

A photograph of the St. Petersburg skyline across a body of water, with a green field in the foreground. The sky is filled with large, grey clouds, and a small airplane is visible in the distance.

CITY OF ST. PETERSBURG, FLORIDA BENEFITS GUIDE

2024-2025

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INTRODUCTION

The City of St. Petersburg understands that your benefits are important to you and your family. This Benefits Guide provides a description of the benefits available to you.

The Benefits Guide is not an employee/employer contract. It is not intended to cover all provisions of all plans, but is a quick reference guide. Please see the respective plan documents for a complete description of the benefits.

We encourage you to review each section of the guide and to discuss the options available to you with your dependents. Pay close attention to applicable copayments and deductibles, how to file claims, preauthorization requirements, participating networks and services that may be limited or not covered (exclusions). This guide will give you an overview of your benefits and help you to be better prepared for the enrollment process.

ELIGIBILITY

Employee Eligibility

Eligible employees are provided an annual (“open enrollment”) opportunity to make enrollment changes to current City of St. Petersburg benefits program elections. Full-time and full-time temporary employees are eligible for benefits on the 1st day of the month nearest 60 days of employment. Part-time employees who average over 30 hours of work per week for a continuous 12 month period may be eligible to enroll in one of the Medical Plans.

Dependent Eligibility—Medical Only

A dependent is defined as a covered employee’s legal spouse or a dependent child of the employee or employee’s spouse. Dependent children may be covered until the end of the calendar year in which they turn age 30.

A dependent child is defined as:

- A natural child
- A step-child
- A legally adopted child
- A child placed for adoption
- A child for whom legal guardianship has been awarded to the covered employee or the employee’s spouse
- Unmarried children of any age who become mentally or physically disabled before reaching the age limit

Note:

**FL Statute 627.6562 Dependent Coverage: Health insurance coverage may be available for dependents ages 26 to 30. Please contact the Benefits Division for more information at 727-893-7279.*

Dependent Eligibility - Dental and Vision

A dependent is defined as a covered employee’s legal spouse or dependent child of the employee or employee’s spouse. Dependent children may be covered until the end of the calendar year in which the child turns 26.

CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Florida Relay offers specialized phone services to communicate for those members and their dependents who have hearing, speech, or visual difficulties. Florida Relay can be reached by dialing 711 toll free 24 hours, 7 days a week.

RESOURCE/SERVICE PROVIDER	CONTACT SOURCE	DETAILS
United Healthcare (Medical Plans)	On-Site Representative Member Services Website	727-893-7911 Lauren Gibson 1-800-377-5154 myuhc.com
Humana (Dental Plans)	Member Services Website	1-800-979-4760 humana.com
Humana (Vision Plans)	Member Services Website	1-877-398-2980 humana.com
Ameriflex (Flexible Spending Accounts)	Member Services Email	1-888-868-3539 service@myameriflex.com myameriflex.com
The Standard Life Insurance Company (Basic Life, Supplemental Life & AD&D)	Member Services Website	1-800-325-5757 standard.com
ComPsych (Employee Assistance Program)	Member Services Website Company Web ID	1-888-327-5769 guidanceresources.com Web ID:STPETE
Benefits Division	Human Resources	727-893-7279 or 727-893-7819 benefits@stpete.org
Pension Division	Last Name Begins A-L Steven Fyalkowski	727-893-7045 Steven.fyalkowski@stpete.org
Pension Division	Last Name Begins M-Z Sherri McLean	727-893-7044 Sherri.mclean@stpete.org

QUALIFYING LIFE EVENT

Per Internal Revenue Service rules, coverage elections made at Open Enrollment cannot be changed until the next annual Open Enrollment period.

The only exception to this is if you experience a “Qualifying Life Event”. Qualifying Life Event allows you to make a change to your benefit elections within **30 days of the event**.

Examples of Qualifying Events include, but are not limited to:

- Marriage
- Divorce
- Birth, adoption, or legal custody of a dependent child
- Loss of other group insurance coverage
- Death
- Spouse’s open enrollment



If you experience a Qualifying Event for marriage or adding a child and want to make a change, you must do so using Oracle Self-Service and you must also submit any required documents to the Benefits Division within 30 days of the event. Examples of required documents include marriage certificates, birth certificates, etc. For all other qualifying events please contact the Benefits Office directly. Any notification and or certifications received after 30 days of a life event you and your dependents will be ineligible for enrollments and changes.

Your Responsibility

Before you enroll, make sure you understand the plan(s) and ask any questions you may have. After you enroll, check your first paycheck stub to make sure that the correct amount is being deducted and all the benefits you elected are included. Also verify that all beneficiary information is up to date.





OPEN ENROLLMENT INFORMATION

February 14th – March 1st

The 2024 Benefits Guide is also available online!

An Open Enrollment presentation is available on the City's Intranet, Internet, or as a link in city email from the Benefits Division.

Carefully review open enrollment information at stpete.org/benefits. You can access the City website from your work or home computer, tablet, or smartphone. If you have questions or need assistance contact the Benefits Division.

All required documents, including birth certificates, marriage certificates, and Age 26 and Over Forms must be submitted to the Benefits Division no later than **March 8, 2024. Failure to provide will result in removal of Benefits for your dependent(s). Also, a valid Social Security Number must be provided for each covered dependent.**

City's Life Insurance

The Supplemental Life Insurance Medical History Statement form required for Evidence of Insurability can be found on the city's intranet. You must complete this form if you or your dependent (s) do not have current supplemental coverage through The Standard or are electing an increase in coverage. Submit the completed form(s) to The Standard by emailing to MUSC@standard.com, faxing to (971) 321-5996, or mailing to the address on the form by **March 8, 2024**.

Flexible Spending Accounts (FSA)

You must re-enroll in FSA and make your annual contribution election in Oracle Self-Service each plan year.

Your current elections will **NOT** be carried over into the 2024 plan year.

Beneficiary Designation

Make sure to review and update your Beneficiaries : Benefits, Pension, Deferred Comp. and Roth

CITY OF ST. PETERSBURG HEALTH AND WELLNESS CENTER

The City of St. Petersburg Health & Wellness Center, offers all eligible employees a full-service primary care facility led by Dr. Israel Wojnowich, a Board-Certified Family Practice Physician. Services provided at the Center, including the dispensing of certain prescription drugs, is provided at NO COST.

Dependents age 14 and over must be covered by the City’s Group Medical Plan in order to use the Wellness Center.

Note: Any services provided outside the center due to a referral are subject to applicable copays, deductibles, and co-insurance.

To schedule your appointment call (727) 553-7474.

Hours of Operation: Monday–Friday 8:00 am to 5:00 pm. Closed daily from 12:00pm-1:00pm for lunch.

The Health and Wellness Center is located at: 603 7th St. Suite 350 St. Petersburg, FL 33701.

Bayfront Health MyChart

Communicate with your doctor. Stay connected to your healthcare with Bayfront Health St. Petersburg MyChart. Manage appointments, access test results, request prescription refills—for yourself and your approved appointees. Sign up for MyChart by visiting <https://mychart.bayfrontstpete.com>



The mission of the City of St. Petersburg Healthy St. Pete Employee Wellness Program is to build a culture of health within our organization by offering education and services that encourage our employees to reach optimal health.



Engagement Opportunities

- Financial Wellness Classes
- Blood Pressure Program
- Diabetes Prevention Program
- Cooking Classes
- Real Appeal Weight Loss Challenges
- Free Health Screenings
- Employee Health Fair
- Mobile Mammography Bus
- Mental Health/Mindfulness Classes
- Fitness Challenges
- American Heart Association - Healthy for Life Classes
- Arthritis@Work Website
- Immunizations
- Healthy St. Pete Fit City 5K



For more information visit:

Intranet - Human Resources - Wellness Corner
Healthy St. Pete at 892-5994
HealthyStPeteFL.com



MEDICAL PLAN FEATURES

UnitedHealthcare Virtual Visits (Must be enrolled in one of the medical plans)

A virtual visit lets you see and talk to a doctor from the comfort of your home or office without an appointment. Virtual visits are designed to provide treatment for non-emergency medical conditions. Appointments can take place by mobile device or computer. Most visits take about 10-15 minutes. Doctors can also write prescriptions, if needed, for pick up at your local pharmacy. Virtual visits are administered by UnitedHealthcare. Primary care copays apply. To learn more about Virtual Visits, go to uhc.com/virtualvisits.

Nurseline (Provided by UHC)

Connects you to a Registered Nurse 24 hours/7days a week by calling: **1-877-365-7949**. **Nurseline can:**

- Assist in managing a chronic condition and assessing treatment options
- Identify UnitedHealth Premium® designation program providers and help schedule appointments
- Provide coaching on medication adherence, drug interactions or medication alternatives
- Preventive care information and healthy lifestyle coaching

Lab Tests

Laboratory tests can be completed at a LabCorp or Quest Diagnostics facility. To find a facility visit labcorp.com or questdiagnostics.com.

UHC Premium Program ®

Identifies in-network doctors and hospitals who demonstrate adherence to quality and cost efficiency standards based on evidence-based medicine. A premium-designated doctor will have a lower copay than other specialists.

Health4Me® Mobile Application

Whether you are traveling or just away from home, the Health4Me app keeps your health information within reach, wherever you go. The myuhc.com mobile app - makes it easier to manage your UnitedHealthcare health plan. Use the app to find a doctor, access your ID card, view claims, find pharmacies, and fill prescriptions. Download for free on the Apple iTunes App Store® and/or the Android® Market.

MEDICAL PLAN FEATURES

Healthcare Cost Estimator Tool

Access the UHC cost estimator tool at myuhc.com or on the Health4Me app. This tool allows you to research the care you need and get an average cost estimate for medical services. You can compare different network providers in terms of cost and quality and get a personalized out of pocket cost estimate.

Mail Order Pharmacy

You can order up to a three-month supply of medication that you take regularly and get it delivered right to your home. This not only saves you a trip to the pharmacy but you will usually see a savings on your out-of-pocket costs. Use the Health4Me app, go to myuhc.com or call the number on your ID card to get started.



Prescription Drug

A prescription drug list (PDL) is a list of all medication, organized into cost levels, called tiers. Not all prescription drugs are covered; check the PDL to find the medications covered by your benefit plan.

Look at the PDL with your doctor to review costs and any approvals you might need to get from your health plan to fill your prescriptions. You can talk to your doctor about lower cost options if a certain medication does not fit your budget. Changes to the PDL can happen, so be sure to check it often to make sure you have the most up to date information. You can find the PDL under the Pharmacies & Prescriptions section of myuhc.com.

In & Out-of-Network Benefits

If you enroll in the Choice Plus, Choice HDP or HDP Basic plans you may use out-of-network providers for care. However, keep in mind that you will typically pay higher costs for out-of-network care. Your care is also subject to balance billing. Balance billing is when you are responsible for out-of-network charges greater than the UHC allowable amount. An out-of-network provider can charge you over and above what UHC considers their allowable amount. When possible seek care in the UHC network.

MEDICAL PLAN OVERVIEW

The City of St. Petersburg is providing four (4) plan options through UnitedHealthcare. The plans offered are the Choice High Deductible Plan (HDP) with HRA, the High Deductible Plan (Basic Plan), the Choice EPO and the Choice Plus PPO Plan.

The Choice EPO Plan is an in-network only plan. By using In-network providers, you may have a greater coverage of benefits and lower out-of-pocket expenses.

You can locate a physician by visiting UHC's website at myuhc.com or you can contact UnitedHealthcare member services. To review the covered list of prescription medications, please log on to myuhc.com.

Explanation of Plan Year Deductible and Plan Year Out-of-Pocket Maximum

Plan Year Deductible

The Plan Year Deductible is a specified dollar amount that you must pay if you use certain covered services. The plan deductible resets every year. There are individual and family deductibles. Once an individual or a family deductible has been satisfied, coinsurance and/or copays may apply. Coinsurance is your share of the costs of a health care service and it is the amount you pay after the deductible has been met.

Plan Year Out-of-Pocket Maximum

The Plan Year Out-of-Pocket Maximum is the total amount of covered expenses, (including deductibles, coinsurance, and copayments) paid by you, either individually or combined as a covered family.

After the individual and/or family out-of-pocket maximum has been satisfied in a plan year, payment for in-network covered services for the covered individual/family will be payable by the plan at the rate of 100% for the remainder of the plan year, subject to any other terms, limitations, and exclusions.





HEALTH REIMBURSEMENT ACCOUNT

If you enrolled in the Choice HDP you will also have a **Health Reimbursement Account**. The Health Reimbursement Account is funded by the City to help offset your out-of-pocket medical costs. There is no requirement that the account be pre-funded and the funds remain in control of the City until an eligible reimbursement claim is submitted. Your account will automatically be funded with \$250 each plan year. When you are enrolled in the Choice HDP, you can increase the funding by completing wellness activities as follows:

- Taking a Health Risk Assessment (Rally Health Survey) at myuhc.com or via the Wellness Portal at cospwellness.mycernerwellness.com = \$125
- Receive a Biometric Screening by your physician or at the Wellness Center and **submit the biometric completion form** to the Benefits Office = \$200
- Attest to being tobacco free and **submit a form** to the Benefits Office = \$125
- All forms can be found on the City Intranet.

All forms must be completed and submitted to Benefits by 12/31/2024, to receive funds for The 2024 Plan Year.

If you have a dependent covered under the Choice HDP additional wellness incentive dollars can be earned.

The maximum contribution for an employee with single coverage is \$700, and for an employee with employee and spouse or child coverage, the maximum amount is \$1,150 (only spouses are required to complete the wellness activities).

Funds can be used to offset any deductibles and coinsurance you are responsible for. If you do not use all of your HRA funds in the plan year, funds will rollover up to a maximum of \$2,300 (\$700 for you and \$450 for covered dependent).

See “Understanding the Choice HDP” brochure for details. **The HRA only applies to the Choice HDP Plan**

MEDICAL BENEFITS

Benefit Details	HIGH DEDUCTIBLE PLAN (BASIC)	
Network Access	In-Network	Out-of-Network
Plan Year Deductibles (PYD)	Your Responsibility	
Individual / Family	\$5,000 / \$10,000	\$15,000 / \$30,000
Your Plan Benefit Details	Your Responsibility	
Coinsurance (when applicable)	0%	30%
Individual / Family Out-Of-Pocket Maximum*	\$5,000 / \$10,000	\$15,000 / \$30,000
Professional Services		
Primary Care Physician (PCP) Office Visits	0% After PYD	30% After PYD
Specialist Office Visits	0% After PYD	30% After PYD
Preventive Care Visits 0% After PYD	No Charge	30% After PYD
Hospital Services		
Inpatient Hospitalization / Outpatient Hospitalization	0% After PYD	30% After PYD
Urgent Care Center	0% After PYD	30% After PYD
Emergency Room (copay waived if admitted)	0% After In-Network PYD	
Independent Lab/ X-Ray, MRI, MRA, CT & PET Scans	0% After PYD	30% After PYD
Pharmacy		
Annual Rx Deductible	N/A	N/A
Tier 1	0% After PYD	30%
Tier 2	0% After PYD	30%
Tier 3	0% After PYD	30%
Specialty Drugs	0% After PYD	30%
Mail Order Pharmacy (90 Day Supply)	0% After PYD	30%

*Out-of-Pocket Maximum includes Plan Year Deductible (PYD), Copays, Coinsurance and Rx.

(24) Payroll Deductions - Effective 4/1/2024

High Deductible Plan (Basic)	Total Premium	City Contribution	Monthly Employee Deduction	Twice Monthly Employee Deduction	COBRA Premium
Single	\$571.66	\$428.74	\$142.92	\$71.46	\$583.09
Two Person	\$1,229.08	\$921.81	\$307.27	\$153.64	\$1,253.66
Family	\$1,617.81	\$1,213.36	\$404.45	\$202.23	\$1,650.17

MEDICAL BENEFITS

** Consult page 11 for additional information regarding the Health Reimbursement

Benefit Details	CHOICE HIGH DEDUCTIBLE PLAN (HDP WITH HRA)**)	
Network Access	In-Network	Out-of-Network
Plan Year Deductibles (PYD)	Your Responsibility	
Individual / Family	\$1,750 / \$3,500	\$3,500 / \$7,000
Your Plan Benefit Details	Your Responsibility	
Coinsurance (when applicable)	10%	30%
Individual / Family Out-Of-Pocket Maximum*	\$3,500 / \$7,000	\$7,000 / \$14,000
Professional Services		
Primary Care Physician (PCP) Office Visits	\$25 Copay	30% After PYD
Specialist Office Visits	\$35 Copay - Premium Designated Provider \$45 Copay - Other	30% After PYD
Preventive Care Visits	No Charge	30% After Ded
Hospital Services		
Inpatient Hospitalization	\$300 Copay per day up to 5 days then 10% After PYD	\$300 Copay per day up to 5 days then 30% After PYD
Outpatient Hospitalization	10% After PYD	30% After PYD
Urgent Care Center	\$50 After PYD	30% After PYD
Emergency Room (copay waived if admitted)	\$250 Copay After PYD	
Independent Lab/ X-Ray, MRI, MRA, CT & PET Scans	10% After PYD	30% After PYD
Pharmacy		
Annual Rx Deductible	\$200 Individual/\$400 Family	
Tier 1	\$15 Copay	\$15 Copay
Tier 2	\$35 After RxDed	\$35 After Rx Ded
Tier 3	\$50 After RxDed	\$50 After Rx Ded
Specialty Drugs	25% After RxDed	N/A
Mail Order Pharmacy (90 Day Supply)	\$45/\$105/\$150 0% After PYD	Not Covered

(Tier 2 & 3 copay after RxDed)

(24) Payroll Deductions - Effective 4/1/2024

High Deductible Plan (Basic)	Total Premium	City Contribution	Monthly Employee Deduction	Twice Monthly Employee Deduction	COBRA Premium
Single	\$720.00	\$539.99	\$180.01	\$90.01	\$734.40
Two Person	\$1,548.01	\$1,161.01	\$387.00	\$193.50	\$1,578.97
Family	\$2,037.63	\$1,528.22	\$509.41	\$254.71	\$2,078.38

MEDICAL BENEFITS

Benefit Details	CHOICE EPO
Network Access	In-Network
Plan Year Deductibles (PYD)	Your Responsibility
Individual / Family	\$750 / \$1,500
Your Plan Benefit Details	Your Responsibility
Coinsurance (when applicable)	0%
Individual / Family Out-Of-Pocket Maximum*	\$3,000 / 6,000
Professional Services	
Primary Care Physician (PCP) Office Visits	\$30 Copay
Specialist Office Visits	\$35 Copay - Premium Designated Provider \$50 Copay - Other
Preventive Care Visits	No Charge
Hospital Services	
Inpatient Hospitalization	\$300 Copay per day up to 3 days After PYD
Outpatient Hospitalization	0% After PYD
Urgent Care Center	\$50 Copay After PYD
Emergency Room (copay waived if admitted)	\$250 Copay After PYD
Independent Lab/X-Ray	No Charge
MRI, MRA, CT & PET Scans	0% After PYD
Pharmacy	
Annual Rx Deductible	\$200 Individual/\$400 Family
Tier 1	\$15 Copay
Tier 2	\$35 After Rx Ded
Tier 3	\$50 After Rx Ded
Specialty Drugs	25% After Rx Ded
Mail Order Pharmacy (90 Day Supply)	\$45/\$105/\$150 (Tier 2 & 3 Copay After Rx Ded)

(24) Payroll Deductions - Effective 4/1/2024

High Deductible Plan (Basic)	Total Premium	City Contribution	Monthly Employee Deduction	Twice Monthly Employee Deduction	COBRA Premium
Single	\$835.97	\$626.98	\$208.99	\$104.50	\$852.69
Two Person	\$1,797.36	\$1,348.02	\$449.34	\$224.67	\$1,833.31
Family	\$2,365.80	\$1,774.35	\$591.45	\$295.73	\$2,413.12

MEDICAL BENEFITS

Benefit Details	CHOICE PLUS (PPO)	
Network Access	In-Network	Out-of-Network
Plan Year Deductibles (PYD)	Your Responsibility	
Individual / Family	\$750 / \$1,500	\$1,500 / \$3,000
Your Plan Benefit Details	Your Responsibility	
Coinsurance (when applicable)	10%	30%
Individual / Family Out-Of-Pocket Maximum*	\$3,000 / \$6,000	\$6,000 / \$12,000
Professional Services		
Primary Care Physician (PCP) Office Visits	\$30 Copay	30% After PYD
Specialist Office Visits	\$35 Copay - Premium Designated Provider \$50 Copay - Other	30% After PYD
Preventive Care Visits	No Charge	30% After PYD
Hospital Services		
Inpatient Hospitalization	\$300 Copay per day up to 3 days then 10% After PYD	\$300 Copay per day up to 3 days then 30% After PYD
Outpatient Hospitalization	10% After PYD	30% After PYD
Urgent Care Center	\$50 After PYD	30% After PYD
Emergency Room (copay waived if admitted)	\$250 Copay After PYD	
Independent Lab/ X-Ray, MRI, MRA, CT & PET Scans	10% After PYD	30% After PYD
Pharmacy		
Annual Rx Deductible	\$200 Individual/\$400 Family	
Tier 1	\$15 Copay	\$15 Copay
Tier 2	\$35 After RxDed	\$35 After Rx Ded
Tier 3	\$50 After RxDed	\$50 After Rx Ded
Specialty Drugs	25% After RxDed	N/A
Mail Order Pharmacy (90 Day Supply)	\$45/\$105/\$150 (Tier 2 & 3 Copay After Rx Ded)	Not Covered

*Out-of-Pocket Maximum includes Plan Year Deductible (PYD), Copays, Coinsurance and Rx.

(24) Payroll Deductions - Effective 4/1/2024

High Deductible Plan (Basic)	Total Premium	City Contribution	Monthly Employee Deduction	Twice Monthly Employee Deduction	COBRA Premium
Single	\$925.32	\$693.99	\$231.33	\$115.67	\$943.83
Two Person	\$1,869.21	\$1,401.91	\$467.30	\$233.65	\$1,906.59
Family	\$2,591.01	\$1,943.25	\$647.76	\$323.88	\$2,642.83

DENTAL BENEFITS

Humana is our exclusive dental carrier. You will have a choice of electing the DHMO or PPO Plan. The DHMO plan offers In-Network coverage only and requires you to select a Primary Care dentist.

The PPO plan provides both In-Network and Out-of-Network coverage. With the PPO Plan, you minimize your out-of-pocket expenses when you seek care from a dental provider contracted with Humana. **Plan includes 3 routine cleanings per calendar year and white composite fillings are covered.**

When you choose a dentist outside of the Humana PPO Network, your out-of-pocket costs will be higher and you may be subject to balance billing* for provider fees that exceed the contracted amount allowed by Humana. You can locate In-Network dental providers by calling **800-979-4760** or by visiting **Humana.com**. If you did not enroll in the PPO plan when you were initially eligible, you are considered to be a late entrant and there will be a 12-month waiting period for Basic and Major services.

* The DHMO HS195 requires a facility code to be entered into Oracle Self-service upon initial enrollment, thereafter you must Contact Humana directly to update your facility ID and/or provider.

Plan Type	DHMO *	PPO	
Network Access	In-Network	In-Network	Out-of-Network
Plan Year Maximum (PYD) Exclusive of Orthodontia	N/A	Unlimited	
	Your Responsibility	Your Responsibility	Your Responsibility
Individual/Family Deductible	N/A	\$50 / \$150	
Dental Description			
Preventative Class I	See Schedule of Benefits	No Charge	10%
Basic Class II	See Schedule of Benefits	15% After PYD	30% After PYD
Major Class III	See Schedule of Benefits	45% After PYD	50% After PYD
Orthodontia		Children to 19 years	
Benefit	Child / Adult: \$2,185 + monthly adjustment fees	Benefit 50% / Lifetime Max: \$2,000	

*Out of Network Benefits subject to Balance Billing for charges over the reimbursement schedule

DHMO Plan	Total Premium Monthly	Twice Monthly Employee Deduction	COBRA Premium
DHMO - Single	\$16.39	\$8.20	\$16.72
DHMO - Two Person	\$28.67	\$14.34	\$29.24
DHMO - Family	\$45.08	\$22.54	\$45.98
DPPO Plan	Total Premium Monthly	Twice Monthly Employee Deduction	COBRA Premium
DPPO - Single	\$29.76	\$14.88	\$30.36
DPPO - Two Person	\$63.09	\$31.55	\$64.35
DPPO - Family	\$97.42	\$48.71	\$99.37

VISION BENEFITS

Your vision is important to your health. Whether your vision is 20/20 or less than perfect, everyone needs to take good care of their eyes.

The Humana vision Basic and High Plans are being offered as a part of the City of St. Petersburg’s commitment to your well-being. The Humana Vision Plans provide affordable quality vision care nationwide. Through Humana’s provider network, you can obtain a comprehensive routine vision examination, as well as eyeglasses (lenses and frames), or contact lenses.

Carefully review the vision care plan summary provided and take advantage of this very important benefit. You can call Humana’s Customer Service Center at 1-877-398-2980 or visit [Humana.com](https://www.humana.com) to answer questions you may have regarding contracted providers and covered services.

Plan	BASIC PLAN	
Network Access	In-Network	Out-of-Network
Routine Eye Exam	\$0 Copay	\$30 Allowance
Frequency	12 Months	
Materials	Lenses Discounts available through participating providers	

Plan	HIGH PLAN	
Network Access	In-Network	Out-of-Network
Routine Eye Exam	\$10 Copay	\$30 Allowance
Frequency	12 Months	
Materials	Lenses (Standard plastic)	
Single Vision	\$15 Copay	\$25 Allowance
Bifocals	\$15 Copay	\$40 Allowance
Trifocals	\$15 Copay	\$60 Allowance
Frequency	12 Months	
Frames		
Frames	\$130 Allowance	\$65 Allowance
Frequency	12 Months	
Contacts (In Lieu of Glasses)		
Lenses	\$135 Allowance	\$104 Allowance
Medically Necessary Contacts	No Charge	\$200 Allowance
Frequency	12 Months	

VISION PAYROLL CONTRIBUTIONS			
Basic Plan	Total Premium Monthly	Twice Monthly Employee Deduction	COBRA Premium
Basic - Single	\$0.92	\$0.46	\$0.94
Basic - Two Person	\$1.40	\$0.70	\$1.43
Basic - Family	\$2.33	\$1.17	\$2.38
High Plan	Total Premium Monthly	Twice Monthly Employee Deduction	COBRA Premium
High - Single	\$5.79	\$2.90	\$5.90
High - Two Person	\$11.53	\$5.76	\$11.76
High - Family	\$15.42	\$7.71	\$15.73

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by ComPsych

This program offers you professional assistance in dealing with a variety of work/life issues. From stress or depression to legal or financial issues, the City of St. Petersburg EAP can help!

The premium for this program is fully paid by the City of St. Petersburg and available to you and your dependents by calling 1-888-327-5769 24 hours a day/ 7 days a week. You can also log in online at guidanceresources.com (Company Web ID: STPETE)

Services provided include:

- **General Counseling** for stress, depression, family issues, substance abuse, child care, work life services, educational resources, marriage counseling and elder care resources
- **Wellness assistance** for smoking cessation, weight loss and exercise among others
- **Financial Planning** resources such as investment plans, estate planning, debt reduction, retirement planning, bankruptcy, tax support, college funding, and budget management
- **Legal Services** including referrals and discounts for services such as creating or modifying a will, consumer issues, criminal matters, living wills, power of attorney, separation and divorce and traffic matters



FLEXIBLE SPENDING ACCOUNTS (FSA)

If you choose Flexible Spending Accounts, you must enroll in Oracle each plan year. Enrollments do not automatically roll over to subsequent plan years.

Flexible Spending Accounts help you save money from your paycheck by using pre-tax contributions to pay for certain eligible healthcare or dependent care expenses. Your contributions are deducted before Federal and Social Security taxes are withheld. You will be reimbursed as claims for eligible expenses are submitted. Dependent care claims must be submitted as they are incurred online at ameriflex.com or you may contact Ameriflex Customer Service with any questions by dialing 1-888-868-3539 or email service@myameriflex.com.

Debit Card

If you enroll in the Health Care FSA you will receive a new debit card from our carrier Ameriflex for the 2024-2025 plan year. FSA debit cards can be used to pay for eligible expenses when eligible services are received or purchased. For a list of eligible expenses please visit FSAsstore.com or scan the **first** QR code below.

You can contribute \$300 - \$3,200 per plan year to your Health Care FSA and \$600 - \$5,000 per plan year (\$2,500 if married and filing separate tax returns) to your Dependent Care FSA (\$600 minimum). The total amount you decide to contribute is deducted over the number of pay periods within your enrollment plan year. Be sure to estimate your yearly expenses carefully to determine your contribution amount. Unreimbursed funds left in the Dependent Care account at the end of the year are forfeited.

Health Care Account | Annual Contribution Limit: \$3,200

The Health Care FSA reimburses eligible healthcare expenses incurred by you or your eligible dependent (s). Eligible expenses include health care expenses, dental expenses and vision expenses. For a complete listing of eligible expenses see IRS Publication 502 at irs.gov. You must utilize the funds in the account during the plan year in which you contribute. You are allowed to carry over up to \$640 in unused funds this year. Anything unused over \$640 will be forfeited. Scan the **middle** QR code for a FSA Presentation.

Dependent Care Account | Annual Contribution Limit: \$5,000

The Dependent Care FSA reimburses for expenses incurred for the care of a child **under age 13**, a disabled child or an elder dependent adult. A paid receipt with the caregiver's name and dates of service is required. Eligible for day care centers, elder care centers, nursery schools, summer day camps, and before-and-after school. There is no carry over for unused dependent care amounts, if amount elected is not used before the end of the plan year those funds are forfeited. Scan the **last** QR code for a Dependent Care Presentation.



FSA Store



Healthcare FSA
Presentation



Dependent Care
Presentation

LIFE INSURANCE INCLUDING AD&D

Administered by The Standard

The City of St. Petersburg automatically provides all eligible Full-time employees with Basic Term Life Insurance and Accidental Death & Dismemberment (AD&D) as follows:

Classification	Amount of Insurance
Active Classified Employees	\$10,000
Professionals	\$20,000
Firefighters, Firefighter/Paramedics, Lieutenants, Fire Captain, Fire District Chiefs	1x Annual Salary rounded to the nearest \$1,000
Police Sergeant, Police Lieutenant, Police Officers, Forensics Services Technicians & Latent Print Examiners	1x Annual Salary rounded to the nearest \$1,000
Administrative Management	\$100,000
Elected Officials	\$100,000

While the City has automatically enrolled you in the Basic Term Life Insurance plan, please make sure you review and update your Beneficiaries in Oracle Self-Service. You may update your beneficiary in Oracle Self-Service at any time. Please contact the Benefits Division if necessary for questions pertaining to enrollment or beneficiaries at: 727-893-7279.

Supplemental Life Insurance for You:

You may purchase supplemental life insurance for yourself, spouse, and children with the option to choose from three different levels of coverage based on your salary.

Supplemental Life Insurance for Your Spouse:

Employees may elect coverage for spouse supplemental life insurance in amounts of \$10,000, \$25,000 or \$50,000. You may elect coverage for your spouse provided that you apply for and are approved for supplemental coverage at least 2x your spouse's coverage.

Supplemental Life Insurance for Your Child(ren):

You may cover your unmarried dependent children from age six months to age 20 (age 25 if they are enrolled as a full-time student) in the amount of \$5,000 or \$10,000. You may elect coverage for your child(ren) provided that you apply for and are approved for supplemental coverage.

Evidence of Insurability (EOI):

An EOI Form is required for supplemental insurance purchased after the initial eligibility period or for additional voluntary coverage purchased at a later date. The EOI must be submitted to The Standard by **March 8th** for approval. You can find the form on the City's Intranet site. EOI forms should be mailed to The Standard at: **The Standard Insurance Company, Medical Underwriting 900 S.W. Fifth Avenue Portland, OR 92704**

Supplemental Accidental Death and Dismemberment Insurance (AD&D)

Supplemental Accidental Life Insurance for You: Employees may purchase personal AD&D insurance coverage from \$25,000 to \$300,000 (up to a maximum of 10x your salary). You may also cover your Spouse and Children by choosing family coverage.

SUPPLEMENTAL LIFE INSURANCE RATES

(24) Payroll Deductions - Effective 4/1/2024

Salary Range	Low Option	Monthly Cost	Medium Option	Monthly Cost	High Option	Monthly Cost
\$25,000-29,000	\$25,000	\$8.43	\$50,000	\$16.85	\$75,000	\$25.28
\$30,000-34,999	\$30,000	\$10.11	\$60,000	\$20.22	\$90,000	\$30.33
\$35,000-39,999	\$35,000	\$11.80	\$70,000	\$23.59	\$105,000	\$35.39
\$40,000-44,999	\$40,000	\$13.48	\$80,000	\$26.96	\$120,000	\$40.44
\$45,000-49,999	\$45,000	\$15.17	\$90,000	\$30.33	\$135,000	\$45.50
\$50,000 or more	\$50,000	\$16.85	\$100,000	\$33.70	\$150,000	\$50.55
Spouse	\$10,000	\$2.58	\$25,000	\$6.45	\$50,000	\$12.90
Child	\$5,000	\$0.70	N/A	N/A	\$10,000	\$1.40

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D) RATES

Coverage Amount	Employee Only Monthly Cost	Family Plan Monthly Cost
\$25,000	\$0.58	\$0.88
\$50,000	\$1.15	\$1.75
\$75,000	\$1.73	\$2.63
\$100,000	\$2.30	\$3.50
\$125,000	\$2.88	\$4.38
\$150,000	\$3.45	\$5.25
\$175,000	\$4.03	\$6.13
\$200,000	\$4.60	\$7.00
\$225,000	\$5.18	\$7.88
\$250,000	\$5.75	\$8.75
\$275,000	\$6.33	\$9.63
\$300,000	\$6.90	\$10.50



FREQUENTLY ASKED QUESTIONS & OTHER PROGRAMS

What is Open Enrollment and when are changes effective? - Open Enrollment is when you can make changes to your coverage for the upcoming benefit year (**April 1, 2024 to March 31, 2025**). During Open Enrollment you may, 1) Enroll, if you previously waived coverage, 2) Cancel coverage, 3) Add or remove dependents, 4) Change coverage amounts for Supplemental Life And/or AD&D Insurance. (**Evidence of Insurability form must be submitted to The Standard by March 8th for request to increase the Supplemental Life coverage.**)

You must make your elections in Oracle Self-Services prior to the close of business on March 1, 2024.

What do I need to Enroll? - Your Oracle ID and Password are required. If you do not know your password and have a City e-mail address, go to the Oracle E-Business Suite Login page and click on the **"Forgot Username and Password"** link and follow the prompts. A new password will be e-mailed to you. If you do not have a City e-mail address, call the DoTS Help Desk at 727-893-7200 and request your Oracle password be reset. The Help Desk must speak to you and you must provide the last four digits of your Social Security number and the month and day of your birth for verification.

I am going to retire soon, what do I need to know? - If you are planning to retire between **April 1, 2024 and March 31, 2025**, this open enrollment period is your last chance to select the benefit plans you will take into retirement. Retirees don't have open enrollment periods but can make changes if they have a qualifying event. Currently, retiree premiums differ for health and life insurance but are the same for dental, vision and AD&D. More information can be found in the publication "Retiree Benefits Line". This is available in the Benefits Division and can also be found online at stpete.org/retreebenefits.

Note:

- **A valid Social Security Number must be entered in Oracle Self-Service for each covered dependent.**
- **If you wish to start or continue a Flexible Spending Account election, you MUST enroll via Oracle Self-Service.**
- **All changes and new elections must be entered in Oracle Self-Service no later than March 1, 2024.**
- **If you newly elect group health coverage for a child age 26 or over, you must complete the "Dependent Child Age 26 or over - Application for Coverage" form. A separate form for each child is required. (Visit the internet or intranet site) to print the form.**
- **Required documents must be submitted to the Benefits Division by March 8, 2024.**

I am a new enrollee, what do I do? - Collect the required information such as: Social Security Numbers, birth certificates and marriage certificates if applicable, and names of all dependents along with your Oracle password. Use Oracle Self-Service to select your benefits before the end of the enrollment period (within 30 days of your date of hire for new employees) and submit required documentation to the Benefits Division, within the prescribed time frame.



FREQUENTLY ASKED QUESTIONS & OTHER PROGRAMS

What if I don't want to make changes to my current coverage or covered benefits? - No action is required to keep your current health, dental or vision coverage. **If you have a Flexible Spending Account (FSA) and wish to participate in 2024 or if you wish to enroll in the FSA for the first time, you must enroll via Oracle Self-Service.** Confirm your address, marital status, contact information and beneficiaries in Oracle Self-Service, and make any changes that are necessary. You may change personal information and beneficiary designations at any time during the year.

What documentation will be required to add dependents? - Eligible dependents are a legal spouse and natural, adopted or stepchildren (under the age of 30 for group health; under age 26 for dental/vision). For Children - Verification of natural children must indicate you as the parent of the child. For stepchildren, verification must indicate your spouse as the child's parent. A birth certificate (not Birth Registration Card), childsupport court order, court-certified guardianship papers etc. may be used. Verification of adopted /foster children must be by official court documents indicating the child has been placed in your home.

For a Spouse - An official marriage certificate must be provided to the Benefits Division to enroll your spouse. Social Security Numbers must be input via Oracle Self-Service for all dependents.

How do I pay for my benefits? - With the City's Premium Payment Plan, cost of benefits (except for Spouse / Children's Life Insurance and Group Health coverage for non-qualifying dependents) is paid with pre-tax dollars. Deductions will be taken for 24 pay periods per year. Exception: Flexible Spending Account deductions are deducted each pay period. The Premium Payment Plan is automatic when you enroll, however, if you do not wish premium deductions to be made pre-tax, call the Benefits Division at 727-893-7279.

OTHER BENEFITS

Florida 529 Savings Plan - The Florida 529 Savings Plan is a tax-advantaged plan designed to encourage saving for future college costs. A contribution amount of your choosing is deducted, after-tax, from each paycheck and is invested in the available investment options that you choose. Contributions may be started, stopped or changed at any time. Withdrawals made for qualified higher education expenses are tax-free. Restrictions and fees apply, call 727-893-7304 for more information.

457 Deferred Compensation Plan - The City's 457 Deferred Compensation Plan is a way for you to save for retirement. Contributions are deducted on a pre-tax basis from your paycheck. You have a choice of several different investment options in which to invest your contributions. Contributions and earnings are taxable when paid out of the plan.

Contact your Pension Representative for more information and instructions on how to enroll.

Last name begins with A-L: Steven Fyalkowski 727-893-7045 or steven.fyalkowski@stpete.org

Last name begins with M-Z: Sherri McLean 727-893-7044 or sherri.mclean@stpete.org



The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Members Certificates of Coverage or the respective Summary Plan Descriptions (SPD). This guide contains a general description of benefits to which you and your eligible dependents may be entitled. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.

City of St. Petersburg reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any of all of the provisions of the benefits plans.

This open enrollment guide will be made in alternate formats for persons with disabilities upon request.



HUMAN RESOURCES

One 4th Street North • St. Petersburg, FL 33701