



*Think  
Positive*

*Feel  
Good*

*Eat  
Better*

*Exercise  
Often*



**CLEARWATER**  
WELL @ WORK

*Healthy Living*

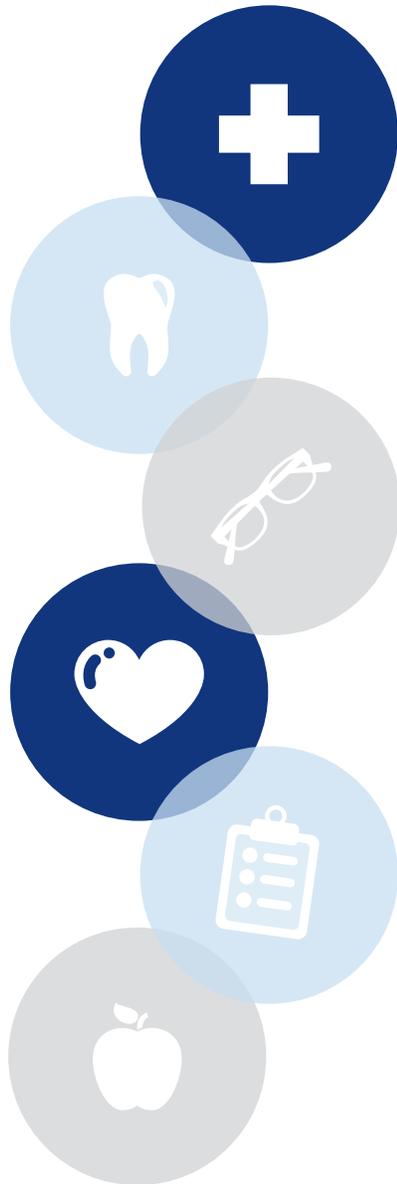
**2017**

Employee Benefit  
Highlights





## Table of Contents



Contact Information.....	1
Introduction.....	2
Online Benefit Enrollment.....	2
Group Insurance Eligibility.....	3-4
Qualifying Events and IRS Code Section 125.....	5
Employee Health Center.....	6
Medical Insurance.....	7
Other Available Plan Resources.....	7
Telehealth.....	7
Cigna Open Access Plus (OAP) Plan At-A-Glance.....	8
Dental Insurance.....	9
Assurant and Humana Plans At-A-Glance.....	10
Vision Insurance.....	11
Employee Assistance Program.....	12
Life Insurance.....	12
Voluntary Supplemental Insurance: Aflac Individual Plans.....	13-14
Flexible Spending Account.....	15-16
Retirement Benefit Summary.....	17
Disability Retirement Benefit.....	17
Pension Benefits.....	17-19
Notes.....	20



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 <b>Online Enrollment</b>	BenTek	Customer Service: (888) 5-BenTek (523-6835) www.mybentek.com/clearwater Email: support@mybentek.com
 <b>Employee Health Center</b>	Cigna On-Site Health	Phone: (727) 298-1788
 <b>Medical Insurance</b>	Cigna	Stacy Lambert, Onsite Cigna Representative Phone: (727) 562-4503 Email: Stacy.Lambert@myclearwater.com Customer Service: (800) 244-6224 www.cigna.com
	Telehealth	AmWell Customer Service: (855) 667-9722 www.AmWellforCigna.com MDLive Customer Service: (888) 726-3171 www.MDLIVEforCigna.com
 <b>Dental Insurance</b>	Assurant	Customer Service: (800) 443-2995 www.assurantemployeebenefits.com
	Humana	Customer Service: (800) 342-5209 www.compbenefits.com
 <b>Vision Insurance</b>	Humana	Customer Service: (866) 995-9316 www.humana.com
 <b>Employee Assistance Program</b>	Cigna Behavioral Health	Customer Service: (877) 622-4327 www.cignabehavioral.com
 <b>Life Insurance</b>	Human Resources	Phone: (727) 562-4870
 <b>Supplemental Insurance</b>	Aflac	Frank D'Ascoli, Agent Phone: (727) 514-7977 Email: frank.dascoli@verizon.net
 <b>Flexible Spending Account</b>	WageWorks/Aflac	Frank D'Ascoli, Agent Phone: (727) 514-7977 Email: frank.dascoli@verizon.net www.takecarewageworks.com



## Introduction

The City of Clearwater's Employee Benefit Highlights booklet provides summaries of the City's group insurance offerings for all benefit-eligible employees. This information is provided to new hires and during the City's annual open enrollment. It is important that employees make knowledgeable decisions when it comes to electing benefits. Please refer to each plan's Summary Plan Description to learn about any enrollment conditions or coverage stipulations. If employees have any questions regarding the contents of this booklet, please contact Human Resources at (727) 562-4870.

## Online Benefit Enrollment

The City provides its employees with an online benefits enrollment platform through BenTek's Employee Benefits Center (EBC). The EBC provides benefits-eligible employees the ability to select or change their insurance benefits online during the annual open enrollment period, new hire orientation, and for qualifying events.

Accessible 24 hours a day at any time during the year, employees have the ability to log in and review comprehensive information about their benefits plans and view and print an outline of their benefits elections for themselves and their dependents. Employees also have access to important forms and carrier links, can report qualifying life events and review and make changes to life insurance beneficiary designations.



### To Access the Employee Benefits Center:

- ✓ Log on to [www.mybentek.com/clearwater](http://www.mybentek.com/clearwater)
- ✓ Sign in by using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If an employee has forgotten their username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate to the menu in order to review current elections, learn about the benefit options, and make any elections or changes.

For technical issues directly related to using the EBC please call (888) 5-BenTek (523-6835) or email BenTek Support at [support@mybentek.com](mailto:support@mybentek.com), Monday through Friday, during regular business hours.

*Please Note: Link must be addressed exactly as written (Due to security reasons, the website cannot be accessed by Google or other search engines.)*



## Group Insurance Eligibility



The City's group insurance plan year is January 1 through December 31.

### Employee Eligibility

Eligible employees working a minimum of 37.5 hours per week will be eligible to participate in all City insurance plans.

Eligible employees working an average of 30 to 37.5 hours per week will be eligible to participate in the City's medical, dental, vision, FSA and AFLAC insurance plans only, excluding life insurance and retirement benefit offerings.

Coverage will be effective on the first day of the month following the date of hire. For example, if an employee is hired on April 11, then the effective date of coverage will be May 1.

### Termination

If an employee separates employment from the City, insurance will continue through the end of the month in which the separation occurred (Except for life insurance, which terminates coverage on the date in which separation occurs). COBRA continuation of coverage may be available as applicable by law.

### Dependent Eligibility

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

- A natural child
- A stepchild
- A legally adopted child
- A foster child
- A newborn child (up to age 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 or domestic partner

### Dependent Age Requirements

**Medical Coverage:** Dependent children may be covered through the end of calendar year in which they turn 26. An overage 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 handicapped.

*Please see Taxable Dependents below if covering eligible over age dependents over age 26.*

**Dental Coverage:** A dependent child may be covered through the end of the month in which they turn age 26.

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

### 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 the age of 26.

Proof of disability will be required upon request. Please contact Human Resources if further clarification is required.



## Group Insurance Eligibility *(Continued)*

### Taxable Dependents

Employees covering adult children under their medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which the child reaches age 26. Employees covering adult children under their dental and vision insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the month in which the child reaches age 26. Beginning January 1 of the calendar year in which the child reaches age 27 through the end of the calendar year in which the child reaches age 30, imputed income must be reported on the employee's W-2. Imputed income is the dollar value of insurance coverage attributable to covering the adult child. Note: There is no imputed income if an adult child is eligible to be claimed as a dependent for federal income tax purposes on the employee's tax return. Contact the Human Resources Department for further details if covering an adult child who will turn 27 any time during the upcoming calendar year or for more information.

### Domestic Partner

A Domestic Partner and any eligible dependent(s) will be provided the same benefits afforded to all employees and eligible dependents excluding American Family Life Assurance Company of Columbus (Aflac), Family Medical Leave Act (FMLA), and Flexible Spending Accounts (FSA). A Domestic Partner is defined as a person of the same or opposite sex with whom an employee or retiree has established a domestic partnership in accordance with the Policy, rules, and procedures determined by the City and will be required to complete an Affidavit of Domestic Partnership. 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 on a post-tax basis and any amount subsidized by the employer will be reported as "imputed income" to the employee.

A Domestic Partnership will be required to meet all of the following eligibility requirements:

1. Both individuals are at least eighteen (18) years old and mentally competent to consent to a contract.
2. Both are each other's sole domestic partner and intend to remain so indefinitely.
3. Both have common residence and at the time of submitting an affidavit and have resided together on a continuous basis for the preceding six (6) months intending to continue the arrangement.
4. Both are not married under Florida law nor are domestic partners with anyone else and have not been so during the preceding six (6) months.
5. Both are not related by blood in any way that would prohibit legal marriage in the State of Florida.
6. Both share responsibility for a significant measure of each other's common welfare and financial obligations.

*Contact The Human Resources Department for further details and rates if covering a domestic partner at any time during the upcoming plan year.*



## Qualifying Events and IRS Code Section 125

### IRS Code Section 125

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

Under certain circumstances, employees 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 Service (IRS) Code, Section 125. Any requested changes must be consistent with and on account of the qualifying event.

#### Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts 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 employees 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

The City of Clearwater operates under strict IRS Guidelines, therefore employees who experience a qualifying event **must contact Human Resources within 30 days of the qualifying event**. Beyond 30 days, requests will be denied and the employee may be responsible both legally and financially for any claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the first of the month following the latter of the date of the qualifying event or the date the written request for change in coverage is received by Human Resources, except for newborns which are effective on the date of birth. Any cancellations will be processed at the end of the month. Employees will be required to furnish valid documentation supporting a change in status or "Qualifying Event."

### Summary of Benefits and Coverage

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

<b>From:</b>	City of Clearwater Human Resources Department
<b>Address:</b>	100 South Myrtle Avenue, Clearwater, FL 33756
<b>Phone:</b>	(727) 562-4870
<b>At Website URL:</b>	<a href="http://www.myclearwater.com">www.myclearwater.com</a>
<b>At BenTek URL:</b>	<a href="http://www.mybentek.com/clearwater">www.mybentek.com/clearwater</a>

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the actual group certificate of coverage can be reviewed and/or obtained by contacting Human Resources or at the following web address: [www.mybentek.com/clearwater](http://www.mybentek.com/clearwater).

If there are any questions about the plan offerings or coverage options, please contact Human Resources at (727) 562-4870.



## Employee Health Center

### City of Clearwater Employee Health Center

The Employee Health Center is available to employees, retirees, and their eligible dependents enrolled in the City's medical insurance plan. The EHC provides the care employees and their dependents need for all non-emergency illnesses. Schedule an appointment with the medical staff to learn more about the Employee Health Center or refer to the Summary of Benefits and Coverage (SBC).

The EHC is now administered by Cigna On-Site Health, a third-party vendor. Utilization is entirely voluntary. All visits with Employee Health Center staff are completely confidential and no personal information is shared with the employer.

#### Why choose the Employee Health Center?

- Full range of primary care services available for no charge
- Dedicated appointment times
- No charge for prescriptions dispensed at the EHC (a list of available Rx's can be found on the City's Intranet site)
- 100% confidential and HIPAA compliant

To schedule an appointment at the Employee Health Center, contact Cigna On-Site Health by calling (727) 298-1788.

Hours of operation are 7:00 a.m. to 5:00 p.m., Monday through Friday. Appointments are required; however, walk-ins may be accommodated based on availability and/or the severity of the issue.

**Please Note:** Employees will be allowed up to one hour during the work day, with no charge to their sick leave, to attend a scheduled appointment at the Employee Health Center.

**Employee Health Center  
Powell Professional Center**  
401 Corbett Street, Suite 240  
Clearwater, FL 33756  
Phone: (727) 298-1788

***The Health Center will be closed New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving & day after, and Christmas Day.***





## Medical Insurance

The City offers medical insurance through Cigna to benefit eligible employees. The costs per pay period for employee & retiree coverage are listed in the premium tables below. For more detailed information about the medical plan, please refer to the plan's summary of coverage document or contact Cigna's Customer Service.

### Medical Insurance Premiums Cigna Open Access Plus (OAP) Plan Employee Semi-Monthly Premium Deductions

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + One Dependent	\$144.58
Employee + Family	\$303.66
Dual Coverage	\$0.00

### Medical Insurance Premiums Cigna Open Access Plus (OAP) Plan Retiree/COBRA\* Monthly Premium Rates

Tier of Coverage	Retiree Cost
Retiree Only	\$675.02
Retiree + One Dependent	\$1,156.61
Retiree + Family	\$1,897.84

\*A 2% administrative charge will be added to the monthly rate for COBRA.

### How the Deductible and Co-Insurance Works

- For services requiring a co-payment, members pay only the co-payment amount each time services are received.
- For services requiring co-insurance, members pay the full cost of services up to the deductible amount, and pay a percentage (co-insurance) of the remaining cost of services up to the plan's out-of-pocket limit.
- Once an employee reaches the out-of-pocket limit, the plan pays the full cost of any covered services (including prescriptions).
- Only services requiring co-insurance go toward satisfying the deductible. All services, including the deductible, co-insurance and co-payments, including prescription drugs, will go toward satisfying the out-of-pocket limit.
- **There is no cross accumulation between in-network and out-of-network deductible or out-of-pocket maximum. The amount you pay for in-network covered expenses only counts toward your in-network deductible and in-network out-of-pocket maximum. The amount you pay for out-of-network covered expenses only counts toward your out-of-network deductible and out-of-pocket maximum.**

## Other Available Plan Resources

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

### Healthy Rewards

Cigna's Healthy Rewards is provided to you automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Members can log on to [www.mycigna.com](http://www.mycigna.com) and select Healthy Rewards to learn more about these programs or call (800) 870-3470.

- ✓ Vision care
- ✓ LASIK vision correction services
- ✓ Fitness club discounts
- ✓ Nutrition discounts
- ✓ Hearing care
- ✓ Tobacco cessation
- ✓ Alternative medicine

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)

## Telehealth

Cigna provides access to two telehealth services as part of the medical plan – AmWell and MDLIVE. Telehealth is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

This benefit is provided to all enrolled members. This program allows members 24/7 on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergent medical issues. Telehealth should be considered when your primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with Telehealth, such as:

- ✓ Sore Throat
- ✓ Headache
- ✓ Stomachache
- ✓ Fever
- ✓ Cold And Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ Utis And More

Telehealth doctors do not replace your primary care physician but may be convenient alternative for urgent care and ER visits. For further information please see Human Resources or contact Cigna.

### Cigna

AmWell | Customer Service: (855) 667-9722 | [www.AmWellforCigna.com](http://www.AmWellforCigna.com)  
MDLIVE | Customer Service: (888) 726-3171 | [www.MDLIVEforCigna.com](http://www.MDLIVEforCigna.com)



## Cigna Open Access Plus (OAP) Plan At-A-Glance

Network	Cigna Open Access Plus (OAP)	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Single	\$2,000	\$2,000
Family	\$4,000	\$4,000
<b>Coinsurance</b>		
Member Responsibility	10%	30%
<b>Calendar Year Out-of-Pocket Maximum</b>		
Single	\$3,500	\$3,500
Family	\$7,000	\$7,000
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$40 Copay	30% After CYD
Specialist Office Visit	\$60 Copay	
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Blood Work): Quest or LabCorp**	Covered at 100%	30% After CYD
X-rays/Advanced Imaging (MRI, PET, CT) (i.e. West Coast Radiology & Rose Radiology)		
Outpatient Surgery in Surgical Center (Per Visit)	\$300 Copay + 10% After CYD	\$300 Copay + 30% After CYD
Outpatient Physician Services	10% After CYD	30% After CYD
Urgent Care Center (Per Visit; Waived if Admitted)	\$75 Copay	\$75 Copay
<b>Hospital Services</b>		
Hospital Pre-admission Requirement	Yes, or you pay 100%	Yes, or you pay 100%
Inpatient (Per Admission)	\$500 PAD + 10% After CYD	\$500 PAD + 30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay	\$150 Copay
Ambulance (Emergency Services Only)	10% After CYD	10% After CYD
<b>Outpatient Rehabilitation</b>		
Facility Charge (60 visits annual maximum)	\$60 Per Visit	30% After CYD
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient (Prior Authorization is Required)	\$100 Copay Per Admission	30% Coinsurance
Outpatient Facility (Prior Authorization is Required)	\$10 Copay Per Visit	30% Coinsurance
<b>Prescription Drugs (Retail 30 Day Supply)</b>		
Generic	\$30 Copay	30% Coinsurance
Preferred Brand Name	\$40 Copay	
Non-Preferred Brand Name	\$60 Copay	
Mail-Order Drug (90 Day Supply)	2x Retail Copay	Not Covered



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select **Open Access Plus** for the 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 Summary of Benefits and Coverage (SBC).

**\*\*Quest Diagnostics and LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please be sure to confirm they are contracted with Cigna's Open Access Plus Network prior to receiving services.**



### Important Notes

- PAD = Per Admission Deductible
- Please remember that out-of-network providers may balance bill for charges that exceed the allowed billed amount, even once the Out-of-Pocket Limit has been reached.
- Specialty medications can be filled the first time through the pharmacy, but subsequent fills need to be done through the mail order pharmacy.



## Dental Insurance

### Assurant and Humana Plans

The City offers a variety of dental insurance options to eligible employees through Humana and Assurant Employee Benefits. Dental insurance is 100% employee paid and semi-monthly premiums are payroll deducted 24 times a year. The employee costs are shown on the premium table below. A brief description of the dental plan options and a summary of the benefits are shown below and on the following page. For detailed coverages, exclusions, and stipulations, please refer to the carrier's benefit summary or contact the carrier's customer service number.

#### The Prepaid Dental DHMO Plans: Assurant Low Option, Humana CS150, Humana Advantage Open Access

If members enroll in a prepaid dental plan, they must choose a dentist from a list of participating providers and make copays for their general dental needs. If a specialist is required, members must select a specialist from a list of participating specialists. Members can either pay the appropriate copays from the provider's Schedule of Benefits and Subscriber copays or pay at discounted prices. Covered members must be treated by in-network dentists or specialists. Prepaid dental plan highlights include the following:

- NO deductibles or claim forms
- NO maximum benefit level
- NO preexisting condition limitation
- NO benefit waiting period for any service

#### Contact Information

If members elect dental coverage, identification cards will be furnished by the carrier at the time coverage becomes effective. If members have questions regarding claims, services or providers, please call Assurant's or Humana's customer service department.

#### The PPO/Traditional (Indemnity) Dental Insurance Plan: Humana Elite Preferred 510

Humana provides a PPO/Traditional (indemnity) dental plan that gives members freedom of choice when selecting dental care providers. Members pay the cost of dental care at the time services are received and file a claim form. After satisfying a deductible, members will be responsible for the applicable coinsurance level depending on the type of dental service performed. Highlights of the PPO/Traditional (indemnity) Plan include the following:

- Freedom to visit a dentist of choice at any time
- Claims must be filed
- Reduced out-of-pocket expenses when visiting participating PPO dentist
- Annual Deductible - \$50 per participant for basic, major, and orthodontic services – maximum of 3 deductibles assessed per family
- Annual benefit maximum - \$1,000 per person
- Orthodontics - \$1,000 lifetime maximum
- No benefit waiting period for preventive and basic services; 12-month wait for major and orthodontic services

#### Dental Insurance – Active Employees 2017 Semi-Monthly Pay Period Premium Deductions

Tier of Coverage	Assurant Low Option	Humana CS150	Humana Advantage Open Access	Humana Elite Preferred 510
Employee Only	\$4.25	\$9.25	\$13.93	\$20.32
Employee + One Dependent	\$7.19	\$17.21	\$25.95	\$41.19
Employee + Family	\$11.33	\$22.40	\$33.78	\$60.72

#### Dental Insurance – Retirees 2017 Monthly Premium Rates

Tier of Coverage	Assurant Low Option	Humana CS150	Humana Advantage Open Access	Humana Elite Preferred 510
Retiree Only	\$8.49	\$18.50	\$27.86	\$40.64
Retiree + One Dependent	\$14.37	\$34.42	\$51.90	\$82.38
Retiree + Family	\$22.66	\$44.80	\$67.56	\$121.44

Assurant | Customer Service: (800) 443-2995  
www.assurantemployeebenefits.com

Humana | Customer Service: (800) 342-5209  
www.compbenefits.com



## Assurant and Humana Plans At-A-Glance

Prepaid Dental DHMO Summary of Benefits		Assurant Low Option Plan*	Humana Plan CS150*	Humana Advantage Open Access	Aflac
Codes	Sample Procedures	Copay / Fee Schedule			Aflac Pays
	<b>Examinations</b>				
9430	Consultation/Office Visit	\$10	\$5	\$0	\$30
0120	Periodic Oral exam & diagnosis	\$0	\$0	\$0	\$30
	<b>X-Rays</b>				
0272	Bitewings 2 films	\$0	\$0	\$0	\$15
0210	Complete Series	\$5	\$0	\$0	\$15
	<b>Preventative Care</b>				
1110	Complete Prophylaxis (adult)	\$5	\$0	\$0	\$30
1510	Space maintainer	\$70 + Lab	\$45 + Lab	\$137	\$95
	<b>Restorative</b>				
2140	Amalgam-one surface	\$20	\$0	\$19	\$55
2150	Amalgam-two surfaces	\$25	\$0	\$25	\$60
2330	Resin-one surface, anterior	\$45	\$35	\$21	\$70
	<b>Endodontics</b>				
3310	Anterior tooth (Excludes Final Restoration)	\$155	\$100	\$271	\$175
3330	Molar Tooth	\$275	\$250	\$428	\$230
	<b>Periodontics</b>				
4210	Gingivectomy/ gingivoplasty (per quadrant)	\$150	\$125	\$278	\$150
4260	Osseous surgery (per quadrant)	\$425	\$350	\$529	\$150
	<b>Prosthodontics</b>				
5110	Complete Upper Denture	\$325 + Lab	\$300 + Lab	\$498	\$405
5120	Complete Lower Denture	\$410 + Lab	\$300 + Lab	\$498	\$405
	<b>Fixed Crown &amp; Bridge</b>				
6240	Bridge pontic-porcelain fused to high noble metal/unit	\$280 + Lab	\$280 + Lab	\$373	\$290
6750	Crown-porcelain fused to high noble metal/unit	\$280 + Lab	\$280 + Lab	\$426	\$290
	<b>Oral Surgery</b>				
7140	Extraction single tooth	\$20	\$0	\$58	\$45
7220	Extraction-soft tissue impaction	\$75	\$50	\$114	\$100
7240	Extraction-full bony impaction	\$140	\$85	\$177	\$150
	<b>Orthodontics***</b>				
8080	Orthodontics - Child (24 months)	25% discount	\$1,800	\$2,100	
8090	Orthodontics - Adult (24 months)	25% discount	\$2,000	\$2,300	

PPO / Traditional Summary of Benefits		Humana Elite Preferred Plan 510	
Benefit Schedule	In Network	Out of Network**	
<b>Annual Deductible</b>			
Per Person	\$50	\$50	\$50
Family Maximum	\$150	\$150	\$150
Waived for Preventative?	Yes	Yes	Yes
<b>Benefit Level</b>			
Preventative	100%	100%	100%
Basic	80%	80%	80%
Major	50%	50%	50%
Orthodontia *** (24 months)	50%	50%	50%
<b>Maximum Benefit</b>			
Annual Benefit Maximum	\$1,000	\$1,000	\$1,000
Orthodontia Annual Maximum	\$500	\$500	\$500
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000
<b>Out-of-Network Benefits</b>			
Payable Level	N/A	70th Percentile	
Major Services	12 months		
<b>Benefit Classification:</b>			
Endodontics	Basic	Basic	Basic
Periodontics	Basic	Basic	Basic

\* Members must select a participating dentist from the provider listing and notify the carrier of their selection in order for benefits to be payable.

\*\* Out-of-Network Balance Billing is the difference between the "allowed amount" an insurance company will pay to an in-network provider and the higher amount that an out-of-network provider charges members. Balance Billing is in addition to any applicable plan deductible or coinsurance responsibility.

\*\*\* Treatment extending over 24 months is not covered and will be charged at the provider's reasonable and customary rates.



## Vision Insurance

### Humana Vision Care Plan

The City offers vision insurance through Humana to benefit eligible employees. A brief description of the Humana Vision Care plan and summary of benefits is provided below. Vision insurance is 100% employee paid and semi-monthly premiums are deducted from an employee's paycheck 24 times a year. The employee costs per pay period are shown on the premium table below. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Humana's customer service.

#### Vision Insurance Premiums – Humana Vision Care Plan

Employee Semi-Monthly Premium Deductions

Tier of Coverage	Employee Cost
Employee Only	\$3.02
Employee + One Dependent	\$6.18
Employee + Family	\$8.26

#### Vision Insurance Premiums – Humana Vision Care Plan

Monthly Premium Rates

Tier of Coverage	Retiree Cost
Retiree Only	\$6.18
Retiree + One Dependent	\$12.36
Retiree + Family	\$16.52

#### In-Network Benefits

The vision plan offers employees and their covered dependents coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered members can select any optometrist or ophthalmologist that participates in the **Humana Insight 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 optional upgrades are available at an additional wholesale cost. There is no Calendar Year Deductible or Out-of-Pocket Maximum, however, there are benefit reimbursement maximums for certain services per calendar year.

#### How to Locate a Provider

To search for a participating provider:

1. Go to Humana.com and Click on Search button under Find a doctor
2. Select Vision and click Go
3. Select the Humana Vision (Humana Insight Network)
4. A page will popup that you can enter your search criteria

Services	In Network
Eye Exam	\$10 copay (once every 12 months)
Lenses (single, bifocal, trifocal)	\$15 copay (once every 12 months)
Frames	Up to \$130 Allowance plus an additional 20% discount above \$130 (once every 24 months)
Contact Lenses Non-elective (Medically Necessary)*	100% after \$15 copay (once every 12 months)
Contact Lenses Elective (Fitting, Follow-up & Lenses)*	Up to \$105 Allowance plus an additional 15% discount above \$105 (once every 12 months)

Contact Humana's Customer Service for an out-of-network reimbursement schedule.

\*Contact lenses are in lieu of lenses/frames. Medically necessary contact lenses require prior authorization.

**Please Note:** Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount. Please refer to Humana's benefit summary or contact Humana's Customer Service for additional information.

**Humana** | Customer Service: (866) 995-9316 | [www.humana.com](http://www.humana.com)



## Employee Assistance Program

The City provides at no cost to employees, a comprehensive Employee Assistance Program (EAP), which is available to employees and each member of their household covered under the City's medical insurance through Cigna's Employee Assistance Program. The EAP offers unlimited telephonic counseling and up to 5 face-to-face sessions, per member per issue, with a licensed professional through a confidential program that is protected by state and federal laws. The EAP program is available to help individuals gain a better understanding of problems that affect them, locate the best professional help for their particular problem, and decide upon a plan of action. All EAP counselors are professionally trained, certified, and licensed in their fields.

### What is an Employee Assistance Program?

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

- ✓ Anxiety
- ✓ Stress
- ✓ Depression
- ✓ Life improvement
- ✓ Family and/or marriage problems
- ✓ Grief and bereavement
- ✓ Substance abuse
- ✓ Gambling and other addictions
- ✓ Legal and financial concerns

### Are Services Confidential?

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

**Please Note:** *Mental Health and Substance Abuse is a covered medical benefit under the City's group medical insurance plans with Cigna. However, there is still some assistance available through the City's EAP program that may be beneficial for acute situations, such as face-to-face or telephonic counseling sessions. For more information regarding the EAP offerings for these conditions, please contact Customer Service or log onto the [cignabehavioral.com](http://cignabehavioral.com) site using the employer ID above.*

**Cigna Behavioral Health** | Customer Service: (877) 622-4327  
[www.cignabehavioral.com](http://www.cignabehavioral.com) | Employer ID: clearwater

## Life Insurance

The City provides each benefit eligible employee with life insurance in the following amounts at no cost to the employee:

- CWA – One and one-half times an employee's annual base salary up to a maximum of a \$50,000 benefit
- FOP and IAFF – \$2,500 benefit
- SAMP – \$2,500 benefit plus one times an employee annual base salary
  - › SAMP employees also have the ability to purchase additional coverage in increments of \$50,000 up to a maximum of 5 times annual salary or \$500,000. Newly hired or newly eligible SAMP employees can elect up to \$150,000 coverage without submission of Evidence of Insurability for up to 31 days following their initial date of eligibility. Any election of life insurance more than 31 days after the date of initial eligibility and/or the election of any amount exceeding \$150,000 will require the submission of Evidence of Insurability and approval by the carrier.

Contact Human Resources for plan details and premium rates.

**Human Resources** | Phone: (727) 562-4870



## Voluntary Supplemental Insurance: Aflac Individual Plans

The City offers a variety of supplemental insurance plans through Aflac. Aflac plans may be purchased separately on a voluntary basis and premiums payroll deducted. Aflac pays money directly to the members, regardless of what other insurance plans they may have.

A description of each available plan and bi-weekly premium rates have been provided below. To learn more about these Aflac plans and/or schedule a personal appointment, contact the City's Aflac Agent, Frank D'Ascoli, at (727) 514-7977.

### Aflac Individual Accident Plan

Covers on-the-job and off-the-job injuries due to accidents for the employee and covered family members. Since this plan is an individual policy employees can keep their current accident plan and add this individual policy (or) they can replace their current accident plan. However; if an employee drops his/her individual accident plan, they will not be able to enroll in it again as it is no longer available for sale.

**Clerical employees not involved in labor. 80% office.**

Employee	\$9.69	One Parent Family	\$15.67
Employee & Spouse	\$13.65	Two Parent Family	\$19.63

### Hospital Advantage Plan

Aflac will pay a hospital confinement benefit of \$2,000 when a covered person is confined for 23 hours or more. \$2,000 benefit will be paid if hospital confinement occurs 90 days from the previous confinement. No Lifetime Maximum. Benefits also include \$25 physician visit reimbursements, Diagnostic Imaging, in-patient and out-patient surgery and daily hospital confinement. See policy brochure for details.

	Option 1	Option 1 & 2	Option 1, 2 & 3	Option 1, 2, 3 & 4
Individual	\$28.41	\$32.37	\$36.08	\$40.89
One Parent Family	\$36.40	\$43.81	\$47.97	\$53.04
Employee & Spouse	\$43.68	\$51.94	\$58.70	\$67.78
Two Parent Family	\$45.96	\$55.64	\$62.27	\$69.42



## Voluntary Supplemental Insurance: Aflac Individual Plans *(Continued)*

### Cancer Care Plan

Although medical insurance is usually adequate for most illnesses, it cannot always withstand the financial burden cancer can impose on members and their family.

Individual: \$14.04

One Parent Family: \$14.04

Employee & Spouse: \$25.42

Two Parent Family: \$25.42

### Critical Care and Recovery Plan

Level I with \$500 Annual Building Benefit Rider - Medical science and early, fast detection have increased survival rates for many serious medical conditions. Aflac provides the financial assistance to help members get back on their feet if they are faced with expensive treatment and loss of income for any of the specified health events listed.

Ages	Individual	One Parent Family	Employee + Spouse	Two Parent Family
18 - 35	\$5.72	\$6.31	\$8.84	\$9.95
36 - 45	\$9.23	\$9.62	\$15.15	\$16.38
46 - 55	\$12.35	\$12.74	\$21.32	\$22.82
56 - 70	\$16.06	\$16.51	\$29.45	\$31.20

### Short Term Disability

Guaranteed Issue Benefits. Provides coverage for disabilities resulting from a covered sickness or off-the-job injury. 3-month Disability Benefit Period. 7-day Elimination Period. Benefits payable when policyholder's earnings are less than 80% of pre-disability salary.

Annual Income	\$17,000	\$22,000	\$24,000	\$26,000	\$27,000	\$29,000	\$32,000	\$34,000	\$36,000	\$38,000	\$39,000	
Monthly Benefit	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	
Age	18-64	\$11.05	\$12.16	\$13.26	\$14.37	\$15.47	\$16.58	\$17.68	\$18.79	\$19.89	\$21.00	\$22.10
	65-74	\$13.65	\$15.02	\$16.38	\$17.75	\$19.11	\$20.48	\$21.84	\$23.21	\$24.57	\$25.94	\$27.30

Annual Income	\$41,000	\$43,000	\$45,000	\$47,000	\$49,000	\$50,000	\$52,000	\$55,000	\$57,000	\$58,000	
Monthly Benefit	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	
Age	18-64	\$23.21	\$24.31	\$25.42	\$26.52	\$27.63	\$28.73	\$29.84	\$30.94	\$32.05	\$33.15
	65-74	\$28.67	\$30.03	\$31.40	\$32.76	\$34.13	\$35.49	\$36.86	\$38.22	\$39.59	\$40.95

### Aflac Dental Plan

Aflac's dental plan supplements a member's current dental plan by providing cash benefits directly to members for dental services. There is no network however; waiting periods may apply depending on services needed. Policy annual maximum \$1,400 per covered person.

Individual: \$11.64

One Parent Family: \$20.35

Employee & Spouse: \$20.48

Two Parent Family: \$29.32

Aflac | Agent: Frank D'Ascoli | Phone: (727) 514-7977 | email: Frank.DAscoli@verizon.net



## Flexible Spending Account

The City offers Flexible Spending Accounts (FSA) administered through WageWorks/Aflac. The FSA plan year is from January 1 through December 31.

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

### Health Care FSA

This account allows participants to set aside up to an annual maximum of \$2,550. 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 employees 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 participants to set aside up to an annual maximum of \$5,000 if you are single or married and file a joint tax return (\$2,500 if you are married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and adults.

Please note that 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 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 and vaccinations
- ✓ LASIK surgery
- ✓ Mental health care
- ✓ Nursing services
- ✓ Optometrist fees
- ✓ Prescription drugs
- ✓ Medically necessary sunscreen
- ✓ Wheelchairs

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



## Flexible Spending Account *(Continued)*

### FSA Guidelines

- Employees must make a new election in BenTek each year.
- Employees may carry over up to \$500 of unused Health Care FSA funds into the next plan year and after all claims have been filed. Dependent Care funds CANNOT be carried over.
- The Health Care FSA has a run out period at the end of the plan year (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year (January 1st - December 31st).
- 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 allowed to be returned.
- Employees can enroll in either or both FSAs during open enrollment period, a qualifying event, or new hire eligibility.
- Money cannot transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employees and their dependents cannot be reimbursed for services they have not received.
- Employees and their dependents cannot receive insurance benefits or any other compensation for expenses which are reimbursed through an FSA.
- Domestic Partners are not eligible, as federal law does not recognize them as qualified dependents.
- **Irrevocable Election Rule: IRS rules prohibit the modification and/or revocation of elections before the beginning of the next plan year unless there is a qualifying change in status (i.e., change in marital status, employment status, work schedule, number of tax dependents, dependents' eligibility or worksite, or as otherwise defined by the IRS). The change must be a result of and correspond with the change in status (as determined by the employer/plan administrator)**

### Filing a Claim

#### Claim Form

Some service providers may not have the ability to accept a debit card, so employee may want to confirm with them beforehand. If a service provider does not accept the debit card, employees may pay for the services and submit a paper claim for reimbursement to WageWorks, which will be administering the FSA benefits on behalf of Aflac. Paper claim forms may be obtained from Human Resources, on the City Intranet or the online Employee Benefits Center, or directly from the WageWorks website at [www.takecarewageworks.com](http://www.takecarewageworks.com), where employees can also view the status of their account at any time. Documentation may also be required for some claims. Please maintain all receipts for FSA related services for the entire plan year.

### Debit Card

FSA participants will automatically be provided with a debit card for payment of eligible expenses. Employees who currently have a debit card from the prior year can keep their card and new elections will be pre-loaded for 2017. If you do not still have your debit card from 2016, you can request a new one online through the EBC. Your elected amount will continue to be deducted semi-monthly from your paycheck just as it is now, but there will be no need for submitting paperwork to receive reimbursements. Just present your debit card to pay for FSA eligible expenses. Most eligible services or items are automatically tabulated as FSA qualified when you use your debit card. As a reminder, over-the-counter items are no longer considered a qualified expense, unless prescribed by a physician. You can find a list of qualified and non-qualified expenses at <http://irs.gov/publications/p502/index.html>.

### HERE'S HOW IT WORKS!



An 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, the insurance premiums and 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
<b>Tax Savings</b>	<b>\$227</b>	

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

**WageWorks/Aflac** | Agent: Frank D'Ascoli | Phone: (727) 514-7977  
Fax: (877) 353-9256 | [www.takecarewageworks.com](http://www.takecarewageworks.com)



## Retirement Benefit Summary

The City of Clearwater allows employees upon retiring to continue almost all benefits. Retirees that elect to continue City benefits will have premiums paid as an after-tax deduction from their pension benefit. Retirees will be responsible for the full monthly premium cost for each benefit continued; the City does not subsidize any portion of benefits for retirees. Upon retiring, if the retiree opts out of coverage, he/she will no longer be eligible to participate in the City's plans.

Retirees will not be able to continue flexible spending accounts (which may be continued through COBRA) and the life insurance (which may be continued through direct payment to the provider).

## Disability Retirement Benefit

The City allows retirees to apply for non-work related disability benefit. This benefit matches the active employee disability benefit but is only available upon retirement if the employee has completed at least 10 years of pensionable service.

Retirees will also be allowed to apply for work related disability benefit. This benefit will either match the active employee disability benefit or a minimum percentage of the final monthly compensation (42% for Non-Hazardous Duty or 66 2/3% for Grandfathered and Hazardous Duty participants) whichever is greater, as long as they are participating in the plan.

## Pension Benefits

The City of Clearwater Employees' Pension Plan is an IRS-qualified, defined benefit plan, self-administered by the City of Clearwater and created for the sole purpose of providing retirement benefits to its participants. The contribution and benefit will depend on an employee's job classification and participation date, prior to retiring.

**Please Note:** The reference "Grandfathered" is defined as an employee who was eligible for normal retirement and contributing to the pension prior to the ordinance changes on 1/1/13.

### How much of my own earnings do I contribute to the pension?

- **Grandfathered** - Participants contribute 8% of pensionable earnings, including special pays and overtime.
- **Non-Hazardous Duty** - Participants contribute 8% of base compensation.
- **Hazardous Duty** - Participants contribute 10% of pensionable earnings, including special pays and overtime (up to 300 hours per calendar year).

The City contributes an amount determined annually by the plan actuary based on the plan's performance. Not less than 7% of basic compensation for all employees participating. Also, all deductions are on a pre-tax basis. Employees participating in the pension plan do not contribute to Social Security (OASDI) during that time; although most do have Medicare (HI) taxes deducted.



## Pension Benefits *(Continued)*

Participants may opt to elect other forms of retirement, each of which will be calculated at the actuarial equivalent of the normal form based on the biographical data of the participant and the beneficiary.

- **Joint and Survivor Annuity** - An annuity paid monthly for the life of the participant. Upon death, 100% paid to the surviving spouse, and if none, the surviving children under the age of 18, for a period of five years, after which time the benefit is reduced by 50% for the life of the beneficiary or until the spouse remarries or the child reaches the age of 18, whichever comes first. (Non-Hazardous Duty employees, if you are not Grandfathered, this option is not available).
- **Single Life Annuity** - An annuity paid monthly for the life of the participant.
- **10-Year Certain and Life Annuity** - An annuity paid monthly for the life of the participant with 120 payments guaranteed.
- **50, 75, 100 or 66 2/3% Joint and Survivor Annuity** - An annuity paid monthly for the life of the participant. Upon death, 50%, 75%, 100% or 66 2/3% is paid to the surviving beneficiary for life.

In addition to the above options, a Partial Lump Sum option is available. This allows retirees to receive 10%, 20% or 30% of their normal retirement benefit as a one-time lump sum payment received in the first pension benefit payment, with the monthly benefits reduced accordingly thereafter. This lump sum amount is eligible for rollover.

### When can I retire on pension?

- **Grandfathered** – Participants must either complete 30 years of pensionable service, 20 years of service and be at least age 55 or 10 years of service and be at least age 65.
- **Non-Hazardous Duty** - Participants must either complete 25 years of pensionable service and be at least age 60 or complete 10 years of pensionable service and be at least age 65.
- **Hazardous Duty** - Participants must either complete 20 years of pensionable service or complete ten years of pensionable service and be at least age 55. (There is an early retirement option for Hazardous Duty participants, which pays as early as age 50 after ten years of pensionable service, with a 3% reduction for each year below the age of 55).

### How is my retirement benefit calculated?

- For **Grandfathered and all Hazardous Duty** participants, the normal monthly benefit formula is: 2.75% multiplied by the number of years of credited service multiplied by final monthly compensation.

Example:	
Final Avg. Compensation	\$43,200
X Pension Factor	0.0275
X Credited Service	25
Annual benefit	\$29,700
Monthly Benefit	<b>\$2,475</b>

- For **Non-Hazardous Duty** participants, the normal monthly benefit formula is: 2% multiplied by the number of years of credited service multiplied by final monthly compensation.

Example:	
Final Avg. Compensation	\$43,200
X Pension Factor	0.02
X Credited Service	25
Annual benefit	\$21,600
Monthly Benefit	<b>\$1,800</b>







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