based on the Choice Plus Plan 004 for Employee Only coverage, plus Supplemental Allowance as shown on page 5 of this booklet.

## How To Locate A Provider (For All Plans)

To search for a participating provider, contact United Healthcare's Customer Service or visit [www.myuhc.com](http://www.myuhc.com) and select the "Find Physician, Laboratory or Facility" link. Select the plan name, "UnitedHealthcare Choice Plus," type of service and complete the search criteria.

# Medical Insurance: UHC Choice Plus Plan 004 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 United Healthcare 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 United Healthcare's Customer Service at (800) 357-0978.

Network	UnitedHealthcare Choice Plus	
Calendar Year Deductible (CYD)	In Network	Out of Network
Single	\$500	\$1,000
Family	\$1,000	\$2,000
Coinsurance	In Network	Out of Network
Member Responsibility	20%	30%
Calendar Year Out-of-Pocket Limit	In Network	Out of Network
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance and Copays	
Physician Services	In Network	Out of Network*
Primary Care Physician (PCP) Office Visit	\$25 Copay	30% After CYD
Specialist Office Visit	\$50 Copay	
Freestanding Facility; Non-Hospital Services	In Network	Out of Network*
Clinical Lab (Blood Work): LabCorp**	No Charge	30% After CYD
X-rays	No Charge	30% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD	30% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	30% After CYD
Physician Services at Surgical Center	20% After CYD	30% After CYD
Hospital Services	In Network	Out of Network*
Inpatient Hospital (Per Admission)	20% After CYD	30% After CYD
Outpatient Hospital (Per Visit)	20% After CYD	30% After CYD
Physician Services at Hospital	20% After CYD	30% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay	\$150 Copay
Urgent Care (Per Visit)	\$50 Copay	30% After CYD
Mental Health / Alcohol & Substance Abuse	In Network	Out of Network*
Inpatient Hospitalization (Per Admission)	20% After CYD	30% After CYD
Outpatient Services (Per Visit)	\$25 Copay	30% After CYD
Physician Office Visit	\$25 Copay	30% After CYD
Prescription Drugs (Rx)	In Network	Out of Network*
Tier 1	\$10 Copay	
Tier 2	\$35 Copay	
Tier 3	\$60 Copay	
Mail Order Drug (90 Day Supply)	2.5x Retail Copay	Not Covered

**\*Out-of-Network Balance Billing:** For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage (SBC).

**\*\*LabCorp is the preferred lab for bloodwork through United Healthcare. When using a lab other than LabCorp, please be sure to confirm they are contracted with United Healthcare's Choice Plus Network prior to receiving services.**

# Medical Insurance: UHC Choice Plus Plan 003 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 United Healthcare 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 United Healthcare's Customer Service at (800) 357-0978.

Network	UnitedHealthcare Choice Plus	
Calendar Year Deductible (CYD)	In Network	Out of Network
Single	\$500	\$1,000
Family	\$1,000	\$2,000
Coinsurance	In Network	Out of Network
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Limit	In Network	Out of Network
Single	\$2,500	\$5,000
Family	\$5,000	\$10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance and Copays	
Physician Services	In Network	Out of Network*
Primary Care Physician (PCP) Office Visit	\$20 Copay	30% After CYD
Specialist Office Visit	\$40 Copay	
Freestanding Facility; Non-Hospital Services	In Network	Out of Network*
Clinical Lab (Blood Work): LabCorp**	No Charge	30% After CYD
X-rays	No Charge	30% After CYD
Advanced Imaging (MRI, PET, CT)	10% After CYD	30% After CYD
Outpatient Surgery in Surgical Center	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Hospital Services	In Network	Out of Network*
Inpatient Hospital (Per Admission)	10% After CYD	30% After CYD
Outpatient Hospital (Per Visit)	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay	\$150 Copay
Urgent Care (Per Visit)	\$50 Copay	30% After CYD
Mental Health / Alcohol & Substance Abuse	In Network	Out of Network*
Inpatient Hospitalization (Per Admission)	10% After CYD	30% After CYD
Outpatient Services (Per Visit)	\$20 Copay	30% After CYD
Physician Office Visit	\$20 Copay	30% After CYD
Prescription Drugs (Rx)	In Network	Out of Network*
Tier 1	\$10 Copay	
Tier 2	\$35 Copay	
Tier 3	\$60 Copay	
Mail Order Drug (90 Day Supply)	2.5x Retail Copay	Not Covered

**\*Out-of-Network Balance Billing:** For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage (SBC).

**\*\*LabCorp is the preferred lab for bloodwork through United Healthcare. When using a lab other than LabCorp, please be sure to confirm they are contracted with United Healthcare's Choice Plus Network prior to receiving services.**

# Medical Insurance: UHC Choice Plus Plan 002 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 United Healthcare 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 United Healthcare's Customer Service at (800) 357-0978.

Network	UnitedHealthcare Choice Plus	
Calendar Year Deductible (CYD)	In Network	Out of Network
Single	\$250	\$500
Family	\$500	\$1,000
Coinsurance	In Network	Out of Network
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Limit	In Network	Out of Network
Single	\$2,500	\$5,000
Family	\$5,000	\$10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance and Copays	
Physician Services	In Network	Out of Network*
Primary Care Physician (PCP) Office Visit	\$15 Copay	30% After CYD
Specialist Office Visit	\$30 Copay	
Freestanding Facility; Non-Hospital Services	In Network	Out of Network*
Clinical Lab (Blood Work): LabCorp**	No Charge	30% After CYD
X-rays	No Charge	30% After CYD
Advanced Imaging (MRI, PET, CT)	\$100 Copay	30% After CYD
Outpatient Surgery in Surgical Center	\$100 Copay	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Hospital Services	In Network	Out of Network*
Inpatient Hospital (Per Admission)	10% After CYD	30% After CYD
Outpatient Hospital (Per Visit)	\$100 Copay	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$125 Copay	\$125 Copay
Urgent Care (Per Visit)	\$50 Copay	30% After CYD
Mental Health / Alcohol & Substance Abuse	In Network	Out of Network*
Inpatient Hospitalization (Per Admission)	10% After CYD	30% After CYD
Outpatient Services (Per Visit)	\$15 Copay	30% After CYD
Physician Office Visit	\$15 Copay	30% After CYD
Prescription Drugs (Rx)	In Network	Out of Network*
Tier 1	\$10 Copay	
Tier 2	\$35 Copay	
Tier 3	\$60 Copay	
Mail Order Drug (90 Day Supply)	2.5x Retail Copay	Not Covered

**\*Out-of-Network Balance Billing:** For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage (SBC).

**\*\*LabCorp is the preferred lab for bloodwork through United Healthcare. When using a lab other than LabCorp, please be sure to confirm they are contracted with United Healthcare's Choice Plus Network prior to receiving services.**

# Dental Insurance: Lincoln Financial PPO Dental Plan

## Lincoln Financial

Customer Service: (800) 423-2765

[www.lfg.com](http://www.lfg.com)

The City provides 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's Customer Service.

## Dental Insurance - Lincoln Financial PPO Dental Plan 24 Payroll Deductions

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse / Domestic Partner	\$21.48
Employee + Child(ren)	\$24.30
Employee + Family	\$33.67

### 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 PPO 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 and Customary (U&C) 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 and Customary (U&C)" charge is for a specific service. U&C 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 U&C. The difference between the U&C 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 Lincoln Financial's Customer Service or visit [www.lfg.com](http://www.lfg.com). Select the "Find a Dentist" link, choose "PPO Network," complete the search criteria and click "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. All services, including preventative services, accumulate towards your Calendar Year Benefit Maximum.

### Please Note the Following:

- Each covered family member may receive up to 2 routine cleanings per calendar year and are covered under the preventive benefit.
- Waiting periods and age limitations for certain services may apply.
- Late entrant provisions may apply.

# Dental Insurance: Lincoln Financial PPO Dental Plan At-A-Glance

Network	Lincoln Dental Connect PPO	
Calendar Year Deductible (CYD)	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*
Routine Oral Exam (2 Per Calendar Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Calendar Year)		
Bitewing X-rays (Up to 4 Per Calendar Year)		
Complete X-rays (1 Set Every 5 Years)		
Class II Services: Basic Restorative	In Network	Out of Network*
Fillings (Amalgam)	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Deep Cleaning (Once Every 2 Years)		
Simple Extractions		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Oral Surgery (Basic Services)		
General Anesthesia (Limitations Apply)		
Class III Services: Major Restorative**	In Network	Out of Network*
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Bridges		
Dentures		

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

**\*\*There is a 6 month waiting period on most Major dental services for newly covered members.**

**Please Note:** For any dental work expected to cost \$300 or more, the plan will provide a "Predetermination of Benefits" upon the request of your dental provider. This will assist you with determining your approximate out-of-pocket costs should you have dental work performed.

**The above summary has been provided as a convenient reference. For a full listing of covered services, exclusions and stipulations please see the plan's Schedule of Benefits or contact Lincoln Financial's Customer Service.**

# Vision Insurance: Humana Vision Care Plan

---

## Humana

Customer Service: (866) 537-0229

[www.humanavisioncare.com](http://www.humanavisioncare.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

To search for a participating provider, contact Humana's Customer Service or visit [www.humanavisioncare.com](http://www.humanavisioncare.com). Under the "HumanaVision VCP Tools" box, select "How to find a HumanaVision VCP provider." Click on the "HumanaVision VCP provider locator tool" link, complete 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:** 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

<b>Services</b>	<b>In Network</b>	<b>Out of Network</b>
Eye Exam	\$10 Copay	Up to \$35 Reimbursement
Materials	\$15 Copay	Plan Reimbursement Based on Type of Service
<b>Frequency of Services</b>	<b>In Network</b>	<b>Out of Network</b>
Examination	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contact Lenses	12 Months	
<b>Lenses</b>	<b>In Network</b>	<b>Out of Network</b>
Single	Paid in Full After \$15 Materials Copay	Up to \$20 Reimbursement
Bifocal		Up to \$40 Reimbursement
Trifocal		Up to \$60 Reimbursement
<b>Frames</b>	<b>In Network</b>	<b>Out of Network</b>
Allowance	Paid in Full (\$15 Materials Copay May Apply)	Up to \$35 Reimbursement
<b>Contact Lenses*</b>	<b>In Network</b>	<b>Out of Network</b>
Non-Elective (Medically Necessary)	Paid in Full (\$15 Materials Copay May Apply)	Up to \$150 Reimbursement
Elective (Fitting, Follow-up & Lenses)	Up to \$100 Retail Allowance	Up to \$100 Reimbursement

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

# Flexible Spending Accounts

American Fidelity  
 Customer Service: (800) 437-1011  
[www.americanfidelity.com](http://www.americanfidelity.com)

For Flex Benefit Forms Visit: [www.afadvantage.com](http://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, FSAs may be right for you. FSAs 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 <b>annual maximum of \$2,550</b>. This money will not be taxable income to you and can be used to offset the cost of a wide variety of eligible health care 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><b>*NOTE: The entire Health Care FSA election is available to you on the first day coverage is effective.</b></p>	<p>This account allows you to set aside up to an <b>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)</b> 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"> <li>• a child under the age of 13, or</li> <li>• 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.</li> </ul> <p><b>*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.</b></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
- Medically necessary sunscreen
- Wheelchairs

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

# Flexible Spending Accounts *(continued)*

---

## FSA Guidelines

- You can enroll in either or both FSAs during the open enrollment period, new hire eligibility or a qualifying event 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 can carry over up to \$500 to the next plan year after all of your claims have been paid from the current plan year.
- Domestic partners are not eligible, as federal law does not recognize them as a qualified dependent.

## 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. American Fidelity may request supporting documentation for expenses paid with your debit card. Failure to provide supporting documentation, when requested, may result in suspension of your card and account until funds are substantiated or refunded back to The City.

## FSA Mobile App

iPhone and Android users have the ability to submit claims by taking pictures of receipts. You may turn in photos of debit card receipts for documentation.

***Please Note: Be conservative when estimating your health and/or dependent care expenses. IRS regulations state that any unused funds which remain in your FSA after a plan year ends and after all claims have been filed, cannot be returned to you or carried forward to the next plan year, with the exception of the \$500 carry over that may be allowed for the Healthcare Reimbursement FSA. This is known as the “USE IT OR LOSE IT” rule.***

# Basic Life and AD&D Insurance

---

## Lincoln Financial

Customer Service: (800) 423-2765

www.lfg.com

### Basic Term Life

The City provides Basic Term 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 Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

### Dependent Child(ren) Life Insurance

- For eligible unmarried children, from 14 days up to age 19. Coverage may continue to age 23 if a full-time student.
- Coverage is a flat \$0.39 per month for a flat \$2,000 child(ren) benefit.

***Always remember to keep your beneficiary forms updated.***

***Beneficiary information may be updated at anytime through the Benefits & Payroll Specialist.***

# 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.**

- Units can be purchased in increments of \$5,000 to a maximum of \$75,000.
- Benefit amounts are subject to the following age reduction schedule:
  - 35% of the original amount at age 65
  - Additional 25% at age 70
  - Additional 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 terminate upon the spouse reaching age 70.

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](http://www.lfg.com)

**Lincoln Financial Employee Connect**  
Customer Service: (888) 628-4824  
[www.guidanceresources.com](http://www.guidanceresources.com)  
Username: LFGSupport  
Password: LFGSupport1

The City provides Long Term Disability (LTD) insurance to all eligible employees through Lincoln Financial. The LTD benefit pays you a percentage of your monthly earnings if you become disabled due to an illness or non-work related injury.

### 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 (known as the elimination period).
- 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.
- An employee which turns 65 years of age while enrolled in Long Term Disability will no longer be eligible for long term benefits through the group plan with Lincoln Financial. Upon turning 65 the employee will now qualify for the long term benefit offered by the Federal Government.

### 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: Pam Calary**  
**Phone: (813) 362-2954**  
**Email: pam.calary@americanfidelity.com**

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](http://www.americanfidelity.com).

Available plans include:

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

*Please Note: Limitations, exclusions and waiting periods may apply.*

# Legal Insurance

---

**LegalShield (Formerly PrePaid Legal, Inc.)**  
**Customer Service: (800) 654-7757**  
**Email: memberservices@legalshieldcorp.com**

**Glantz Law**  
**Phone: (800) 290-7871**

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 Customer Service for assistance.

# Employee Assistance Program

---

## Southwest Florida EAP

24-Hour Crisis Line: (800) 226-7930

[www.swfeap.com](http://www.swfeap.com)

The City provides as part of your employee benefits package, a comprehensive Employee Assistance Program (EAP) available to you and each member of your family through Southwest Florida. Southwest Florida offers you access to licensed mental health professionals through a confidential program that is protected by state and federal laws. The EAP program is available to help you gain a better understanding of problems that affect you and your family, locate the best professional help for your particular problem, and decide upon a plan of action. All EAP counselors are professionally trained and are certified and licensed in their fields. Master-level counselors are available 24 hours a day, 7 days a week.

### What is an Employee Assistance Program?

An Employee Assistance Program (EAP) offers covered employees and their family members free and convenient access to a range of confidential and professional services to help them address a variety of problems that can negatively affect their well-being such as:

- Anxiety
- Legal and financial issues
- Depression
- Life improvement
- Family and/or marriage problems
- Stress
- Grief and bereavement
- Substance abuse

### What is Southwest Florida (EAP)?

The City recognizes that employees' personal responsibilities may, at times, spill over into the workplace. To help ensure employees are able to address these concerns with minimal disruption, the program provides employees and their family members assistance for a variety of concerns confidentially – including child care, elder care, daily-living issues, and other issues they may encounter.

### Are your services confidential?

Yes. Receipt of EAP services is completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor will not, however, receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

# 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 \$5,250 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. The City will reimburse 100% for a grade of A and B, and 50% for a grade of C. There will be no reimbursement for grades of D, F, Incomplete or Withdrawn.

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.

## 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 Benefits & Payroll Specialist.

## 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 the reduced fair program.

## 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 regular 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 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 at The City’s expense. Employees will be required to sign the Hepatitis B vaccine acceptance/declination form after making their choice.

### Recreation Center Membership

Employees are eligible for Recreation Center membership at the employee or employee plus family rate. The City will fund the membership fee for full-time and part-time regular employees plus family members.

## Holiday Schedule

---

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

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. New hires will have their personal leave pro-rated based on date of hire. 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 <sup>th</sup> Year	4.62	120 hours
Beginning 9 <sup>th</sup> Year	5.23	136 hours
Beginning 11 <sup>th</sup> Year	6.16	160 hours
Beginning 15 <sup>th</sup> Year	6.46	168 hours
Beginning 20 <sup>th</sup> 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 <sup>nd</sup> Year	3.38	88 hours
Beginning 3 <sup>rd</sup> Year	3.69	96 hours
Beginning 4 <sup>th</sup> Year	4.00	104 hours
Beginning 5 <sup>th</sup> Year	4.31	112 hours
Beginning 6 <sup>th</sup> Year	4.62	120 hours
Beginning 7 <sup>th</sup> Year	4.92	128 hours
Beginning 8 <sup>th</sup> Year	5.19	135 hours
Beginning 9 <sup>th</sup> Year	5.54	144 hours
Beginning 10 <sup>th</sup> Year	5.85	152 hours
Beginning 11 <sup>th</sup> Year	6.16	160 hours

# Employee Self Service “ESS”

---

The Employee Self Service (ESS) website was designed with employees in mind. Employees can access ESS from any location with Internet service; including City computers, tablets, smart phones and home computers. In addition to payroll information, ESS contains City-wide announcements such as internal job opportunities, dependent scholarship information, and other important and useful information for employees, thereby eliminating the need for paper paycheck stuffers.

## WHAT YOU WILL SEE ON EMPLOYEE SELF SERVICE

- Basic employee/personal information; address, phone, emergency contacts, etc.
- Available leave balances
- Last 5 paycheck pay periods and view details
- Official City announcements, job postings and paycheck “stuffers”
- 24 months of pay history: Check date; pay period; gross pay; net pay
- Year to date information (overview; earnings; and deductions)
- W-2 for current and previous years’ earnings
- W-4 Federal current withholdings status, marital status, exemptions, and any additional withholdings
- Paycheck simulator (calculations for changing your payroll deductions)
- Current direct deposit record

## ON ESS, EMPLOYEES CAN MAKE THE FOLLOWING CHANGES:

- Change your direct deposit account; add direct deposit accounts
- Change your home address; change or add a telephone number; change, add or delete emergency contacts
- Change W-4 withholdings

All employees have been assigned a login ID and password to access Munis ESS. Instructions to obtain access are outlined below.

USER GUIDELINES FOR MUNIS EMPLOYEE SELF SERVICE
<p><b>WEBSITE:</b> Type the following address <a href="https://sanibel.munisselfservice.com">https://sanibel.munisselfservice.com</a> in the web browser.</p> <p><b>LOGIN:</b> Click “Login” in the far right corner. A prompt for a User ID and a Password will appear.</p> <p><b>USER ID and PASSWORD:</b> The User ID is the first letter of your first name and your full last name (all caps)_ (underscore) and the last four (4) digits of your SS#. The format will look like this, CMANSELL_1234. The initial Password will be the last four (4) digits of your SS#.</p> <p><b>RESET PASSWORD:</b> Upon first login, the system will require employees to establish a new password. Create a new password and document your password in a safe location for future use. Your password must contain at least six (6) characters, requires upper and lower case plus a minimum of one (1) numeric value. If you desire to change your password after creating a new one, click on My Account in upper right hand corner.</p> <p><b>EMPLOYEE SELF-SERVICE ACCESS:</b> Once in the site, click on “Employee Self-Service” and your information will appear. Paycheck stuffers and other City announcements can be found under the “Resources” link.</p> <p>Employees should check ESS at least once per week.</p>

**\*NOTE – If you need assistance with ESS, become locked out of your account or need a password reset, please contact Crystal Mansell, Administrative Services at (239) 472-3700, ext. 355 or via email at [crystal.mansell@mysanibel.com](mailto:crystal.mansell@mysanibel.com).**



## 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](http://www.gehringgroup.com)