

Sanibel



2010

2011

Employee Benefit Highlights



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Important Contact Information

Department or Service	Contact Name	Contact Information
Administrative Services	Jim Isom, Director	(239) 472-3700 E-mail: jim.isom@mysanibel.com
Human Resources Generalist	Sharon Gibson	(239) 472-9615 E-mail: sharon.gibson@mysanibel.com
Health Insurance	United HealthCare	Customer Service: (866) 633-2446 www.uhc.com
Dental Insurance	Lincoln Financial	Customer Service: (800) 423-2765 www.lfg.com
Life Insurance	Lincoln Financial	Customer Service: (800) 423-2765 www.lfg.com
Vision Insurance	Humana Specialty Benefits	Customer Service: (800) 865-3676 www.humanaspecialtybenefits.com
Flexible Spending Accounts	AFLAC Agent: Randy Powers	(239) 540-2101 www.aflac.com
Employee Assistance Program	Southwest Florida EAP	24-Hour Crisis Line: (800) 226-7930 Local: (239) 278-7435 www.swfas.org/eap
Legal Insurance	PrePaid Legal, Inc. Agent: Mary Whitaker	(239) 437-6999 or (239) 770-2522 E-mail: mwhitaker@prepaidlegal.com
Supplemental Insurance - AFLAC	AFLAC Agent: Randy Powers	(239) 540-2101 www.aflac.com
Voluntary Insurance - MetLife	MetLife Financial Services Executive: Tom Etter	(561) 206-5655 E-mail: tetter@metlife.com
City's Group Insurance Agent	Gehring Group	(800) 244-3696 www.gehringgroup.com



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. Benefits are generally available the 1st of the month following 30 days of employment. Regular part-time employees are not eligible for benefits under the Cafeteria Plan (page 5) except for Long Term Disability Insurance. Please refer to the City's Personnel Policies, applicable Union Contracts, and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. Questions and further clarifications regarding this booklet's contents may be directed to the Human Resources Generalist or the Administrative Services Director.



Group Insurance Eligibility

The City's group insurance plan year is October 1st through September 30th. For employees eligible to participate in the City's group insurance plans, coverage will be effective the 1st of the month following 30 days of employment. Example: if you are hired on January 11th, your coverage will be effective on March 1st. If you separate employment with the City, your insurance will continue through the end of the month in which the separation occurred.

Dependent Eligibility

A dependent is defined as the participant's *legal spouse or domestic partner*, or a *dependent child(ren)* of the participant. Dependent children may be covered through the end of the calendar year in which the child reaches age 26. The term "child" includes any of the following:

- A natural child
- A legally adopted child
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse
- A stepchild
- A child placed for adoption
- A newborn child of your covered minor dependent child who has not yet reached the end of the calendar year in which he/she reaches 26 and coverage will automatically terminate 18 months after the birth of the newborn

Dependent Eligibility Age Requirements

Medical coverage only may continue past the age of 26 to the end of the calendar year in which the dependent reaches the age of 30, if: (Note: This does not apply to all plans)

- The child is unmarried with no dependents, AND
- The child is a Florida resident or a full-time or part-time student, AND
- The child is not otherwise uninsured and not entitled to Medicare, AND
- The child is not enrolled in any other health coverage policy or plan, AND
- The child is not entitled to 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 the dependent is:

1. Physically or mentally disabled and incapable of self-sustaining employment by reason of mental retardation or physical handicap; AND
2. Is otherwise eligible for coverage under the group medical plan; AND
3. Coverage began prior to the age of 19; AND
4. Dependent has been continuously insured. Proof of disability will be required upon request.

Proof of disability will be required upon request. Please contact the Human Resources Generalist if further clarification regarding group insurance eligibility is required.



Group Insurance Eligibility

Domestic Partner

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

Deductions Related to “Over-Age” Dependents

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



Qualifying Events

Premiums for health, dental, vision, flexible spending accounts and some supplemental plans are deducted from your gross income before your income is taxed. The plan the City participates in is known as a Cafeteria Benefit Plan and is governed by Internal Revenue Service (IRS) Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay period and annual basis.

IRS regulations require the coverage(s) you select must remain in effect for the entire plan year. This means that you and your dependents cannot arbitrarily:

- Change health plans
- Cancel coverage
- Add dependents
- Remove dependents

You must wait until the following open enrollment period to make these changes unless you experience a qualifying event. **Please note: This is not a Human Resources Policy, but is governed by the IRS Code, Section 125.**

Qualifying Events

Under the IRS, Section 125, you may be allowed to make changes to your group insurance elections during the plan year when an eligible change in status occurs. These changes can only be made if the event affects your own, your spouse’s and/or your dependent’s coverage eligibility.

If you experience a qualifying event, you must contact the Human Resources Generalist 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, additions will take place on the actual date of the qualifying event. Any cancellations will be processed at the end of the month. You may be required to furnish valid documentation supporting a change in status or “qualifying event” which may include the following.

Sample Qualifying Events	
<ul style="list-style-type: none"> • You get married or divorced • Your spouse and/or other dependent(s) die(s) • You have a child, gain legal custody or adopt a child • A child gains or loses coverage with an ex-spouse • A dependent returns to student status • A decrease in your work hours 	<ul style="list-style-type: none"> • A covered dependent no longer meets eligibility criteria for coverage • You, your spouse, or dependent(s) terminate or start employment • An increase in your work hours from part-time to full-time



Annual Notices

Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

This provision provides employees and dependents a special enrollment right in group health plan coverage without having to wait for an open enrollment period for a loss of eligibility or becoming eligible for premium assistance under CHIP or Medicaid if requested within 60 days.

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 medical plans such as health and dental, if such coverage is terminated or changed due to a qualifying event.

Health Insurance Portability & Accountability Act (HIPAA)

HIPAA nondiscrimination provisions state that individuals may not be denied eligibility or continued eligibility to enroll in a group health plan based on health factors, nor charged more for coverage than similar employees.

Health Insurance Privacy (PHI)

The employer/Plan Sponsor of a Group Health Plan must comply with applicable federal and state laws to maintain the privacy of your Protected Health Information (PHI). We may not use or disclose PHI for purposes other than enrollment, treatment, payment, operations and disclosures required by HIPAA law without a valid authorization.

Medicare D Creditable Coverage

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



Cafeteria Plan

The City provides full-time employees a fixed dollar per month for the purchase of mandatory “core” group insurance benefits. This arrangement is called a Cafeteria Plan. **Core benefits** consist of Health Insurance, Dental Insurance, Life and Accidental Death & Dismemberment Insurance and Long-Term Disability Insurance. Part-time employees are not eligible for benefits under the Cafeteria Plan except for Long-Term Disability Insurance for regular part-time employees. The monthly cafeteria allowance schedule for the 2010-2011 plan year is provided in the table below.

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

2010-2011 Cafeteria Plan Allowance			
Monthly Allowance:			\$858.70
Core Insurance Benefits.	Health	\$681.92	
> Coverages for Employee Only.	Dental	\$26.04	
> Assumes enrollment in the Choice (HMO) Plan for health insurance	Life	\$13.00	
	AD&D	\$3.16	
	LTD	\$8.88	
Total Cost of Core Benefits:			- \$733.00
Amount Available for Voluntary Benefits:			\$125.70



Health Insurance: Choice (HMO) Plan

United Healthcare
Member Services: (800) 357-0978
www.myuhc.com

Medco Prescription & Mail-Order Program
Member Services: (800) 473-3455

The City will offer two health insurance plans through United Healthcare. The health insurance employee costs are provided in the premium table followed by a description and summary of the plan's schedule of benefits. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact United Healthcare Customer Service.

2010/2011 Choice Plan Health Insurance

Monthly Premium	
Tier of Coverage	Employee Deduction
Employee Only	\$582.75
Employee + Spouse / Domestic Partner	\$1,223.48
Employee + Child(ren)	\$1,135.82
Employee + Family	\$1,793.75

Choice (HMO) Plan

This plan is "open access" and does not require you to select a Primary Care Physician (PCP) as your source for routine care or referrals when you need specialized care. Your out-of-pocket costs for services received by physicians and facilities that participate in the network will be limited to pre-determined fees, called copays, as summarized on the following page. You must receive services from the network of participating providers in the **Choice Network**. To search for a participating provider, go to www.UnitedHealthcare.com, select "Find a Physician", complete the search criteria and select "United Healthcare Choice", then select the specialty you are searching, then hit "continue".

There are no out-of-network benefits on this plan except for true emergency care when outside of the service area.

The plan provides coverage for routine office visits, hospital services, prescription drugs and coverage for medical emergencies 24 hours a day, 7 days a week.

Calendar Year Deductible

This plan does not require you to satisfy a Calendar Year Deductible (CYD).

Calendar Year Out-of-Pocket Maximum

Once any covered member incurs charges of \$2,000 for an individual or a maximum of \$4,000 for a family, the plan will then pay 100% of the allowable charges thereafter for that individual or family for the remainder of the calendar year. Charges that are applied to the Out-of-Pocket Maximum only include coinsurance. Pharmacy copays and fees for non-covered services are excluded from the Calendar Year Out-of-Pocket Maximum.

Prescription Drug Coverage & Mail Order Program

The plan provides in-network coverage for prescription drugs. In addition, you can participate in the Rx Mail Order Program through Medco for maintenance medications for conditions such as allergies, asthma, birth control, diabetes, high blood pressure, glaucoma and many more. The mail order program allows you to receive a 3 month's supply of prescription drugs at a cost of only 2.5 copays and they are delivered directly to your home while saving 1/2 month's copay. Additional information, including claim forms and mailing envelopes for the prescription mail order program, may be obtained by contacting United Healthcare.



Health Insurance: Choice (HMO) Plan-At-A-Glance

Calendar Year Deductible (CYD)	In-Network
Single	No Deductible
Family	No Deductible
Coinsurance (when applicable)	In-Network
Plan Reimbursement	70%
Member Responsibility	30%
Out-of-Pocket Maximum	In-Network
Individual	\$2,000
Family	\$4,000
What Applies to the Out-of-Pocket Maximum?	Coinsurance Only (excludes Rx)
Physician Office Visits	In-Network
Primary Care Physician (PCP)	\$30 Copay
PCP Election Required	No
Specialists	\$30 Copay
Specialist Access	No Referral Required
Maternity Initial Visit	\$30 Copay
Adult Wellness Office Visits	\$30 Copay
Allergy Injections	\$30 Copay
Chiropractor (20 Visits Annual Max)	\$30 Copay
Therapy: Physical, Occupational, Speech (20 Visits Annual Max)	\$30 Copay
Hospital & Diagnostic Services	In-Network
Emergency Room	\$125 Copay
Urgent Care Facility	\$75 Copay
Inpatient Hospital	30%
Outpatient Hospital	30%
Ambulatory Surgical Center	30%
Clinical Lab (Blood Work) at Independent Facility	No Copay
X-rays at Independent Facility	No Copay
Advanced Imaging (MRI, PET, CT) at Facility & Hospital	30%
Mental Health and Substance Dependency	In-Network
Mental Health Inpatient	30%
Mental Health Outpatient	\$30 Copay
Substance Dependency Inpatient	30%
Substance Dependency Outpatient	\$30 Copay
Prescription Drugs (Rx)	In-Network
Generic (Tier 1)	\$10 Copay
Preferred Brand Name (Tier 2)	\$25 Copay
Non-Preferred Brand Name (Tier 3)	\$40 Copay
Mail Order Program (90 day supply)	2.5 X Retail Copay



Health Insurance: Choice Plus (POS) Plan

United Healthcare
Member Services: (800) 357-0978
www.myuhc.com

Medco Prescription & Mail-Order Program
Member Services: (800) 473-3455

The City will offer two health insurance plans through United Healthcare. The health insurance employee costs are provided in the premium table followed by a description and summary of the plan's schedule of benefits. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact United Healthcare Customer Service.

Choice Plus (POS) Plan

This plan is "open access" and does not require you to select a Primary Care Physician (PCP) as your source for routine care or referrals when you need specialized care. Your out-of-pocket costs for services received by physicians and facilities that participate in the network will be limited to pre-determined fees, called copays as summarized on the following page. The network of participating providers that the plan utilizes is the **Choice Plus network**. To search for a participating provider, go to www.UnitedHealthcare.com, select "Find a Physician", complete the search criteria and select "United Healthcare Choice Plus", then select the specialty you are searching, then hit "continue".

This plan also provides benefits for services received from out-of-network providers (providers that do not participate in the network). After meeting your out-of-network deductible, you are then responsible for a percentage, called coinsurance, as summarized on the following page. In addition to your coinsurance, out-of-network providers may also "balance bill", which is the difference between the plan's allowable amount and the out-of-network provider's retail fee for any particular service. Therefore, you have the potential to maximize your benefits when services are received by in-network providers.

The plan provides coverage for routine office visits, hospital services, prescription drugs and coverage for medical emergencies 24 hours a day, 7 days a week.

Calendar Year Deductible

The calendar year deductible for services received by in-network providers on this plan is \$250 individual, \$500 family. This plan may require, when applicable, each covered member to satisfy the out-of-network Calendar Year Deductible (CYD), \$500 for individual coverage or \$1,000 for family coverage (aggregate), before plan benefits begin out-of-network. Once your out-of-network deductible is satisfied, the plan then pays 80% of all eligible out-of-network charges. Please note the following services may be subject, but not limited, to the CYD Out-of-Network (OON): Inpatient and Outpatient Hospital Services, Ambulatory Surgical Services, Physician charges, Ambulance, Laboratory and X-ray services, Durable Medical Equipment, Outpatient and Inpatient Therapy and Mental Health Services.

Calendar Year Out-of-Pocket Maximum

Once any covered member incurs charges of \$250 for an individual and a maximum of \$500 for a family in-network and \$3,000 for an individual and a maximum of \$6,000 for a family out-of-network or any combination of both, the plan will then provide 100% of the allowable charges thereafter for that individual or family for the remainder of the calendar year. Charges that are applied to the Out-of-Pocket Maximum only include CYD and coinsurance. Pharmacy copays, fees for non-covered services and fees over the plan's allowable amount are excluded from the Calendar Year Out-of-Pocket Maximum.

2010/2011 Choice Plus Plan Health Insurance

Monthly Premium	
Tier of Coverage	Employee Deduction
Employee Only	\$709.66
Employee + Spouse / Domestic Partner	\$1,489.92
Employee + Child(ren)	\$1,383.18
Employee + Family	\$2,184.39



Health Insurance: Choice Plus (POS) Plan-At-A-Glance

Calendar Year Deductible (CYD)	In-Network	Out-of-Network
Individual	\$250	\$500
Family	\$500	\$1,000
Coinsurance (When Applicable)	In-Network	Out-of-Network
Plan Reimbursement	100%	80%
Member Responsibility	0%	20%
Out-of-Pocket Maximum	In-Network	Out-of-Network
Per Covered Member	\$250	\$3,000
Per Family	\$500	\$6,000
What Applies to the Out-of-Pocket Maximum	CYD & Coinsurance Only (excludes Rx)	
Physician Office Visits	In-Network	Out-of-Network
Primary Care Physician (PCP)	\$15 Copay	20% After CYD
PCP Election Required	No	No
Specialists	\$15 Copay	20% After CYD
Specialist Access	No Referral Required	No Referral Required
Maternity Initial Visit	\$15 Copay	20% After CYD
Adult Wellness Office Visits	\$15 Copay	In Network Only
Allergy Injections	\$15 Copay	20% After CYD
Chiropractor (20 Visits Annual Max)	\$15 Copay	20% After CYD
Therapy: Physical, Occupational, Speech (20 Visits Annual Max)	\$15 Copay	20% After CYD
Hospital & Diagnostic Services	In-Network	Out-of-Network
Emergency Room	\$100 Copay	\$100 Copay
Urgent Care Facility	\$35 Copay	20% After CYD
Inpatient	CYD	20% After CYD
Outpatient (per visit)	CYD	20% After CYD
Ambulatory Surgical Center	No Copay	20% After CYD
Clinical Lab (blood work) at Independent Facility	No Copay	20% After CYD
X-rays at Independent Facility or Lab	No Copay	20% After CYD
Advanced Imaging (MRI, MRA, CT)	No Copay	20% After CYD
Mental Health and Substance Dependency	In-Network	Out-of-Network
Mental Health Inpatient	CYD	20% After CYD
Mental Health Outpatient	\$15 Copay	20% After CYD
Substance Dependency Inpatient	CYD	20% After CYD
Substance Dependency Outpatient	\$15 Copay	20% After CYD
Prescription Drug Benefit (Rx)	In-Network	Out-of-Network
Generic (Tier 1)	\$10 Copay	Not Covered
Preferred Brand Name (Tier 2)	\$25 Copay	Not Covered
Non-Preferred Brand Name (Tier 3)	\$40 Copay	Not Covered
Mail Order Drug (90 Day Supply)	2.5X Retail Copay	Not covered

Out-of-Network charges may be subject to Usual, Customary and Reasonable (UCR) charge limitations and Balance Billing. Calendar Year Deductible (CYD) must be met before coinsurance applies



Health Insurance: Plan Summaries-At-A-Glance

Calendar Year Deductible (CYD)	Choice (HMO) Plan	Choice Plus (POS) Plan	
	In-Network	In-Network	Out-of-Network
Individual	No Deductible	\$250	\$500
Family	No Deductible	\$500	\$1,000
Coinsurance (When Applicable)	In-Network	In-Network	Out-of-Network
Plan Reimbursement	70%	100%	80%
Member Responsibility	30%	0%	20%
Out of Pocket Maximum	In-Network	In-Network	Out-of-Network
Per Covered Member	\$2,000	\$250	\$3,000
Per Family	\$4,000	\$500	\$6,000
What Applies to the Out-of-Pocket Maximum	Coinsurance Only (excludes Rx)	CYD & Coinsurance Only (excludes Rx)	
Physician Office Visits	In-Network	In-Network	Out-of-Network
Primary Care Physician (PCP) (No PCP Election Required)	\$30 Copay	\$15 Copay	20% After CYD
Specialists (No Referral Required)	\$30 Copay	\$15 Copay	20% After CYD
Maternity Initial Visit	\$30 Copay	\$15 Copay	20% After CYD
Adult Wellness Office Visits	\$30 Copay	\$15 Copay	In Network Only
Allergy Injections	\$30 Copay	\$15 Copay	20% After CYD
Chiropractor (20 Visits Annual Max)	\$30 Copay	\$15 Copay	20% After CYD
Therapy: Physical, Occupational, Speech (20 Visits Annual Max)	\$30 Copay	\$15 Copay	20% After CYD
Hospital & Diagnostic Services	In-Network	In-Network	Out-of-Network
Emergency Room	\$125 Copay	\$100 Copay	\$100 Copay
Urgent Care Facility	\$75 Copay	\$35 Copay	20% After CYD
Inpatient	30%	CYD	20% After CYD
Outpatient (per visit)	30%	CYD	20% After CYD
Ambulatory Surgical Center	30%	No Copay	20% After CYD
Clinical Lab (blood work) at Independent Facility	No Copay	No Copay	20% After CYD
X-rays at Independent Facility or Lab	No Copay	No Copay	20% After CYD
Advanced Imaging (MRI, MRA, CT)	30%	No Copay	20% After CYD
Mental Health and Substance Dependency	In-Network	In-Network	Out-of-Network
Mental Health Inpatient	30%	CYD	20% After CYD
Mental Health Outpatient	\$30 Copay	\$15 Copay	20% After CYD
Substance Dependency Inpatient	30%	CYD	20% After CYD
Substance Dependency Outpatient	\$30 Copay	\$15 Copay	20% After CYD
Prescription Drug Benefit (Rx)	In-Network	In-Network	Out-of-Network
Generic (Tier 1)	\$10 Copay	\$10 Copay	Not Covered
Preferred Brand Name (Tier 2)	\$25 Copay	\$25 Copay	Not Covered
Non-Preferred Brand Name (Tier 3)	\$40 Copay	\$40 Copay	Not Covered
Mail Order Drug (90 Day Supply)	2.5 X Retail Copay	2.5X Retail Copay	Not covered

Out-of-Network charges may be subject to Usual, Customary and Reasonable (UCR) charge limitations and Balance Billing. Calendar Year Deductible (CYD) must be met before coinsurance applies



Health Insurance Programs

Member Self-Service Website

Myuhc.com is the 24-hour secure member website and provides access to many self-service choices and health related information. Register at myuhc.com for personalized services including:

- Verify your personal information
- Review your coverage
- Search Frequently Asked Questions
- Pharmacy on-line ordering
- Order ID cards
- Download forms
- View your claims
- Learn about discount programs
- Communicate with Customer Service
- Treatment Cost Estimator
- Personalized Health Assessment

Provider Directory Online

The on-line provider search tool allows you to obtain up-to-date listings of participating physicians, other medical professionals and facilities by selecting your network. You also receive easy access to information about providers that is not available in paper directories. This includes information about:

- Which plans the provider accepts
- Medical school attended & Board certification(s)
- Hospital affiliation
- Handicap access
- Locations, directions and maps, plus office hours
- Doctor's gender and language spoken

24 Hour Help Line — Care24: (888) 887-4114

The Care24 health information line provides you access to information and assistance from qualified professionals on a wide range of topics 24 hours a day, any day of the year. Have you injured yourself and are not sure if you should seek treatment or go see a doctor? Have stress, grief, personal, legal, or financial questions? There are over 1,000 topics on health and well-being that include audio, video and printed information on wellness, nutrition, women's health, surgery and specific health conditions to help you weigh the risks and advantages of treatment options. The call is FREE and is strictly confidential.

Discount Programs & Services

UnitedHealth Allies is a FREE member discount program and offers all members access to discounted health and wellness programs at participating providers. Members can call (800) 860-8773 or log on to www.myuhc.com and select health and wellness; the health discount program; and Exclusive Health Discounts to learn more about these programs:

- Hearing Products
- Tobacco Cessation
- Long Term Care
- **Fitness Programs:** Save on memberships, fees, services, supplies, fitness equipment and apparel at participating facilities including: Gold's Gyms, World Gym, Curves, Ladies Workout Express, Anytime Fitness and MyGym.
- **Weight Management Programs & Nutrition Counseling** through Jenny Craig, Nutri System and other popular programs.
- **Dental Care:** Discounts on cosmetic procedures such as teeth whitening.
- **Vision Care:** Preferred pricing for frames, lenses and lens options is provided through the Routine Vision Network.
- **Laser Vision Correction Services:** Call (888) 563-4497 for discounted rates Laser Eye Surgery procedures.
- **Alternative Medicine:** Discounts to Acupuncturists, Chiropractors, Massage Therapists and Natural Medicine; stress reduction and relaxation resources are available.
- **Health Supplies:** Family, household, diabetic and medical supplies; beauty and skin care; natural products and foods; vitamins and supplements are available.

Other Programs & Services

- **Cancer Support Program:** The program provides support and answers questions when you or a family member is diagnosed. Call (800) 936-6002 from 7 am to 7 pm to get information on Centers of Excellence, treatment, guidance and more.
- **MomMe Program:** Call (800) 411-7984 24/7 or online at www.healthy-pregnancy.com to get information or speak with a maternity consultant, about selecting a doctor, creating a birth plan, fitness, nutrition, labor or c-section, selecting a pediatrician, caring for your newborn and much more.

Preventive Health Coverage

The plan provides coverage for preventive care visits. These child and/or adult visits are periodic well visits, routine immunizations and routine screenings. For a detailed list of what screenings are covered under your plan, please refer to your certificate of coverage. There are other services which are not classified as preventative care, but are generally covered under your medical plan, including tests to investigate existing symptoms, tests to follow up on results of a screening, and tests to monitor an ongoing condition or prevent a current condition from becoming worse.



Dental Insurance

Lincoln Financial

Customer Service: (800) 423-2765

www.lfg.com

The City offers a PPO Dental Plan through Lincoln Financial. The PPO Plan combines the freedom of choice with the savings of managed care. Once you satisfy your deductible (waived for Preventive Services), the plan then pays coinsurance for services received in-network based on Lincoln Financial's negotiated fee schedule. Your coinsurance responsibility will correspond with the applicable Service Type as illustrated in the summary of benefits table below. To obtain a complete list of covered services and the Service Type classification, contact Lincoln Financial's customer service.

The PPO Plan also provides a benefit if you visit a provider not in the Lincoln Financial network. To obtain a listing of providers that participate in the Lincoln Dental Connect Network visit Lincoln Financial online at www.lfg.com. Once you satisfy your deductible (waived for Preventative Services), the plan then pays coinsurance for services received out-of-network based on a "reasonable and customary (R&C)" fee schedule. Your coinsurance responsibility is the same for in- and out-of-network services except out-of-network services may be subject to "balance billing" which is the difference above the R&C fee and the out-of-network provider's own fee for any particular service.

2010/2011 PPO Dental Insurance

Monthly Premium	
Tier of Coverage	Employee Deduction
Employee Only	\$0
Employee + Spouse / Domestic Partner	\$40.58
Employee + Child(ren)	\$45.90
Employee + Family	\$63.88

Summary of Benefits

Calendar Year Deductible (CYD)	In Network	Out-of-Network
Per Covered Member		\$50
Per Family		\$150
Deductible waived for Preventative Services		Yes
Type I: Preventive & Diagnostic Services	In Network	Out-of-Network
Oral Exams	100%	100% (Subject to Balance Billing)
Cleanings		
X-rays		
Type II: Basic Services	In Network	Out-of-Network
Fillings	80% after CYD	80% after CYD (Subject to Balance Billing)
Extractions		
Sealants		
Endodontics		
Periodontics		
Type III: Major Services	In Network	Out-of-Network
Bridges	50% after CYD	50% after CYD (Subject to Balance Billing)
Crowns		
Dentures		
Calendar Year Benefit Maximum	In Network	Out-of-Network
Per Member		\$1,000



Life Insurance

Lincoln Financial

Customer Service: (800) 423-2765

www.lfg.com

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

The AD&D benefit pays in addition to the Basic Life benefit when death occurs as a result of an accident. A partial AD&D benefit may also be payable based on the schedule below. Basic Life and AD&D Insurance premium rates may be obtained from the Human Resources Generalist.

100% of the AD&D benefit will be paid for the loss of:	50% the AD&D benefit will be paid for the loss of:
<ul style="list-style-type: none"> • Life (accidental); or • Both feet or hands; or • Sight of both eyes; or • Any two or more: 1 foot, 1 hand, or the sight of 1 eye. 	<ul style="list-style-type: none"> • One hand or foot; or • Sight of one eye; or • Thumb or index finger of the same hand.

Additional Life Insurance

Benefit eligible employees may elect to purchase Additional Life Insurance on a voluntary basis through Lincoln Financial via payroll deduction. Additional Life Insurance may be purchased to cover yourself and spouse at different benefit levels as described below. Premiums are based on the employee's age and the benefit amount elected. Additional Life Insurance rate schedules may be obtained from the Human Resources Department.

- Coverage is available in increments of \$5,000 to a maximum of \$75,000.
- Additional Life Insurance benefit elections cannot exceed 7 times your annual salary.
- \$75,000 of coverage is guaranteed, no medical questionnaire required (new hires only).
- Spouse coverage is available in increments of \$5,000 equal to half of the employee's own Additional Life Insurance benefit election, up to a maximum of \$30,000.



Long Term Disability Insurance

Lincoln Financial

Customer Service: (800) 423-2765

www.lfg.com

Lincoln Financial Employee Connect

Customer Service: (877) 757-7587

www.eapadvantage.com (password-connect)

The City offers Long Term Disability (LTD) Insurance through Lincoln Financial. Benefit eligible employees must purchase LTD coverage; regular part-time employees are eligible to purchase this coverage on a voluntary basis. The LTD benefit pays you a percentage of your gross monthly earnings if you become disabled due to injury or sickness as summarized below. Premiums are based on the employee's income and is calculated per \$1,000 of benefit. An LTD premium rate calculation schedule can be obtained from the Human Resources Generalist.

- The LTD benefit pays 60% of your monthly earnings up to a monthly maximum of \$3,000.
- An employee must be disabled for 180 days prior to becoming eligible for the LTD benefit.
- If you return to work on a part-time basis, you may continue to be eligible for partial benefits.
- Periodic evaluations will occur at the discretion of Lincoln Financial.
- The employee will continue to receive benefits for 36 months if they are unable to return to their own occupation.
- After 36 months, if the employee can return to any occupation in which they are suitably trained, educated, and capable of performing, the employee must return to that occupation (if the salary of that occupation does not meet the salary of the employee's own occupation, the plan will pay the difference).

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.



Vision Insurance

Humana Specialty Benefits
Customer Service: (800) 865-3676
www.humanaspecialtybenefits.com

The City offers Vision Insurance through Humana/CompBenefits to all benefit eligible employees on a voluntary basis via payroll deduction. The VisionCare Plan provides a benefit option that covers all routine eye care including eye exams and eyeglasses (lenses and frames) or contact lenses. Receiving services from vision providers in-network offers you the convenience of having your eye exam and materials (frames and lenses) paid in full by the plan except for the copays as listed in the table below.

2010/2011 Vision Insurance Plan

Monthly Premium	
Tier of Coverage	Employee Cost
Employee Only	\$6.70
Employee + 1 Dependent	\$13.40
Employee + Family	\$ 25.02

The VisionCare plan also provides a benefit for services received out-of-network. If you do, you will pay the out-of-network provider's charges and the plan will reimburse you according to the plan's out-of-network reimbursement schedule. However, you should know that there is no guarantee that the scheduled benefit will cover the full cost of your eye exam or glasses for out-of-network services. To obtain a complete list of covered services and VisionCare's out-of-network reimbursement schedule, contact VisionCare's customer service.

Using Your Network Provider

Before you make an eye appointment, you must request a Benefit Form by calling customer service or visiting VisionCare online. VisionCare will send you a personalized Benefit Form that outlines your benefits along with a list of in-network providers in your area. Then schedule an appointment with the provider of your choice and bring your Benefit Form with you during your visit. Once the services listed on your form are received, the provider will bill VisionCare directly less any deductibles paid at that time.

In-Network Copay	
Exam	\$10
Lenses & Frames	\$15
Service Frequencies	
Exams & Lenses	Every 12 Months
Frames	Every 24 Months

VisionCare Savings Example

The cost of plan services and materials are discounted and prepaid so except for your copays, you have no out-of-pocket expenses for covered services and supplies when you use an in-network provider. An example of how the plan helps you save over the course of the year is provided below.

If You Get	VisionCare Provider	Typical Retail
Eye Exam	\$0	\$85
Frame (designer style)	\$0	\$120
Lenses: Bifocal	\$0	\$100
Option (pink tint #1 or #2)	\$0	\$15
Copayments (\$10 exam, \$15 materials)	\$25	\$0
Premium (\$6.50 a month X 12)	\$78	\$0
Sub-total:	\$103	\$320
Sample Premium Pre-tax Savings (payroll deducted)	- \$18	\$0
Total Cost:	\$85	\$320

In this example, you would have saved \$235 in vision care costs with the VisionCare Plan. Keep in mind, however, that your actual savings will depend on your plan allowances, your actual premium, the doctors and materials you select, and your own tax situation.



Flexible Spending Accounts

AFLAC Local Agent: Randy Powers
Office: (239) 540-2101
www.aflac.com

For Inquires: (877) 353-9487
For Claim Forms: (877) 353-9487
To Submit Claims by Fax: (877) 353-9256

The City offers Flexible Spending Accounts (FSAs) through AFLAC to all eligible employees on a voluntary basis via payroll deduction. FSAs allow you to set aside money for reimbursement of medical 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 plan year, you have access to this account for reimbursement of some expenses that are not covered by insurance. An FSA not only results in a substantial tax savings, it also increases your spending power.

Most of the money you spend on routine medical expenses comes from your after-tax income. This means you earn money, then pay taxes, and spend what is left. 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.

The IRS has established rules for the use of money from an FSA. A description of the two types of FSAs have been provided below. A list of eligible expenses is located at the bottom of the page followed by FSA election worksheets on page 16.

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

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

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

- Acupuncture
- Ambulance service
- Birth control pills
- Chiropractic care
- Dental fees
- Diagnostic tests/health screenings
- Doctor fees
- Drug addiction/alcoholism treatment
- Prescription drugs
- Experimental medical treatment
- Hearing aids and exams
- Injections & vaccinations
- In vitro fertilization
- Nursing services
- Surgery
- Wheelchairs
- X-rays

***Note: Effective 1/1/2011 Over-The-Counter items will no longer be a qualified expense. Log on to <http://www.irs.gov/publications/p502/index.html> for additional details regarding qualified and non-qualified expenses.**



Flexible Spending Accounts

AFLAC Local Agent: Randy Powers
Office: (239) 540-2101
www.aflac.com

For Inquires: (877) 353-9487
For Claim Forms: (877) 353-9487
To Submit Claims by Fax: (877) 353-9256

Health Care FSA Planning

When considering your URM FSA election amount, you need to first understand what your insurance plans will pay. The FSA will not reimburse you for expenses paid by insurance.

The worksheet on the right may help you estimate your annual contributions to cover certain medical expenses for yourself and any dependents. You may want to talk to your doctor, dentist, or other providers as well as your qualified dependents to help you estimate your expenses.

The entire URM FSA election amount balance is available on the 1st day of the plan year; however, if the entire balance is used, your URM FSA contribution per pay period (for benefit deductions) will still remain the same.

Health Care FSA Planning

Dependent Day Care (DDC) FSA expenses are somewhat more predictable. You just figure out what you spend on a per paycheck basis for preschool, after-school or care for older dependents that is necessary for you to work. If you are married, the same applies for both you and your spouse to work.

The day care can be provided in a licensed day care center or by an individual in your home or the day care provider's home. Day camps are also eligible if the services are used in lieu of regular day care.

The other major difference between a URM FSA and a DDC FSA is that you may obtain reimbursement for dependent care expenses only up to the amount you have contributed. If you have contributed \$100 and you request \$150 in reimbursements for eligible expenses, you will only receive \$100 until future contributions are received (in the same plan year).

URM FSA Worksheet	
Deductible	
Copays	
Coinsurance	
Contact Lenses	
Dental Care	
Eyeglasses/Contacts	
Prescription drugs	
Surgery	
Other	
This is the amount to consider contributing to a Health Care FSA	
Divide by the Number of Pay Periods (26)	
Health Care FSA Contribution Per Pay Period	

Dependent Day Care FSA Worksheet	
Child Day Care Expenses	
Preschool Expenses	
Summer Day Camp Expenses	
Adult Day Care Expenses	
Other	
This is the amount to consider contributing to a Dependent Care FSA	
Divide by the Number of Pay Periods (26)	
Dependent Care FSA Contribution Per Pay Period	



Employee Assistance Program

Southwest Florida EAP
24-Hour Crisis Line: (800) 226-7930
www.swfas.org/eap

Local: (239) 278-7435

At no cost to the employee, the City provides a comprehensive Employee Assistance Program (EAP) through Southwest Florida EAP. The EAP provides confidential, free assistance to you and your family members to help resolve problems that affect your personal life and/or your job performance. The EAP is a confidential program protected by Federal and State laws.

You can contact the EAP and speak with one of their counselors or make an appointment to come in and see someone at one of Southwest Florida's convenient locations. In times of crisis, you may reach a counselor by telephone, 24 hours a day, every day of the year. There is no cost to you or your family for any EAP services, so do not hesitate to call when you need help. Your EAP can help you find solutions to family problems, stress at work or at home, or any situation that effects your quality of life.



Supplemental Insurance – AFLAC

AFLAC Local Agent: Randy Powers
Office: (239) 540-2101 www.aflac.com
Claims assistance: www.myclaimhelp.com

Cell: (239) 823-1329
E-mail: randolph_powers@us.aflac.com

The City offers a variety of voluntary supplemental insurance plans through AFLAC via payroll deduction. AFLAC plans pay money directly to you regardless of what other insurance coverages you may have. AFLAC coverages include:

- Personal Hospital Intensive Care
- Personal Short term Disability
- Supplemental Dental
- Personal Cancer Protection
- Personal Hospital Indemnity Plan
- Specified Health Event
- Personal Accident Expense
- Supplemental Life

To learn more about the types of Supplemental Insurance plans available through AFLAC or to schedule a personal appointment, contact the City's AFLAC Agent, Randy Powers, at (239) 540-2101.



Voluntary Insurance – MetLife

MetLife

Financial Services Executive: Tom Etter

Office: (561) 206-5655

E-mail: tetter@metlife.com

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

Long-Term Care (LTC) Insurance

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

Whole Life Insurance

Permanent, individual life insurance with a level death benefit. You choose either the amount of the death benefit or an affordable premium amount. The insurance is portable should you sever employment with the City of Sanibel. Premiums cease at age 70 or after 20 years if issued at age 51 or older and the insurance has a guaranteed cash value.

Pet Insurance

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



Legal Insurance

PrePaid Legal, Inc.

Local Agent: Mary Whitaker

Office: (239) 284-0355

E-mail: mwhitaker@prepaidlegal.com

Glantz & Glantz Attorneys

Office: (800) 290-7871 or (954) 423-0086

The City offers legal insurance through PrePaid Legal, Inc. on a voluntary basis via payroll deduction. The PrePaid 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 monthly fee for PrePaid Legal and Identity Theft Shield is \$25.90.

To learn more about the types of legal plans available, including Identity Theft Shield, contact the City's PrePaid Legal Representative. You can also contact either Identity Theft Shield Customer Service at 1(888) 494-8519 or Pre-Paid Legal Customer Service at 1(800) 654-7757 for assistance.



Educational Assistance

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

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

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

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

Direct Deposit

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

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

Causeway Transponder Reimbursement

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

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

Employee Wellness Program

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

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



City Programs

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

Restricted “A” Beach Parking Stickers

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

Immunizations

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



Holiday Schedule

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

2010-2011 Annual Holiday Schedule	
New Years Day (January 1st)	Veteran’s Day (November 11th)
Martin Luther King, Jr. Day (As designated in January)	Thanksgiving Day (4th Thursday in November)
Memorial Day (Last Monday in May)	Day following Thanksgiving (4th Friday in November)
Independence Day (July 4th)	Christmas Day (December 25th)
Labor Day (1st Monday in September)	Other days as designated by the City Manager

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



Leave Types

Personal Leave

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

Bereavement Leave

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

Medical Leave

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

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

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

Court and Jury Duty Leave

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

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

Blood Donation Leave

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

Time Off to Vote

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



Leave Types *(continued)*

Vacation Leave

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

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

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

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

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

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



GEHRING GROUP
PROFESSIONAL SERVICES

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