Sanibel

2018-2019

Employee Benefit Highlights

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This booklet is merely a summary of benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The City of Sanibel reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.

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	Benefits & Payroll Specialist	Beatrice Galvan	Phone: (239) 472-9615, ext. 367 Email: beatrice.galvan@mysanibel.com
	Personnel Rules & Regulations	City of Sanibel	www.mysanibel.com
	City's Group Insurance Consultant	Gehring Group	Phone: (800) 244-3696 www.gehringgroup.com
	Medical Insurance	Florida Municipal Insurance Trust UnitedHealthcare Network	Customer Service: (800) 357-0978 www.uhc.com
	Health Savings Account	American Fidelity	Customer Service: (800) 437-1011 www.americanfidelity.com
	Dental Insurance	Lincoln Financial	Customer Service: (800) 423-2765 www.lfg.com
	Vision Insurance	Humana	Customer Service: (866) 537-0229 www.humanavisioncare.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: Molly Wilson Phone: (800) 654-8489 Ext. 2442 Email: molly.wilson@americanfidelity.com
		EarQ	Customer Service: (800) 338-0705 www.earq.com
	Legal Insurance	LegalShield	Customer Service: (800) 654-7757 Email: memberservices@legalshieldcorp.com Agent: Don Thompson Phone: (239) 699-2983 Email: donthompson@legalshieldassociate.com
	Employee Assistance Program	Synergy EAP Solutions	24-Hour Crisis Line: (800) 226-7930 Local: (239) 278-7435 www.synergyeap.org
	Deferred Compensation – 457, 401a & Roth IRA	ICMA Retirement Corporation	Customer Service: (800) 669-7400, (866) 822 3634 www.icmarc.org
	Deferred Compensation – 457 & Roth IRA	Nationwide Retirement Solutions	Customer Service: (877) 677-3678 www.nrsflorida.com
	Deferred Compensation – 457, 401a	FMPTF	Customer Service: (888) 945-7401 www.flcretirement.com

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Introduction

The City of Sanibel provides group insurance benefits to all full-time and regular part-time employees. The Employee Benefit Highlights Booklet provides a general summary of the options as a convenient reference. Please refer to The City's Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If an employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact the Benefits & Payroll Specialist or the Administrative Services Technician for further information.

Group Insurance Eligibility

OCTOBER 01

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

Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following 30 days of employment. For example, if an employee is hired on April 11, then the effective date of coverage will be June 1.

Termination

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

Dependent Eligibility

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

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

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

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

Please see Taxable Dependents if covering dependents over age 26.

Dental Coverage: A dependent child may be covered through end of the calendar year in which child turns age 25.

Vision Coverage: A dependent child may be covered through end of the month in which child turns age 26.

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Group Insurance Eligibility *(Continued)*

Disabled Dependents

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

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

Proof of disability will be required upon request. Please contact the Benefits and Payroll Specialist or the Administrative Services Technician if further clarification is needed.

Taxable Dependents

Employee covering adult child(ren) under employee's medical insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year. Imputed income is the dollar value of insurance coverage attributable to covering the adult dependent child. Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return. Contact Administrative Services for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is provided as a supplement to this booklet being distributed to new hires and existing employees during Open Enrollment. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is available as follows:

From:	Administrative Services
Address:	800 Dunlop Road Sanibel, FL 33957
Phone:	(239) 472-3700
Download at:	www.mysanibel.com/Departments/Administrative-Services and click on City Benefits

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting Human Resources.

If there are questions about the plan offerings or coverage options, please contact Administrative Services.

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Qualifying Events and IRS Code Section 125

IRS Code Section 125

Premiums for medical, dental, vision, and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made ONLY during the Open Enrollment period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event.

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year, if the event affects the employee, spouse, or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by the Internal Revenue Code, Section 125. Any requested changes must be consistent with and due to the Qualifying Event.

Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopt(s) a child
- Employee's spouse and/or other dependent(s) die(s)
- Employee, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employee's work hours 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 NOTES

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

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Cafeteria Allowance Fiscal Year 2018 – 2019

The City provides benefit-eligible 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 HSA Plan 5. Employees that do not meet the benefit eligibility requirements are not eligible for benefits under the Cafeteria Plan. The monthly cafeteria allowance schedule table for the 2018 – 2019 plan year is provided with a brief description below.

2018 – 2019 Cafeteria Plan Allowance

Monthly Allowance (Employees Only):	$933.20	
Core Insurance Benefits • Coverages for Employee Only • Assumes enrollment in the Choice Plus HSA Plan 5 for medical insurance	Medical	$752.55
	Dental	$27.58
	Life	$13.00
	AD&D	$2.00
	LTD*	$12.37
Amount Available for Voluntary Benefits:	$125.70	

**Varies based on actual pay rate.*

The City also provides an additional fixed dollar amount when covering spouse and/or dependent children to use towards purchasing medical benefits on the cafeteria plan. The monthly supplemental cafeteria allowance schedule table for the 2018 – 2019 plan year is provided below.

2018 – 2019 Dependent Supplemental Cafeteria Plan Allowance

Monthly Allowance (Dependents):	
Spouse	$599.94
Children	$563.94
Family	$971.44

Funds remaining in the cafeteria allowance after purchase of the core benefits may be used to purchase voluntary benefits for employee 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 employee 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.

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Medical Insurance

The City offers medical insurance through UnitedHealthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below. For more detailed information about the medical plans, please refer to UnitedHealthcare Summary of Benefits and Coverage (SBC) document or contact UnitedHealthcare's customer service.

Medical Insurance – UnitedHealthcare Choice Plus HSA Plan 5

24 Payroll Deductions – Per Pay Period Cost

Tier of Coverage	Total Plan Cost	Employee Cost Per Month	Employee Cost Per Pay*
Employee Only	$752.55	$0.00	$0.00
Employee + Spouse	$1,580.32	$227.84	$113.92
Employee + Child(ren)	$1,466.21	$149.73	$74.87
Employee + Family	$2,316.57	$592.58	$296.29

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

Medical Insurance – UnitedHealthcare Choice Plus Plan 4H

24 Payroll Deductions – Per Pay Period Cost

Tier of Coverage	Total Plan Cost	Employee Cost Per Month	Employee Cost Per Pay*
Employee Only	$808.99	$56.44	$28.22
Employee + Spouse	$1,698.85	$346.36	$173.18
Employee + Child(ren)	$1,576.18	$259.69	$129.85
Employee + Family	$2,490.31	$766.32	$383.16

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

Medical Insurance – UnitedHealthcare Choice Plus Plan 2

24 Payroll Deductions – Per Pay Period Cost

Tier of Coverage	Total Plan Cost	Employee Cost Per Month	Employee Cost Per Pay*
Employee Only	$1,024.88	$272.33	$136.17
Employee + Spouse	$2,152.38	$799.89	$399.95
Employee + Child(ren)	$1,996.92	$680.43	$340.22
Employee + Family	$3,154.63	$1,430.64	$715.32

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

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UnitedHealthcare Choice Plus HSA Plan 5 At-A-Glance

Locate a Provider

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

Plan References

**Copays and Rx do not accumulate towards the calendar year deductible.*

*****Out-Of-Network Balance Billing:*** *For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage document.*

****LabCorp is the preferred lab for bloodwork through UnitedHealthcare. When using a lab other than LabCorp, please confirm they are contracted with UnitedHealthcare's Choice Plus network prior to receiving services.*

Network	Choice Plus	
Calendar Year Deductible (CYD)*	**In-Network**	**Out-of-Network****
Single	$1,350	$2,500
Family	$2,700	$5,000
Coinsurance		
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Limit		
Single	$3,750	$7,500
Family	$7,500	$15,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	10% After CYD	30% After CYD
Specialist Office Visit	10% After CYD	30% After CYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Blood Work)*: LabCorp***	10% After CYD	30% After CYD
X-rays	10% After CYD	30% After CYD
Advanced Imaging *(MRI, PET, CT)*	10% After CYD	30% After CYD
Outpatient Surgery at Surgical Center	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care *(Per Visit)*	10% After CYD	30% After CYD
Hospital Services		
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)*	10% After CYD	10% After CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospitalization *(Per Admission)*	10% After CYD	30% After CYD
Outpatient Services *(Per Visit)*	10% After CYD	30% After CYD
Outpatient Office Visit	10% After CYD	30% After CYD
Prescription Drugs *(Rx)*		
Tier 1	$10 Copay After CYD	$10 Copay After CYD
Tier 2	$35 Copay After CYD	$35 Copay After CYD
Tier 3	$60 Copay After CYD	$60 Copay After CYD
Mail Order Drug *(90 Day Supply)*	$25/$87.50/$150 Copay	Not Covered

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Health Savings Account

The United Healthcare Choice Plus HSA Plan 5 High Deductible Health Plan (HDHP) complies with the Internal Revenue Service (IRS) requirements and qualifies enrollee to open a Health Savings Account (HSA). An HSA is an interest-bearing account where funds may be used to help pay employee and dependent(s) deductible, coinsurance and any qualified medical expenses not covered by the plan. The HSA account is administered through American Fidelity.

2018-2019 Funding Limits:

Employee may opt to fund an HSA via pre-tax evenly dispersed payroll deductions or in a lump sum payroll deduction. Employee contributions to an HSA may also be made on an after-tax basis and taken as an above-the-line deduction on employee's tax return (making such contributions tax-free).

- 2018 IRS Contribution Limitations: $3,450 (individual coverage) $6,900 (family coverage)
- 2019 IRS Contribution Limitations: $3,500 (individual coverage) $7,000 (family coverage)
- If employee is age 55 or over, employee may also contribute an additional $1,000 "catch up" contribution.

Guidelines regarding the HSAs are established by the IRS.

What to know about an HSA

- Employee owns the HSA funds from day one and decides how and when to spend the money.
- No use-it-or-lose it rules; funds are in the account when needed, now or in the future. Participant cannot fund a traditional Health Care FSA, however, participant may fund a Limited Purpose FSA for dental and vision expenses only.
- HSA funds may earn interest.
- HSA dollars may be used tax-free for all eligible medical expenses.
- HSA funds are portable from one employer to another. Accumulated funds can help employee plan for retirement.
- An account holder may write a check or withdraw funds with a Health Savings Account Debit Card.
- Some account service fees, determined by the bank, may apply.
- Account holder can access HSA statement at any time to track account balance and activity online at www.americanfidelity.com.
- To be eligible to open an HSA, employee must be covered by a high deductible health plan. Employee may not be covered under another medical plan that is not a high deductible health plan including a plan the employee's spouse may have selected where he/she has family coverage. Please Note: Eligibility status to qualify for an HSA is specifically driven by employee and NOT dependents.
- HSA funds can be used for dependent(s) even if dependent is not enrolled in the employee's group insurance benefits as long as the dependent is a qualified tax dependent.
- Over-age dependent is not able to use HSA funds for qualified expenses, even if dependent is covered under the medical plan as Federal law does not recognize them as a qualified dependent.
- If employee is enrolled in Medicare, TRICARE or TRICARE for Life, employee is not eligible to contribute funds into an HSA. In addition, the IRS prohibits the City from contributing HSA funds into the account. If employee is not enrolled in Medicare, TRICARE or TRICARE for Life, then employee is eligible to enroll and contribute into the HSA up to the maximum contribution amounts.
- Active employee NOT on Medicare but with a spouse enrolled in Medicare: Any active employee who is covering a spouse that is enrolled in Medicare is eligible to enroll and contribute into the HSA up to the maximum contribution amounts. These funds can be utilized for the active employee and spouse expenses.
- Active employee ON Medicare and with a spouse NOT enrolled in Medicare: Any active employee who is enrolled in Medicare and covering a spouse may not contribute or receive HSA funding. Any remaining balance in the HSA can be utilized until there are no funds remaining.

American Fidelity | Customer Service: (866) 437-1011
www.americanfidelity.com

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UnitedHealthcare Choice Plus Plan 4H At-A-Glance

Locate a Provider

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

Plan References

**Copays and Rx do not accumulate towards the calendar year deductible.*

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

Network	Choice Plus
Calendar Year Deductible (CYD)*	**In-Network**
Single	$500
Family	$1,000
Coinsurance	
Member Responsibility	20%
Calendar Year Out-of-Pocket Limit	
Single	$3,000
Family	$6,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician *(PCP)* Office Visit	$25 Copay
Specialist Office Visit	$50 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Blood Work)*: LabCorp**	No Charge
X-rays	No Charge
Advanced Imaging *(MRI, PET, CT)*	20% After CYD
Outpatient Surgery at Surgical Center	20% After CYD
Physician Services at Surgical Center	20% After CYD
Urgent Care *(Per Visit)*	$50 Copay
Hospital Services	
Inpatient Hospital *(Per Admission)*	20% After CYD
Outpatient Hospital *(Per Visit)*	20% After CYD
Physician Services at Hospital	20% After CYD
Emergency Room *(Per Visit; Waived if Admitted)*	$150 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospitalization *(Per Admission)*	20% After CYD
Outpatient Services *(Per Visit)*	20% After CYD
Outpatient Office Visit	$25 Copay
Prescription Drugs *(Rx)*	
Tier 1	$10 Copay
Tier 2	$35 Copay
Tier 3	$60 Copay
Mail Order Drug *(90 Day Supply)*	$25/$87.50/$150 Copay

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UnitedHealthcare Choice Plus Plan 2 At-A-Glance

Network	Choice Plus	
Calendar Year Deductible (CYD)*	**In-Network**	**Out-of-Network****
Single	$250	$500
Family	$500	$1,000
Coinsurance		
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Limit		
Single	$2,500	$5,000
Family	$5,000	$10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	$15 Copay	30% After CYD
Specialist Office Visit	$30 Copay	30% After CYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Blood Work)*: LabCorp***	No Charge	30% After CYD
X-rays	No Charge	30% After CYD
Advanced Imaging *(MRI, PET, CT)*	$100 Copay Per Scan	30% After CYD
Outpatient Surgery at Surgical Center	$100 Copay	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care *(Per Visit)*	$50 Copay	30% After CYD
Hospital Services		
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
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospitalization *(Per Admission)*	10% After CYD	30% After CYD
Outpatient Services *(Per Visit)*	$15 Copay	30% After CYD
Outpatient Office Visit	$15 Copay	30% After CYD
Prescription Drugs *(Rx)*		
Tier 1	$10 Copay	$10 Copay
Tier 2	$35 Copay	$35 Copay
Tier 3	$60 Copay	$60 Copay
Mail Order Drug *(90 Day Supply)*	$25/$87.50/$150 Copay	Not Covered

Locate a Provider

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

Plan References

**Copays and Rx do not accumulate towards the calendar year deductible.*

*****Out-Of-Network Balance Billing:*** *For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the plan's Summary of Benefits and Coverage document.*

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

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Dental Insurance

Lincoln Financial Dental PPO Plan

The City provides dental insurance through Lincoln Financial to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief description of the plan is shown below. A summary of benefits is also provided on the following page. For detailed information about the dental plan, please refer to the carrier's summary plan document or contact Lincoln Financial's Customer Service.

Dental Insurance
Lincoln Financial – Dental PPO Plan
24 Payroll Deductions - Per Pay Period Cost

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

In-Network Benefits

The dental PPO plan provides benefits for services received from in-network and out-of-network providers. It is an open access plan and allows services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Lincoln DentalConnect PPO network. These participating dental providers have contractually agreed to accept Lincoln Financial's contracted fee or "allowed amount." This fee is the maximum amount a Lincoln Financial dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Lincoln Financial provider. Lincoln Financial reimburses out-of-network services based on what it determines as the Usual and Customary Charge (U&C). The U&C is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between what Lincoln Financial's U&C and the amount charged by the out-of-network dental providers. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The dental PPO plan benefits begin once each covered member satisfies a $50 Calendar Year Deductible (waived for Preventive Services). Once any three (3) covered members in a family each satisfy the $50 deductible, the deductible will then be considered met for all covered members in that family.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the dental PPO plan will pay for each covered member is $1,000 for in-network and out-of-network services combined. Preventive and Diagnostic Care Services will accumulate towards the benefit maximum.

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

IMPORTANT NOTES

- *Each covered family member may receive up to two (2) routine cleanings per calendar year, covered under the preventive benefit.*
- *For any dental work expected to cost $300 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.*
- *Waiting periods and age limitations may apply.*
- *Benefit frequency limitations may apply to certain services.*

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Lincoln Financial – Dental PPO Plan At-A-Glance

Network	Lincoln DentalConnect PPO	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Per Member	$50	$50
Per Family	$150	$150
Waived for Class I Services?	Yes	Yes
Calendar Year Benefit Maximum		
Per Member	$1,000	$1,000
Class I: Diagnostic & Preventative Care		
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 Films Per Calendar Year)*		
Complete X-rays *(1 Set Every 5 Years)*		
Class II Service: Basic Restorative Care		
Fillings**	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD *(Subject to Balance Billing)*
Deep Cleaning		
Simple Extractions		
Endodontics *(Root Canal Therapy)*		
Periodontal Services		
Oral Surgery *(Basic Services)*		
General Anesthesia *(Limitations Apply)*		
Class III Services Major Restorative Care:* **		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Bridges		
Dentures		

Locate a Provider

To search for a participating provider, contact Lincoln Financial's customer service or visit www.lfg.com. When completing the necessary search criteria select **Dental Connect PPO** network.

Plan References

****Out-of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the plan's summary of coverage document.*

***Composite fillings will be limited to the amount payable for an equivalent amalgam filling.*

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

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Vision Insurance

Humana Vision Care Plan

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

Vision Insurance – Humana Vision Care Plan

24 Payroll Deductions – Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$3.99
Employee + 1 Dependent	$7.97
Employee + Family	$14.88

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered employee and dependent(s) can select any network provider who participates in the Humana Vision 130 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 the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may also choose to receive services from vision providers who do not participate in the Humana Vision 130 Plan. When going out of network, the provider will require payment at the time of appointment. Humana will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

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.

Humana | Customer Service: (866) 537-0229 | www.humanavisioncare.com

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Humana Vision 130 Plan At-A-Glance

Network	Vision 130 Plan	
Services	**In-Network**	**Out-of-Network**
Eye Exam	$10 Copay	Up to $30 Reimbursement
Materials	$15 Copay	Plan Reimbursement Based on Type of Service
Frequency of Services		
Examination	12 Months	12 Months
Lenses	12 Months	12 Months
Frames	24 Months	24 Months
Contact Lenses	12 Months	12 Months
Lenses		
Single	$15 Copay	Up to $25 Reimbursement
Bifocal	$15 Copay	Up to $40 Reimbursement
Trifocal	$15 Copay	Up to $60 Reimbursement
Frames		
Allowance	Up to $130 Allowance then 20% discount	Up to $65 Reimbursement
Contact Lenses*		
Non-Elective *(Medically Necessary)*	Paid in Full	Up to $200 Reimbursement
Elective *(Evaluation and Fitting)*	Up to $130 Retail Allowance then 15% discount	Up to $104 Reimbursement

Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humanavisioncare.com. When completing the necessary search criteria, select **Vision 130 Plan** network.

Plan References

**Contact lenses are in lieu of spectacle lenses.*

Important Notes

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

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Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA) administered through American Fidelity. The FSA plan year is from October 1 through September 30.

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year.

The City offers: Health Care FSA, Limited Purpose FSA, and Dependent Care FSA,

- **Health Care FSA:** Available to eligible employees not enrolled in the UnitedHealthcare Choice Plus HSA Plan 5. The Health Care FSA covers medical, dental, and vision expenses not paid by insurance.
- **Limited Purpose FSA:** Available to eligible employees enrolled in the UnitedHealthcare Choice Plus HSA Plan 5. A Limited Purpose Health FSA may be used for qualified dental and vision expenses only.
- **The Dependent Care FSA:** Covers day care expense for qualified dependents necessary for the employee and legal spouse, if married, to work.

Health Care FSA

This account allows participants to set aside up to an annual maximum of $2,650. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

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

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

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of $5,000 if single or married and file a joint tax return ($2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note, if a family's income is over $20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.

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

- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees*
- ✓ Diagnostic Tests/Health Screenings*
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction/Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses*
- ✓ Hearing Aids and Exams
- ✓ Injections & Vaccinations
- ✓ LASIK Surgery*
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees*
- ✓ Prescription Drugs
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs

****These items are eligible expenses under the Limited Purpose FSA***

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

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Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employee may carry over $500 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed. Dependent Care funds cannot be carried over.
- When a plan year ends and all claims have been filed with the exception of the $500 rollover for the Health Care FSA, all unused funds will be forfeited and not returned.
- Employee can enroll in an FSAs only during the Open Enrollment period, a Qualifying Event, or New Hire eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

Filing a Claim

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

Debit Card: FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid 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 documentations for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to The City of Sanibel. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

FSA Mobile App

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

HERE'S HOW IT WORKS!

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

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

Please Note: *Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year with the exception of the $500 carry over that may be allowed for the Health Care FSA.* ***This rule is known as "use it or lose it."***

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

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

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Basic Life and AD&D Insurance

Basic Term Life & Accidental Death & Dismemberment Insurance

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

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- Reduces 35% of the benefit amount at age 65
- Reduces 60% of the benefit amount at age 70
- Reduces 75% of the benefit amount at age 75

Dependent Child(ren) Life Insurance

- For eligible unmarried child(ren), from 14 days up to age 19 or 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 beneficiary information updated. Beneficiary information may be updated at anytime through the Benefits & Payroll Specialist.

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

Voluntary Life Insurance

Voluntary Employee Life Insurance

Eligible employee 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 employee and spouse at different benefit levels.

New Hires may purchase Voluntary Employee Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $75,000**.

- Units can be purchased in increments of $5,000 with a minimum of $10,000 to a maximum of $75,000 of coverage.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces 35% of the benefit amount at age 65
  - Reduces 60% of the benefit amount at age 70
  - Reduces 75% of the benefit amount at age 75
- Benefits terminate upon retirement or the day your employment with The City terminates.

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Voluntary Life Insurance *(Continued)*

Voluntary Spouse Life Insurance

New Hires may 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.

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of $5,000, to a maximum of $30,000, not to exceed 50% of employee's Voluntary Life coverage amount.

Voluntary Life Monthly Rates

Age Bracket	Employee/Spouse *(per $1,000)*
<30	$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

Please Note: Spouse coverage terminates when the spouse reaches age 70.

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

Long Term Disability Insurance

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

LTD Plan Summary

- LTD offers 60% of monthly earnings up to a benefit maximum of $3,000 per month.
- 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.
- Employee may continue to be eligible for benefits if employee returns to work on a part-time basis.
- Employee will receive benefits for 36 months if employee 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 who 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 age 65, the employee will qualify for long term benefits 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, career and financial questions. These services are available to employee's or an immediate household family member by contacting Lincoln Financial Employee Connect.

Lincoln Financial Employee Connect
Customer Service: (888) 628-4824 | www.guidanceresources.com
Username: LFGSupport | Password: LFGSupport1

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

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Supplemental Insurance

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 the employee, regardless of other insurance plans. Children may be included in most plans up to age 26. To learn more about the 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 GAP Insurance
- Critical Illness Insurance

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

American Fidelity | Customer Service: (800) 437-1011
www.americanfidelity.com
Agent: Molly Wilson | Phone: (800) 654-8489 Ext. 2442
Email: molly.wilson@americanfidelity.com

Supplemental Insurance

Hearing Plan Discount Program

The City provides employees with a Family Hearing Plan at no cost through EarQ. This discount plan provides annual coverage for preventive hearing checkups, as well as discounts on the purchasing of hearing aids for participants and family members.

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

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

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

EarQ Family Hearing Plan
Customer Service: (866) 432-7500 | www.earq.com

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Legal Insurance

The City offers legal insurance through Legal Shield 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, the Legal Plan $7.98 per pay period and the Identity Theft Plan is $7.48 per pay period.

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

LegalShield | Customer Service: (800) 654-7757
Email: memberservices@legalshieldcorp.com
Agent: Don Thompson | Phone: (239) 699-2983
Email: donthompson@legalshieldassociate.com

Employee Assistance Program

The City cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Synergy EAP Solutions. Synergy EAP offers employee and each family member access to qualified counseling staff through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program?

An Employee Assistance Program (EAP) offers covered employee and 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. Coverage includes three (3) face-to-face, visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Anxiety
- ✓ Legal and Financial Issues
- ✓ Depression
- ✓ Life Improvement
- ✓ Family and/or Marriage Problems
- ✓ Stress
- ✓ Grief and Bereavement
- ✓ Substance Abuse

Are Services Confidential?

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

Synergy EAP Solutions
24-Hour Crisis Line: (800) 226-7930 | www.synergyeap.org

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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 calendar 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 employee payroll funds are sent directly to the bank or savings institution of their choice and credited to their account on The City's scheduled payday. A direct deposit is considered a cash deposit by the bank so there are no holds on employee funds which means that they 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 employee's 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 the employee to change their 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.
- 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.

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City Programs *(Continued)*

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
Martin Luther King, Jr. Day	As designated in January
Memorial Day	Last Monday in May
Independence Day	July 4th
Labor Day	1st Monday in September
Columbus Day	2nd Monday in October
Veteran's Day	November 11th
Thanksgiving Day	4th Thursday in November
Day following Thanksgiving	4th Friday in November
Christmas Day	December 25th
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.

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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.

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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 6th Year	4.62	120 hours
Beginning 9th Year	5.23	136 hours
Beginning 11th Year	6.16	160 hours
Beginning 15th Year	6.46	168 hours
Beginning 20th 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 2nd Year	3.38	88 hours
Beginning 3rd Year	3.69	96 hours
Beginning 4th Year	4.00	104 hours
Beginning 5th Year	4.31	112 hours
Beginning 6th Year	4.62	120 hours
Beginning 7th Year	4.92	128 hours
Beginning 8th Year	5.19	135 hours
Beginning 9th Year	5.54	144 hours
Beginning 10th Year	5.85	152 hours
Beginning 11th Year	6.16	160 hours

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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

Website: Type the following address **https://sanibel.munisselfservice.com** in the web browser.

Login: Click "Login" in the far right corner. A prompt for a User ID and a Password will appear.

User ID and Password: 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 NeedNew1.

Reset Password: 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.

Employee Self-Service Access: 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.

Employees should check ESS at least once per week.

Please 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.*

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Notes

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

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