

# City of Gainesville

## 2025 Open Enrollment

Open Enrollment is Monday, Oct. 14-Thursday, Oct. 31,  
with benefits effective Wednesday, Jan. 1, 2025



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# Important reminders!

**Open Enrollment for the 2025 Plan Year is available Oct. 14-31, 2024**

***Benefit changes must be made no later than Thursday, Oct. 31, 2024.***

## **Workday Availability**

Open enrollment is available online through your Workday account. The Workday platform will be unavailable for weekly service updates for a maximum of four hours from Fridays at 2 a.m. (EST) through Saturdays at 6 a.m.

## **Workday Online Enrollment-Changes ONLY!**

You only need to log into Workday and go through the open enrollment process if you need to make changes to your current benefits or want to enroll in a Flexible Spending Account (FSA). It is highly recommended that all employees check their current benefits prior to determining whether online enrollment is needed or not.

## **BlueDental Choice PPO and BlueDental CoPayment Update**

As a reminder --- there is no longer a 12-month waiting period for coverage of any major or orthodontic services.

## **Should You Participate?**

Do you need to take any action during Open Enrollment? Check all boxes that apply to you.

- I want to add/terminate a coverage or dependent.
- I elect to waive my health care coverage through the City of Gainesville.
- I want to enroll or re-enroll in a Flexible Spending Account (FSA). *You must re-enroll in an FSA every plan year.*
- I want to enroll in, change or cancel coverage for myself and/or my eligible dependent(s). (e.g., from CoPay Dental to Choice Dental)

**Yes!**

If you selected any of the above options, you should participate in Open Enrollment.

- I currently cover a spouse/other eligible individual under my health benefits, and I want to continue their coverage in 2025.
- I do not want to make any changes and want to keep the exact same coverage in 2025.
- I do not want to continue or enroll in a Flexible Spending Account (FSA) for 2025.

**No!**

If you only selected the above option(s) and did not select any option in the “yes” column, you do not need to participate in Open Enrollment. However, we still recommend you review your benefits options to ensure you’re getting the best coverage.

# Open Enrollment 101

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## I'm a new employee. What do I need to do?

- If you were hired between Aug. 1-Dec. 31, 2024, please complete the New Hire event that will be in your Workday inbox **before** starting your Open Enrollment event. Please pay careful attention to this detail. Due to the structure of Workday's system, your benefits may be automatically removed if the New Hire and Open Enrollment events are completed out of sequence.
- If you are hired after Oct. 14, 2024, your New Hire benefit event should become available first. Your Open Enrollment event should also be available; however, you will still need to complete your New Hire event before completing the Open Enrollment event. Your new hire benefits will terminate at the end of 2024 and your Open Enrollment benefits are effective as of January 1, 2025.
- Please notify Risk Management if you start your Open Enrollment benefit prior to your New Hire event.

## What do I need to do?

- Review your current benefits and discuss them with your family.
- If you do not want to change your current benefits (minus Flexible Spending Accounts), you do not need to enroll online via Workday.
- If you want to make a change to your benefits (e.g., add/terminate a dependent, add/terminate a benefit, add a Flexible Spending Account), access Workday and positively elect each benefit you wish to enroll in for 2024.

## When are my Open Enrollment elections effective?

- Benefits for 2025 are effective as of January 1, 2025.
- If you are still on probation, you are not eligible to enroll in a Flexible Spending Account.
- If you are a new hire, the earliest your benefits may take effect is the first day of the month following your 30th day of employment.

## When may I make changes outside of Open Enrollment?

You may make changes if you have a *qualifying or life event* (within 30 days of the event) such as:

- A change in *marital status* (marriage, divorce)
- Adding/terminating a dependent due to birth, adoption, gaining/losing other health coverage
- Change in employment status (part-time/full-time to part-time)

## Who is eligible to be covered under my benefits?

- You, your spouse, your certified domestic partner, children (biological, step, foster, adopted, legal guardian)
- Certified domestic partner (only able to enroll at new hire and during open enrollment. Must be done in person at Risk Management.)

# Things to Do and Remember During Open Enrollment

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- Review your current elections to determine if changes are needed. If changes are needed, enroll via Workday. If no changes are needed, there is no need to enroll via Workday and your benefits will remain the same, minus the FSAs.
- Verify current dependents are eligible to enroll in respective benefits (benefits for dependents terminate at age 26). If dependents need to be added or deleted, you must enroll for your 2025 benefits via Workday and make the changes.
- Check your beneficiary information on all relevant benefits to make sure it is up-to-date
  - > Group Life (add or change beneficiary via Workday)
  - > Pension (add or change beneficiary via Workday)
- Supplemental life (enroll online via Workday)
- 457 and IRA accounts: enroll online through Workday for 457 accounts; enroll online through Workday **and** MissionSquare for IRAs. Go to page 20 for more information.
- If you wish to have a Flexible Spending Account (FSA), please enroll via Workday or you **will not have one for 2025**. Please remember that you must have completed probation by the end of open enrollment to enroll in an FSA.
- Ensure all personal information is up-to-date in Workday and if changes need to be made, please do so in Workday.
- **If you are on leave, FMLA, vacation, absent and/or otherwise not at work, and wish to have benefits, please enroll in your benefits via Workday or you will not have benefits for 2025.** Workday may be accessed from any computer, as well as the Workday mobile app. Please remember to submit all supporting documents by Oct. 31, 2024 to avoid invalid enrollments.

## Benefit Options

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As an eligible city employee, you may enroll in benefits that support your health, help you grow and protect your finances, and promote a balance of work and life. Below is an overview of all of your 2025 benefit options.

### Health Insurance

#### **Florida Blue**

- Blue Options

### Dental Insurance

#### **Florida Combined Life**

- Choice
- CoPayment
- DHMO (Blue Dental Prepaid)

### Vision Insurance

#### **Humana**

- Insight Network

### Supplemental Life Insurance

#### **Sun Life Financial**

- Employee Life (up to 5x salary)
- Spousal Life (1/2 Employee election)
- Child Life (up to age 19, non-student, 25, student)
- Accidental Death & Dismemberment (must match employee amount)

### Short-Term Disability

#### **AFLAC**

- Basic Disability

### Flexible Spending Accounts

#### **Benefit Strategies Voya**

- Medical- Max is \$3,200\* (Must have passed probation)  
*\* increased from 2024*
- Dependent Care-Max is \$5,000 (Must have passed probation)

### Legal Plan & Identity Theft

#### **LegalShield**

- Comprehensive Legal Plan
- Identity Theft

# Who is a Legal Dependent?

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- A spouse (one who is joined in marriage to an employee by a ceremony recognized by the laws of the federal government)
- A domestic partner (registered with the City of Gainesville. The completed domestic partnership affidavit must be delivered to the Risk Management office no later than Oct. 31, 2024.)
- An employee's natural, legally-adopted or stepchild under age 26.
- A child under the age of 18, for whom you have legal guardianship (permanent or deemed permanent for insurance purposes)
- A child up to the age of 26, unless they have access to their own group coverage, without eligibility rules other than the definition of dependent above
- A child 26 years or older who is incapable of self-support due to mental or physical disability, and who has a permanent disability

**All children up to age 26, married or single, are eligible for coverage on their parents' health plan.**

## Dependent Eligibility by Benefit

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### Health, Dental and Vision

- Legal dependents are eligible to enroll in these benefits until the age of 26 (whether married, a student or residing with the parent/legal guardian).
- Dependents who are over the age of 26, who are physically or mentally unable to work and are supported by the employee (medical documentation required).
- Grandchildren: Newborns up to 18 months (as long as the parent of the child is also covered by the plan).

### Supplemental Child Life

- Legal dependents are eligible to enroll in this benefit under the age of 19. If a full-time student, they may be covered until age 25.

### LegalShield

- Never-married dependent children of the employee or employee's spouse who are under 21 and living at home
- Children under age 18 for whom the employee or employee's spouse is the legal guardian
- Full-time, never-married students under 23 years old, if the student is a dependent of the employee or employee's spouse
- Any dependent child, regardless of age, who is incapable of sustaining employment because of mental or physical disability and who is chiefly dependent on the employee or employee's spouse for support

### IDSshield

- Dependents under the age of 18
- Dependents between the ages of 18-26 (living at home or a full time student or have never been married are still able to receive credit restoration services)

# Dependent Eligibility Documentation Requirements

Dependents	Documentation Required
For Spouse	Copy of marriage certificate. If previously married, death certificate or divorce decree and copy of social security card.
For Removal of Spouse/Child	None at Open Enrollment. Court decree within 30 days of decree during the contract year.
For Natural Child(ren)	Child's birth certificate (showing the parent-child relationship to employee/retiree and/or spouse) and copy of social security card.
For Adopted Child(ren)	Placement papers signed by the courts, child's birth certificate and copy of social security card.
For Disabled Child (26 years and older)	Physician verification of permanent disability, child's birth certificate and copy of social security card.
Foreign Adoptions	Adoption papers signed by the courts; visa showing date of entry to USA, child's birth certificate and copy of social security card.
For Step-Child(ren)	Child's birth certificate (showing parent-child relationship with employee/retiree's spouse); copy of marriage certificate and copy of social security card.
For Court-Ordered Support	State affidavit; copy of signed court order requiring employee/retiree to provide support for health coverage, children's birth certificate and copy of Social Security card.
For Guardianship	Court ordered guardianship, birth certificate and copy of social security card.
For Domestic Partner	City of Gainesville Domestic Partner Affidavit (notarized within 30 days of application), required documentation and you may only enroll during Open Enrollment.

## Ineligible Dependents

You must drop coverage for your enrolled dependent within 30 days of the date they lose eligibility. For example, if you divorce your spouse or end your domestic partnership relationship, you must contact Risk Management to remove your dependent spouse or domestic partner within 30 days of the divorce or end of domestic partnership.

If you fail to remove ineligible dependents, you will be required to pay all costs for any benefits that were paid on their behalf and may be subject to disciplinary action.

The following are examples of individuals who are not considered eligible dependents:

- Your spouse following a divorce
- Someone else's child (such as your nieces, or nephews), unless you have been awarded legal custody or guardianship
- Parents, parents-in-law, or grandparents, regardless of their IRS dependent status

# The City Invests in You!

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## Tuition Reimbursement

The city will reimburse employees 100% of the cost of tuition and lab fees for 18 credit hours per fiscal year. Reimbursement will be equal to the actual cost, not to exceed the State of Florida University System credit-hour rate for undergraduate or graduate courses as applicable.

Eligible employees are those appointed to regular positions who have completed their probationary period and are taking courses for college credit at an accredited institution per the U.S. Department of Education database of accredited postsecondary institutions and programs. Interested employees can refer to the Community Builder Hub (<https://gruadmin.sharepoint.com/sites/GGCommunityHub>) or Workday for more details. Applicable contracts may be viewed at [www.GainesvilleFL.gov](http://www.GainesvilleFL.gov).

## Group Term Life Insurance

The city purchases and pays the premiums for a life insurance policy for each regular employee that is equal to 200% of the annual base salary to the maximum of \$50,000. Term Insurance provides a death benefit only in the face amount stated and will be in force only while you are employed by the city. Each employee must update their beneficiaries with the Risk Management Department. These cards will be kept on permanent record at the city. If the employee wishes to change the beneficiary, the employee must follow the same process. If additional insurance beyond the group life insurance coverage provided by the city is desired, a supplemental term life option is available.

## New Hires

You have a maximum of 60 days from your first day of employment to make elections for your voluntary benefits. If you do not meet this deadline, you will have to wait until the next Open Enrollment period. If you do not make an election, the only way to make any change to your coverage is through a qualifying event or during the next open enrollment. Any changes must be requested within 30 days of the qualifying event and proof of the qualifying event must be provided.

If hired prior to Oct. 1 and your benefits have taken effect: Log into Workday only if you want to make changes for 2025.

If hired between Oct. 1 and Nov. 1, 2024, you will need to make your elections via Workday for benefits to take effect Nov. 1, 2024 or Dec. 1, 2024. If you do not enroll in 2024 benefits, you will not have coverage for 2024. If you do not want coverage for 2024, but want benefits during 2025, please complete the Open Enrollment process.





Humana is the administrator for the City of Gainesville’s vision plan.

## Bi-Weekly Premiums and Summary of Services

Biweekly premium	\$3.00 for the employee only	\$8.13 for the employee+1 or more
Eye Exam	\$10 - once every 12 months	
Lenses	\$15 - once every 12 months	
Frames	\$140 allowance (20% off balance over \$140) - once every 24 months	
Contact Lenses	\$130 allowance - once every 12 months \$55 fitting fee	

## Original Health Plan



The City of Gainesville offers its employees a comprehensive health plan. Presently, the third party administrator is Florida Blue. BlueOptions offers members the ability to choose any medical provider they wish. However, participants can maximize their benefits by choosing Network Blue “in-network” medical providers who participate in the Florida Blue PPO provider network.

### 2025 Bi-Weekly Premiums - Employee Pays

### Bi-Weekly Premiums - City Pays

	Employee	Employee +Spouse	Employee +1 Child	Employee + 2 more (Family)
Full-time (40 hours)	\$69.22	\$317.43	\$214.77	\$400.29
Half-time (20 hours)	\$218.31	\$522.65	\$369.84	\$667.93

	Employee	Employee + Spouse	Employee + 1 Child	Employee + 2 more (Family)
Full-time (40 hours)	\$298.19	\$410.43	\$310.14	\$535.29
Half-time (20 hours)	\$149.10	\$205.21	\$155.07	\$267.64

Information about this health plan and the summary of the plan is available on page 10. This plan is the higher premium and lower cost of services option.

## Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual and/or Family | Plan Type:

PPO



**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.\[insert\].com](http://www.[insert].com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-664-5295 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	In-Network: <b>\$600</b> Per Person/ <b>\$1,800</b> Family. <u>Out-of-Network</u> : <u>Combined with In-Network</u> .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual deductible until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your deductible. See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	Yes. <b>\$300</b> Pharmacy <u>Deductible</u> ; There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
<b>What is the out-of-pocket limit for this plan?</b>	Yes. In-Network: <b>\$4,500</b> Per Person/ <b>\$7,500</b> Family. <u>Out-Of-Network</u> : <b>\$5,000</b> Per Person/ <b>\$10,000</b> Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premium</u> , <u>balance-billed charges</u> , and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-664-5295 for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Important Questions	Answers	Why This Matters:
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's office</u> or <u>clinic</u>	Primary care visit to treat an injury or illness	Value Choice Provider: \$15 <u>Copay</u> per Visit / Primary Care Visits: \$15 <u>Copay</u> per Visit/ Virtual Visits: \$15 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visits services are only covered for In-Network designated providers.
	<u>Specialist</u> visit	<u>Deductible</u> + 20% <u>Coinsurance</u> / Virtual Visits: <u>Deductible</u> + 20% <u>Coinsurance</u> / Virtual Visits: <u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visits services are only covered for In-Network designated providers.
	<u>Preventive care</u> / <u>screening</u> / immunization	No Charge	40% <u>Coinsurance</u>	Physician administered drugs may have higher cost share. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	\$125 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p><b>If you need drugs to treat your illness or condition</b>            More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.floridablue.com/tols-resources/pharmacy/medication-guide">www.floridablue.com/tols-resources/pharmacy/medication-guide</a></p>	Generic drugs	\$10 Copay per Prescription at retail, \$20 Copay per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$300 Pharmacy <u>Deductible</u> + \$50 <u>Copay</u> per Prescription at retail, \$300 Pharmacy <u>Deductible</u> + \$100 <u>Copay</u> per Prescription by mail	\$300 Pharmacy <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$300 Pharmacy <u>Deductible</u> + \$80 <u>Copay</u> per Prescription at retail, \$300 Pharmacy <u>Deductible</u> + \$160 <u>Copay</u> per Prescription by mail	\$300 Pharmacy <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	\$160 <u>Copay</u> per Prescription (retail)	\$300 Pharmacy <u>Deductible</u> + 40% <u>Coinsurance</u>	Not covered through Mail Order. Up to 30 day supply for retail.
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$100 Copay per Visit/ Hospital Option 1: \$150 Copay per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost share.
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 40% <u>Coinsurance</u> / Hospital: <u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	_____none_____
<p><b>If you need immediate medical attention</b></p>	<u>Emergency room care</u>	\$250 <u>Copay</u> per Visit	\$250 <u>Copay</u> per Visit	_____none_____
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	_____none_____

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Urgent care</u>	Urgent Care Visits: \$30 Copay per Visit/ Value \$ Choice Provider: \$30 Copay - Visits 1-2 \$30 Copay for remaining Visits	Urgent Care Visits: <u>Deductible + \$30 Copay</u> per Visit/ Value Choice Provider: Not Covered	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	Hospital Option 1: \$750 Copay per Admission	<u>Deductible + 40% Coinsurance</u>	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have a higher cost share.
	Physician/surgeon fees	<u>Deductible + 20% Coinsurance</u>	<u>In-Network Deductible + 20% Coinsurance</u>	_____none_____
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Physician Office: \$15 Copay per Visit / Hospital Opt 1: \$150 Copay per Visit / Specialist Virtual Visits: \$15 Copay per Visit	<u>Deductible + 40% Coinsurance</u> /Specialist Virtual Visit :Not Covered	Virtual Visits services are only covered for In-Network designated providers.
	Inpatient services	Physician Services: No Charge / Hospital Opt 1: \$750 Copay per Admission	Physician Services: No Charge/ Hospital: <u>Deductible + 40% Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied/ Option 2 hospitals may have a higher cost-share.
If you are pregnant	Office visits	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services Childbirth/delivery facility services	<u>Deductible + 20% Coinsurance</u> Hospital Option 1: \$750 Copay per Admission	<u>In-Network Deductible + 20% Coinsurance</u> <u>Deductible + 40% Coinsurance</u>	_____none_____
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Option 2 hospitals may have a higher cost share.  Coverage limited to 30 visits.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$600
- Specialist Coinsurance 20%
- Hospital (facility) Copayment \$500
- Other No Charge \$0

This **EXAMPLE** event includes services like:  
Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
In this example, Peg would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$600
<u>Copayments</u>	\$500
<u>Coinsurance</u>	\$800
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$1,960</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$600
- Specialist Coinsurance 20%
- Hospital (facility) Copayment \$500
- Other Coinsurance 20%

This **EXAMPLE** event includes services like:  
Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
In this example, Joe would pay:	
<u>Cost Sharing</u>	
<u>Deductibles*</u>	\$800
<u>Copayments</u>	\$1,200
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$30
<b>The total Joe would pay is</b>	<b>\$2,030</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$600
- Specialist Coinsurance 20%
- Hospital (facility) Copayment \$500
- Other Copayment \$500

This **EXAMPLE** event includes services like:  
Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
In this example, Mia would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$600
<u>Copayments</u>	\$500
<u>Coinsurance</u>	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,400</b>

# New Health Plan



You spoke and your benefits team listened! A lower premium option is available to our selection of health plan benefits for 2025. The lower premium can save you money, so be sure to compare to see what is best for you and your family.

## 2025 Bi-Weekly Premiums - Employee Pays


## Bi-Weekly Premiums - City Pays

	Employee	Employee +Spouse	Employee +1 Child	Employee + 2 more (Family)
Full-time (40 hours)	\$35.64	\$249.01	\$166.92	\$312.34
Half-time (20 hours)	\$148.62	\$383.63	\$270.33	\$489.23

	Employee	Employee + Spouse	Employee + 1 Child	Employee + 2 more (Family)
Full-time (40 hours)	\$297.23	\$410.43	\$308.64	\$535.29
Half-time (20 hours)	\$148.62	\$205.22	\$154.32	\$267.65

*Information about this health plan and the summary of the plan is available on page 16. This plan is the lower premium and higher cost of services option.*

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services    **Coverage for:** Individual and/or Family | **Plan Type:** PPO

 <b>The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <a href="http://www.floridablue.com/plancontracts/group">www.floridablue.com/plancontracts/group</a>.</b> For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <a href="http://www.floridablue.com/plancontracts/group">www.floridablue.com/plancontracts/group</a> or call 1-800-352-2583 to request a copy.		
Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	In-Network: <b>\$3,000</b> Per Person/ <b>\$9,000</b> Family. Out-of-Network: <b>\$6,000</b> Per Person/ <b>\$18,000</b> Family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Preventive care.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	Yes. <b>\$300</b> Pharmacy Deductible; <b>\$500</b> In-Network/ <b>\$500</b> Out-of-Network Per Admission Deductible. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
<b>What is the out-of-pocket limit for this plan?</b>	In-Network: <b>\$6,350</b> Per Person/ <b>\$12,700</b> Family. Out-Of-Network: <b>\$15,000</b> Per Person/ <b>\$30,000</b> Family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
<b>What is not included in the out-of-pocket limit?</b>	Premium, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-352-2583 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the specialist you choose without a referral.





All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Primary Care Visits: \$40 Copay per Visit/ Virtual Visits: No Charge, <u>Deductible</u> does not apply	<u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Specialist</u> visit	Specialist: \$100 Copay per Visit/ Virtual Visits: \$100 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Preventive care</u> /screening/immunization	No Charge, <u>Deductible</u> does not apply	50% <u>Coinsurance</u>	Physician administered drugs may have higher cost share. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge, <u>Deductible</u> does not apply/ Independent Diagnostic Testing Center: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	\$400 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is available at <a href="https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide">https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide</a></p>	Generic drugs	\$10 <u>Copay</u> per Prescription at retail, \$25 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$300 Pharmacy <u>Deductible</u> + \$50 <u>Copay</u> per Prescription at retail, \$300 Pharmacy <u>Deductible</u> + \$125 <u>Copay</u> per Prescription by mail	\$300 Pharmacy <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$300 Pharmacy <u>Deductible</u> + \$80 <u>Copay</u> per Prescription at retail, \$300 Pharmacy <u>Deductible</u> + \$200 <u>Copay</u> per Prescription by mail	\$300 Pharmacy <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.	Up to 30 day supply for retail. Not covered through Mail Order.
	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$350 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	_____none_____
<p><b>If you have outpatient surgery</b></p>	Physician/surgeon fees	Ambulatory Surgical Center: <u>Deductible</u> + 50% <u>Coinsurance</u> / Hospital: <u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	_____none_____	_____none_____
	<u>Emergency room care</u>	Physician Services: <u>Deductible</u> + 20% <u>Coinsurance</u> / Facility: \$400 <u>Copay</u> per Visit	Physician Services: <u>In-Network Deductible</u> + 20% <u>Coinsurance</u> / Facility: \$400 <u>Copay</u> per Visit	_____none_____
<p><b>If you need immediate medical attention</b></p>	<u>Emergency room care</u>	Physician Services: <u>Deductible</u> + 20% <u>Coinsurance</u> / Facility: \$400 <u>Copay</u> per Visit	Physician Services: <u>In-Network Deductible</u> + 20% <u>Coinsurance</u> / Facility: \$400 <u>Copay</u> per Visit	_____none_____

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider	
	<u>Emergency Medical transportation</u>	\$400 Copay per Visit	In-Network Deductible + 20% Coinsurance	_____none_____
	<u>Urgent care</u>	Urgent Care Visits: \$100 Copay per Visit	Deductible + \$100 Copay per Visit	
	Facility fee (e.g., hospital room)	Per Admission <u>Deductible</u> + <u>Deductible</u> + 20% <u>Coinsurance</u>	Per Admission <u>Deductible</u> + <u>Deductible</u> + 50% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days.
<b>If you have a hospital stay</b>	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	_____none_____
	Outpatient services	No Charge, <u>Deductible</u> does not apply	50% <u>Coinsurance</u> / Specialist Virtual Visits: Not Covered	Virtual Visit services are <u>only</u> covered for In-Network providers.
<b>If you need mental health, behavioral health, or substance abuse services</b>	Inpatient services	No Charge, <u>Deductible</u> does not apply	<u>Physician Services</u> : No Charge, <u>Deductible</u> does not apply/ <u>Hospital</u> : 50% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
	Office visits	\$100 <u>Copay</u> on initial Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
<b>If you are pregnant</b>	Childbirth/delivery professional services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	_____none_____
	Childbirth/delivery facility services	Per Admission <u>Deductible</u> + <u>Deductible</u> + 20% <u>Coinsurance</u>	Per Admission <u>Deductible</u> + <u>Deductible</u> + 50% <u>Coinsurance</u>	_____none_____
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 60 visits.
	<u>Rehabilitation services</u>	\$100 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost share. Prior Authorization may be required. Your



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,000
- Specialist Copayment \$100
- Hospital (facility) Coinsurance 20%
- Other No Charge \$0

#### This EXAMPLE event includes services like:

Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

**Total Example Cost** \$12,700

#### In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles*</u>	\$3,500
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$1,000
<u>What isn't covered</u>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,660</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,000
- Specialist Copayment \$100
- Hospital (facility) Coinsurance 20%
- Other Coinsurance 20%

#### This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

**Total Example Cost** \$5,600

#### In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles*</u>	\$300
<u>Copayments</u>	\$1,900
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$2,200</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist Copayment \$100
- Hospital (facility) Coinsurance 20%
- Other Copayment \$400

#### This EXAMPLE event includes services like:

Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

**Total Example Cost** \$2,800

#### In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,700
<u>Copayments</u>	\$800
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,500</b>

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# Dental



The City of Gainesville offers three dental plans through Florida Combined Life to its employees. You are encouraged to evaluate each of the three plans carefully in order to choose the plan that best suits your specific needs.

Biweekly rates	Employee	Employee +Spouse	Employee +1 Child	Employee +Children	Family
BlueDental DHMO	\$6.51	\$11.20	\$11.20	\$17.24	\$17.24
BlueDental CoPayment	\$8.49	\$18.57	\$22.77	\$22.77	\$33.79
BlueDental Choice PPO	\$12.42	\$23.59	\$29.67	\$29.67	\$40.85

## BlueDental Care Prepaid (DHMO)-F series

The least expensive of the three plans is the BlueDental Care Prepaid (DHMO). This plan offers limited benefits and a limited provider network.

This plan requires the member to select a general dentist from the BlueDental Prepaid provider list and see that provider for all dental care. If the enrollee uses a different provider than assigned, the plan provides no benefit. Members have the option of changing their primary dental provider once every 30 days, if desired.

The member is only responsible for the applicable copayment for covered services. The plan has no waiting periods for major services and it does not cover orthodontics.

BlueDental Prepaid (DHMO)	In Network	Out of Network
Calendar Year Deductible (CYD)	\$0	No coverage
Preventative services	\$0	No coverage
Basic services	See the fee schedule	No coverage
Major services	See the fee schedule	No coverage
Orthodontic services	25% discount for adults and children	No coverage
Waiting period	None	No coverage
Annual maximum	None	No coverage

## BlueDental Choice PPO

The BlueDental Choice PPO plan offers a wide variety of benefits and the largest provider networks. Enrollees have the freedom to use any dental provider they choose. The plan pays a higher percentage when services are rendered by a participating provider. The member may experience balance billing for all amounts not paid by the plan when using a non-participating provider.

Participating dental providers are responsible for submitting all claim forms for services provided. The member is responsible for filing all claims for services received from a non-participating provider. The plan has no waiting periods for major services and it does not cover orthodontics.

BlueDental Choice PPO	In Network	Out of Network
Calendar Year Deductible (CYD)	\$50	\$50
Preventative services	\$0	20% of allowance, plus balance billing
Basic services	20% of allowance	50% of allowance, plus balance billing
Major services	50% of allowance	60% of allowance, plus balance billing
Orthodontic services <i>for children age 19 years or younger only</i>	50% of first allowable \$1,000, then 100% of the balance	No coverage
Waiting period	none	none
Annual maximum	\$1,500	\$1,500

## BlueDental CoPayment

The BlueDental Choice Copayment plan offers a wide variety of benefits and a moderate provider network. Enrollees have the freedom to use any dental provider they choose. However, the plan rewards members for using a participating provider with a well-defined co-payment fee schedule. Participating dental providers are responsible for submitting all claim forms for services provided.

Services received from a non-participating provider are paid at a percentage of allowed charges and the member is responsible for all amounts not paid by the plan. The member is responsible for filing all claims for services received at a non-participating provider.

The plan has no waiting periods for major services and it does not cover orthodontics.

BlueDental CoPayment	In Network	Out of Network
Calendar Year Deductible (CYD)	\$50	\$50
Preventative services	\$10	30% of allowance, plus balance billing
Basic services	See the fee schedule	50% of allowance, plus balance billing
Major services	See the fee schedule	65% of allowance, plus balance billing
Orthodontic services <i>for children age 19 years or younger only</i>	Cost minus \$1,000	No coverage
Waiting period	none	none
Annual maximum	\$1,500	\$1,500

# BlueDental Care

## Group Plan P220

### Benefits Schedule

THIS IS A PREPAID LIMITED DENTAL PLAN ISSUED BY FLORIDA COMBINED LIFE INSURANCE COMPANY, INC. UNDER CHAPTER 636, FLORIDA STATUTES

These copayments are the maximum fees that will be charged by participating General Dentists for the specified covered services.

ADA Code	Procedure	Patient Pays \$	ADA Code	Procedure	Patient Pays \$
<b>Appointments</b>			<b>Crown &amp; Bridge (cont)</b>		
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	15	2790*	Crown – full cast high noble metal	280
9430	Office Visit (normal hours)	5	2791	Crown – full cast predominantly base metal	280
9440	Office Visit (after regularly scheduled hours)	35	2792*	Crown – full cast noble metal	280
9999	Emergency visit during regularly scheduled hours, by report	20	2910	Recement inlay	15
9999	Broken appointments (without 24 hr notice, per 15 min) Maximum \$40 per broken appointment. No charge will be made due to emergencies	10	2920	Recement crown	15
<b>Diagnostic</b>			2930	Prefab stainless steel crown – primary tooth	75
120	Periodic oral evaluation	0	2950	Core build-up, including any pins	45
140/150/160	Limited/Comprehensive oral evaluation	0	2951	Pin retention – per tooth	15
145	Oral eval for patient under 3 yrs. old and counseling w/ primary caregiver	0	2952	Cast post and core in addition to crown	90+Lab
180	Comprehensive periodontal evaluation	10	2953	Each additional cast post – same tooth	90+Lab
210	X-Ray Intraoral - complete series including bitewings	0	2954	Prefabricated post and core in addition to crown	90
220	X-Ray Intraoral - periapical first film	0	2962	Labial veneer (porcelain laminate) - laboratory	280+ Lab
230	X-Ray Intraoral - periapical - each additional file	0	<b>Endodontics</b>		
270	X-Ray Bitewing – single film	0	3220	Therapeutic pulpotomy	35
272	X-Ray Bitewings – two films	0	3221	Pulpal debridement, primary and permanent teeth	100
273	Bitewings – three films	0	3310	Root canal therapy – anterior (excluding final restoration)	100
274	Bitewings – four films	0	3320	Root canal therapy – bicuspid (excluding final restoration)	200
330	Panoramic film	0	3330	Root canal therapy – molar (excluding final restoration)	250
460	Pulp vitality tests	0	3410	Apicoectomy/periradicular surgery – anterior	125
470	Diagnostic casts	0	<b>Periodontics (Gum Treatment)</b>		
<b>Preventive Care</b>			4210	Gingivectomy/gingivoplasty – 4+ teeth per quad	125
1110/1120	Prophylaxis - adult/child - routine (once ev. 6 months)	0	4211	Gingivectomy/gingivoplasty – 1-3 teeth per quad	40
1110/1120	Prophylaxis - adult/child - (additional)	20	4341	Periodontal scaling and root planing - 4+ teeth per quad	50
1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age)	0	4342	Periodontal scaling and root planing - 1-3 teeth per quad	50
1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)	0	4355	Full mouth debridement to enable eval and diagnosis	45
1330	Oral hygiene instruction	0	4381	Localized delivery of antimicrobial agents (per tooth)	45
1351	Sealant – per tooth	10	4910	Periodontal maintenance	50
1510	Space Maintainer – fixed – unilateral	45+Lab	<b>Prosthodontics</b>		
1515	Space Maintainer – fixed – bilateral	45+Lab	5110	Complete denture – maxillary	300+Lab
1520	Space Maintainer removable – unilateral	85+Lab	5120	Complete denture – mandibular	300+Lab
1525	Space Maintainer removable – bilateral	85+Lab	5130	Immediate denture – maxillary	300+Lab
1550	Recementation of space maintainer	10	5140	Immediate denture – mandibular	300+Lab
<b>Restorative</b>			5211	Maxillary partial denture – resin base	300+Lab
2140	Amalgam – one surface, primary or permanent	0	5212	Mandibular partial denture – resin base	300+Lab
2150	Amalgam – two surfaces, primary or permanent	0	5213	Maxillary partial denture – cast metal framework, resin denture bases	300+Lab
2160	Amalgam – three surfaces, primary or permanent	0	5214	Mandibular partial denture – cast metal framework, resin denture bases	300+Lab
2161	Amalgam – 4+ surfaces, primary or permanent	0	5410	Adjust complete denture – maxillary	15
2940	Sedative filing	15	5411	Adjust complete denture – mandibular	15
2999	Sedative base (under filings), by report	0	5421	Adjust partial denture – maxillary	15
<b>Restoration</b>			5422	Adjust partial denture – mandibular	15
2330	Resin – one surface, anterior	35	<b>Repairs to Prosthetics</b>		
2331	Resin – two surfaces, anterior	40	5510	Repair broken complete denture base	15+Lab
2332	Resin – three surfaces, anterior	50	5520	Replace missing or broken teeth - complete denture (each tooth)	15+Lab
2391	Resin-based composite – one surface, posterior	60	5610	Repair resin denture base	15+Lab
2392	Resin-based composite – two surfaces, posterior	80	5630	Repair or replace broken clasp	15+Lab
2393	Resin-based composite – 3 surfaces, posterior	100	5640	Replace broken teeth – per tooth	15+Lab
2394	Resin-based composite – 4+ surfaces, posterior	120	5650	Add tooth to existing partial denture	30+Lab
2510	Inlay – metallic – one surface	95	5730	Reline complete maxillary denture (chairside)	50
2520	Inlay – metallic – two surfaces	105	5731	Reline complete mandibular denture	50
2530	Inlay – metallic – three or more surfaces	130	5740	Reline maxillary partial denture (chairside)	50
<b>Crown &amp; Bridge</b>			5741	Reline mandibular partial denture (chairside)	50
2740	Crown – porcelain/ceramic substrate	280+ Lab	5750	Reline complete maxillary denture (laboratory)	35+Lab
2750*	Crown – porcelain fused to high noble metal	280	5751	Reline complete mandibular denture (laboratory)	35+Lab
2751	Crown – porcelain fused to predominantly base metal	280	5760	Reline maxillary partial denture (laboratory)	35+Lab
2752*	Crown – porcelain fused to noble metal	280			

(The information provided above is the Benefits Schedule for Certificate of Coverage 50480-1102 SR. It is provided to the employee as an aid in deciding whether to enroll in the plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits Under the plan.)



ADA Code	Procedure	Patient Pays \$
<b>Repairs to Prosthetics (cont.)</b>		
5761	Reline mandibular partial denture (laboratory)	35 + Lab
5850	Tissue conditioning – maxillary	30
5851	Tissue conditioning – mandibular	30
<b>Prosthetics (Fixed)</b>		
6210*	Pontic – cast high noble metal	280
6211	Pontic – cast predominantly base metal	280
6212*	Pontic – cast noble metal	280
6240*	Pontic – porcelain fused to high noble metal	280
6241	Pontic – porcelain fused to predominantly base Metal	280
6242*	Pontic – porcelain fused to noble metal	280
6750*	Crown – porcelain fused to high noble metal	280
6751	Crown – porcelain fused to predominantly base metal	280
6752*	Crown – porcelain fused to noble metal	280
6790*	Crown – full cast high noble metal	280
6791	Crown – full cast predominantly base metal	280
6792*	Crown – full cast noble metal	280
6930	Recement fixed partial denture (per unit)	10
<b>Extractions/Oral and Maxillofacial Surgery</b>		
7111	Coronal Remnants, deciduous tooth	0
7140	Extraction, erupted tooth or exposed root	0
7210	Surgical removal of erupted tooth	40
7220	Removal of impacted tooth – soft tissue	50
7230	Removal of impacted tooth – partially bony	70
7240	Removal of impacted tooth – completely	85
7250	Surgical removal of residual tooth roots	35
7310	Alveoloplasty in conjunction with extractions - per quadrant	35
7320	Alveoloplasty not in conjunction with extractions - per quadrant	70
7510	Incision and drainage of abscess – intraoral	25
<b>Adjunctive General Services</b>		
9215	Local anesthesia	0
9230	Analgesia (nitrous oxide – per 15 minutes)	15
9450	Case presentation, detailed and extensive treatment planning	0
9951	Occlusal adjustment – limited	25
9952	Occlusal adjustment – complete	150

\* THESE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS (HIGH NOBLE) AND SEMIPRECIOUS (NOBLE) METAL.

THE ADDITIONAL COST OF PRECIOUS METAL SHALL NOT EXCEED \$125 PER UNIT AND \$75 PER UNIT FOR SEMIPRECIOUS METAL.

**NOTE:**

1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
2. WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL \$50.00 PER UNIT.

**SPECIALISTS**

Should you need a specialist, (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist\* \* ), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. Upon identification of yourself as an FCL member, you will receive a 25% reduction from usual and customary fees for covered service performed. Specialist services are available only in areas where the dental plan has a participating specialist.

\*\* Limited to treatment of children up to age 11.

**Limitations and Exclusions**

1. No service of any dentist other than a participating general dentist or participating specialist will be covered by FCL, except out-of-area emergency care as provided in the certificate.
2. FCL does not provide coverage for the following services:
  - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
  - b) Services which in the opinion of the participating general dentist or participating specialist are not needed to establish and/or maintain the member's good oral health.
  - c) Any service that is not consistent with the normal and/or usual services provided by the participating general dentist or participating specialist or which in the opinion of the participating general dentist or participating specialist would endanger the health of the member.
  - d) Any service or procedure which the participating general dentist or participating specialist is unable to perform because of the general health or physical limitations of the member.
  - e) Any dental treatment started prior to the member's effective date for eligibility of benefits.
  - f) Services for injuries and conditions which are covered and paid for under Workers' Compensation or employers' liability laws.
  - g) Treatment for cysts, neoplasms and malignancies.
  - h) General anesthesia.












## HAVE YOU EVER?

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Needed your Will prepared or updated</li> <li><input type="checkbox"/> Been overcharged for a repair or paid an unfair bill</li> <li><input type="checkbox"/> Had trouble with a warranty or defective product</li> <li><input type="checkbox"/> Signed a contract</li> <li><input type="checkbox"/> Received a moving traffic violation</li> <li><input type="checkbox"/> Had concerns regarding child support</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Worried about being a victim of identity theft</li> <li><input type="checkbox"/> Been concerned about your child's identity</li> <li><input type="checkbox"/> Lost your wallet</li> <li><input type="checkbox"/> Worried about entering personal information online</li> <li><input type="checkbox"/> Feared the security of your medical information</li> <li><input type="checkbox"/> Been pursued by a collection agency</li> </ul> |
|--|--|

## WHAT IS LEGALSHIELD?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

### THE LEGALSHIELD® MEMBERSHIP INCLUDES:

-  ✓ Legal advice - personal and business legal issues\*
-  ✓ Letters/ calls made on your behalf\*
-  ✓ Contracts & documents reviewed (up to 10 pages)\*
-  ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney,
-  ✓ Moving Traffic Violations (available 15 days after enrollment)
-  ✓ IRS Audit Assistance
-  ✓ Trial Defense (if names defendant/ respondent in a covered civil action suit)
-  ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  ✓ 24/7 Emergency Access for covered situations
-  ✓ Residential Mortgage Document assistance
-  ✓ Assistance with Uncontested Separation, Divorce, Name Change, and Adoption

*LegalShield legal plans cover the member; member's spouse/partner; never married dependent children under 21 living at home; dependent children under age 18 for whom the member is the legal guardian; never married, dependent children up to age 23 if a full-time college student; and physically or mentally disabled dependent children.*

### THE IDSHIELD™ MEMBERSHIP INCLUDES:



#### Privacy Monitoring

Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provide you with comprehensive identity protection service that leaves nothing to chance.



#### Security Monitoring

SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.



#### Consultation

Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.



#### Full Service Restoration

Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

*Family IDShield plan covers the member; member's spouse/partner; never married, dependent children and full-time college students up to age 26. Dependents will receive unlimited consultation and complete restoration benefit. Monitoring is not available for dependents between age 18-26.*

Payroll Deduction (Biweekly)	Individual	Family
LegalShield	\$7.27	\$7.27
IDShield	\$3.90	\$7.36
Combined	\$11.17	\$13.25

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan consultant for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

# Additional Benefits Offered

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## Short-Term Disability Insurance

Short-term disability insurance is designed to provide partial income replacement should you be out of work due to an illness or injury. Short-term disability coverage does not provide income replacement for a work-related injury. There are benefit limitations for disability due to pregnancy and childbirth. This coverage is only available to the employee, not dependents. The bi-weekly premium will vary based on level of benefit, age and length of elimination period.

Employees must contact the AFLAC representative, Soteria Mallard, at 352-317-3835 for premium quote and enrollment **before** enrolling via Workday.

## Supplemental Life

Supplemental term life insurance is offered to City of Gainesville employees through Sun Life Financial. The policy allows employees to purchase life insurance at group rates with the convenience of payroll deduction. Rates are age-banded. Therefore, premiums will vary from person to person based on an individual's age and the amount of coverage requested. Premiums are based on the coverage amount and age as of January 1 of the policy year.

If you and your spouse both work for the city, you cannot cover one another as dependents, and only one of you may insure any dependent children. There is an optional Accidental Death and Dismemberment (AD&D) rider equal to the amount of life insurance. This option is for the employee only.

This policy is portable and can be taken with you, when you leave employment with the City of Gainesville. Term insurance has no cash value accumulated. Rates are for a fixed term and increase as you get older.

As a new hire, spouses and certified/registered domestic partners are eligible for Guarantee Issue Amounts of half the coverage of the employee or \$50,000, whichever is less. Coverage for children is available in amounts of \$1,000, \$5,000 or \$10,000, and your unmarried children from live birth but less than age 19, or less than age 25, if a full-time student may be covered. After 30 days of employment, any elections for the city's supplemental life plans will require new hires to answer health questions for enrollment.

### **Q. When should I complete an Evidence of Insurability (EOI) application for my supplemental life insurance policy?**

A. Please complete an EOI application for your policy by answering health questions, provided you are:

- Enrolling in an employee policy as a late entrant (anytime outside of days 1-30 of new hire) total of 60 days for election.
- Enrolling in an employee policy for the first time and the requested coverage amount is more than \$150,000 (as a new hire) Enrolling during Open Enrollment and requesting more than \$20,000 as a late entrant.
- Enrolling a spouse for the first time (outside of new hire) or increasing a spouse's coverage amount
- Increasing a current policy (employee) by more than a \$10,000 increment
- Increasing by \$10,000 and you are enrolled in a policy over \$150,000
- Increasing a current policy (child)
- Enrolling children for the first time

### **Q. Where can I find the Evidence of Insurability application?**

A. Please use the link in Workday. This link will direct you to our external vendor portal where you may complete the health questionnaire.

### **Q. What will happen if I do not complete an EOI as required?**

A. Your supplement life plan **will** be removed from your benefit elections or reduced to a lower coverage amount.

## Family and Medical Leave Act (FMLA)

Please contact Employee Health Services if you qualify for FMLA. They will help you get started with this process.

Eligible employees may take a maximum of 12 weeks of family and medical leave each calendar year. Certification must be obtained from a health care provider and approved by Employee Health Services. This leave may be paid (if applicable leave is available) or unpaid. The FMLA Leave Year is defined as the 12-month period measured forward from January 1 each year. FMLA will be granted for:

- The birth of a child and care for a child within 12 months following the birth. \*\*
- The placement of a child with the employee. Leave must be taken within 12 months following placement.
- To care for the spouse, child, or parent of the employee who has a “serious health condition.”
- If the employee is unable to perform his or her own job because of the employee’s own serious health condition.
- An eligible employee who is the spouse, son, daughter, parent or next of kin of a covered service member, as defined by the FMLA, who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member. This military caregiver leave is available during “a single 12-month period” during which an employee is entitled to a combined total of 26 weeks of all types of FMLA leave.
- An employee who exceeds the 12-week FMLA period and is placed in a “Leave without Pay” status, will become ineligible for benefits. Subsequently, the employee’s benefits will be terminated. When the employee returns to work, the benefits will be reinstated, and the employee will be responsible for any missed deductions. Should the employee choose not to return to work, then the balance will be deducted from the last paycheck or the pension refund of a non-vested employee. If vested and the employee terminates employment, any outstanding premiums owed will be billed to the employee and will be assigned to an external collections agency, if not paid.

\*\*To add a newborn to the benefits, copies of the birth certificate and Social Security card must be sent to Risk Management. Sending the birth certificate to Employee Health Services does not enroll newborns in insurance coverage.



## Flexible Spending Accounts

The City of Gainesville offers two flexible spending accounts (FSA) for its employees: a medical reimbursement account and a dependent care reimbursement account. These accounts allow employees to set money aside to pay for health care or dependent care expenses on a pre-tax basis. Any reimbursement from the account is also tax-free. Important note: These contributions are deducted from your earnings prior to calculation of federal taxes. The employee determines the annual amount they wish to contribute. The annual contribution amount is divided by 26, the number of paychecks per year, and deducted from the employees pre-tax earnings over the course of the year.

Flexible spending accounts are “use it or lose it” accounts. Any amounts not used by the end of the plan year are forfeited. A mandatory bi-weekly administration fee of \$1.75 must be paid in addition to your bi-weekly medical and dependent care reimbursement account deduction.

### Medical Reimbursement Account

A medical reimbursement account can be used to offset eligible medical, dental or vision expenses incurred by you, your spouse or eligible dependent children. Expense eligibility is determined by the Internal Revenue Service. Examples of eligible expenses are deductibles, co-payments and co-insurance payments. The employee has access to 100% of the elected contribution amount January 1, 2025. The annual maximum allowed for 2025 is \$3,200.

In order to be eligible for reimbursement, services must be performed/received between January 1, 2025 and March 15, 2026 and while you are an active participant in the account. All claims for reimbursement must be submitted to Voya no later than May 31, 2025. All participants will receive a debit card for health-related expenses. Should you want more than one card, please contact Voya (additional fees apply). New cards are issued once your current one expires; check the expiration date on the front of your card.

#### **Some examples of common expenses you might have are:**

- Calendar year deductibles
- Co-payments and co-insurance
- Prescriptions
- Dental fees and services and/or orthodontic fees
- Eye exams, glasses, contacts and/or Lasik
- Hearing Aids

### Dependent Care Reimbursement Account

The Dependent Care Reimbursement Account gives the employee an opportunity to set aside pre-tax dollars to pay for qualifying dependent daycare expenses. Presently, the maximum one can contribute to this account this year is \$5,000. A Dependent Care Reimbursement Account may be right for you if:

- You incur daycare expenses so you can work or look for work.
- You are married and you incur daycare expenses so you can work full time and your spouse can work or go to school full time.
- You incur daycare expenses so you can work full time and your spouse, legal dependent or elderly parent is incapable of self-care.

Expenses eligible for reimbursement include the cost of care for dependents who meet the IRS definition of a dependent as follows:

- Charges for care of dependents under the age of 13, who reside in your household.
- Charges for the care of dependent adults or children, who are mentally or physically incapable of self-care, and spend at least eight hours a day in your household. You must provide proper documentation of such conditions.
- The cost of summer camp tuition if it is a day camp.
- The Dependent Care Reimbursement Account is a “dollar in, dollar out” type of account where an employee can only be reimbursed the amount currently contributed. All claims for reimbursement from a 2024 account must be received by Voya no later than May 31, 2025.



## City Defined Benefit Pension Plans

The City of Gainesville maintains two defined benefit pension plans for its employees. The Consolidated Police Officers' and Firefighters' Retirement Plan covers any full-time regular employee who is certified as a firefighter as a condition of employment or any full-time regular employee who is certified or required to be certified as a law enforcement officer for the City of Gainesville. All other regular employees of the City of Gainesville are covered under the Employees' Pension Plan.

Participation in either pension plan requires a mandatory contribution from both the employee and the City of Gainesville. The city takes responsibility for producing the needed level of investment returns to meet the current and future pension benefit obligation of its retirees. Currently employees covered by the Consolidated Police Officers' Plan contribute 7.5% and employees in the Consolidated Firefighters' Retirement Plan contribute 9% of earnings during participation in the Plan. Those covered by the Employees' Pension Plan are required to contribute 5% of earnings during participation in the Plan. Contributions cease when an employee enters the Deferred Retirement Option Program (DROP).

These plans are tax-qualified defined benefit plans. Because the plans are tax-qualified, you will not pay any income tax currently on the contributions you make to that plan. Instead, you will be taxed when you receive benefits under the plans, at which time you may be in a lower tax bracket than during your peak earning years. Because the plans are defined benefit plans, your ultimate benefit depends upon factors such as your compensation level, years of service, and the form in which your benefits are paid.

The plans are designed to provide a measure of economic security for retirement in addition to that provided by Social Security and your own personal savings. You are encouraged to establish and maintain your own retirement savings program and not to rely solely on Social Security and employer provided retirement benefits.

Although both plans are very similar in how they work, each plan has different criteria to define eligibility, plan multipliers for benefit calculation, COLA eligibility and DROP eligibility.

Summary Plan Descriptions for all plans are located on the City of Gainesville website, under the Financial Services Department, at [www.GainesvilleFL.gov](http://www.GainesvilleFL.gov). These Summary Plan Documents (SPD) are updated every two years.

## Supplemental Retirement Planning

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### Retiree Health Saving (RHS)

The City of Gainesville provides a Retiree Health Savings (RHS) plan which serves as a tool to help employees save money for post-employment medical expenses. The following are the mandatory amounts contributed to an RHS account on a bi-weekly basis:

- Regular employees (excluding Police, Fire, and CWA): 0.5%
- CWA covered employees: 1.5%
- Police Lieutenants: 5%
- Fire District Chiefs: 2%

The money deposited into the account goes in tax-free, the earnings on the account grow tax-free, and the best part is, when you make a withdrawal for qualified medical, dental, vision, or long-term care expenses, the reimbursements from the account are tax-free.

A qualified expense is any out-of-pocket expense related to your health plan such as a deductibles, co-pays, non-cosmetic dental and vision services. Reimbursement can be made for the account holder and any eligible dependents. The money in the account can start being withdrawn when the employee retires (or leaves employment).

## 457 Deferred Compensation Plan

In addition to the city's pension plan, employees may also contribute to a 457 Deferred Compensation Plan to help build additional income for retirement. Employees can save tax-deferred money for retirement with the convenience of pretax payroll deductions. Contributions are taxed only upon withdrawal from your account and there is no penalty associated with the withdrawal of your 457 money after leaving employment. Withdrawal may not be made while you are still employed except under an extreme hardship condition as defined by the IRS. You control your investments and have several investment options available to you. Annual maximum regular contributions are presently \$23,000. If you are over the age of 50, you may contribute an additional \$7,500 per year. There is also a catch up provision available to those who are within four years of normal retirement. For 2025, the law will allow individuals between 60-63 years old to make additional contributions, equal to \$10,000 or 150% of the catch-up amount (whichever is greater). Note: Contribution limits for the upcoming year are published mid-October of each year. Contributions may be either a set dollar amount or a percent of your earnings.

## Roth IRA\*

Employees are also able to contribute to a Roth IRA through payroll deduction. Contributions in a Roth IRA are made after taxes; however, the growth is tax free and, if the account is held for five years and you are age 59 1/2, you will not pay taxes on the amount you withdraw from your account. At any time, the Roth IRA owner may withdraw up to the total contributions (in nominal dollars) without penalty. Withdrawal of the earnings prior to the above mentioned rules will result in federal income tax plus a 10% penalty on the amount. You control your investments and have several investment options available to you. Regular contributions are currently \$7,000. If you are at least 50 years old, you may contribute an additional \$1,000. Contributions can only be made as a set dollar amount.

\* **Enrolling in ROTH IRA:** If you are enrolling in an IRA, please make sure you enroll on Mission Square's website ([www.missionsq.org](http://www.missionsq.org)) first, and then enroll in Workday or your election cannot be honored.

## Roth 457

Employees may continue to contribute to a Roth 457 for 2025. In addition to potentially tax-free distributions in retirement, the ability to make Roth contributions to your 457 plan has the following benefits:

- **Higher after-tax contribution limits than Roth IRAs** - 457 plans allow for greater after-tax savings.
- **Eligibility at all income levels** - Unlike Roth IRAs, everyone with earned income is eligible to make Roth contributions to a 457 plan.
- **Tax planning** - Having both pre-tax assets and Roth assets available in retirement can be a valuable benefit, allowing you to choose the source of funds most advantageous to your situation at the time of the distribution.

# **What are my options if I leave the City?**

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## **Cobra Continuation Coverage**

Under COBRA—the Consolidated Omnibus Reconciliation Act of 1985, Title X, terminated employees and their eligible dependents may continue group health plan coverage. We urge you to read this description of the “continuation coverage” option carefully, and to make sure you read and understand the rights and responsibilities in connection with this continuation of coverage.

## **The Benefits**

If you are currently covered under the City of Gainesville Health Plan, your benefits will terminate at the end of the month of employment termination. However, you will be entitled to continue your and your family’s health plan coverage for up to 18 months from the date of coverage termination (voluntary or involuntary termination). The 18-month period may also be extended if other events (such as a death or divorce) occur during that 18-month period. Dependents who no longer qualify as dependents under the City of Gainesville Health Plan are eligible to apply for continuation of coverage. If you should die or become divorced, and if your spouse and dependents are covered by the City of Gainesville Health Plan at that time, they are entitled to continue health coverage for up to 36 months. If you have a newborn child, adopt a child or have a child placed in your home (for whom you have legal financial responsibility), while your COBRA continuation is in effect, you may add this child to your coverage.

## **When Coverage Ends**

If you or covered members of your family become entitled to Medicare or are covered under another employer-sponsored health plan, which does not limit coverage due to preexisting conditions, the continuation coverage from the City of Gainesville Health Plan will cease. In addition, your coverage will cease if the City of Gainesville should terminate the Health Plan or you cease to pay premium. Once the period of coverage continuation has expired, anyone receiving continuation coverage will be eligible to convert to individual policies, as provided under the City of Gainesville Plan.

## **Termination of Benefits - Accounts will be reconciled**

Terminating employees will have their benefits calculated based upon the monthly (not bi-weekly) cost of the benefit to reconcile accounts owed to the city.

## **Monies Owed Collections**

When a non-vested employee terminates, pension contributions will be refunded. If the employee is vested, the remaining premiums owed will be collected from the final paycheck. If there is not enough money to cover the cost of the premiums, the employee will be billed. If payment is not tendered, the account will be assigned to a collection agency.



# Work & Life

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The City of Gainesville strives to offer its employees a comprehensive benefits package. The benefits include paid holidays, a variety of leave time, tuition reimbursement, access to health, dental and vision insurance, deferred compensation, supplemental retirement accounts and much more.

## Paid Holidays

All regular (non-safety) employees receive the following paid holidays:

- New Year's Day
- Memorial Day
- July Fourth
- Veterans Day
- Day after Thanksgiving
- MLK's Birthday
- Juneteenth
- Labor Day
- Thanksgiving Day
- Christmas Day

CWA and MAP employees receive one additional holiday, to be determined by City Administration. Employees covered by collective bargaining agreements should refer to their unit contract for additional holiday information.

## Jury Duty

Any employee who is required to perform jury service during his or her normal working hours in a county, state or federal court will be paid their regular rate of pay for the period of such service.

## Bereavement Leave

In the event of a death in an employee's immediate family (as defined in HR Policy Number L-2 or appropriate collective bargaining agreement), they may be granted bereavement leave with pay for up to a maximum of three working days, and shall have access to PCLB hours for up to an additional two working days.

## Banking

City employees may become members of the Alliance Credit Union of Gainesville. SunTrust Bank offers free personal checking to city employees with payroll direct deposit, as well as offers other bonuses and discounts.

## Training Classes

Gainesville Corporate University (GCU) strives to create a learning environment designed to meet the developmental needs of all employees. GCU provides learning opportunities designed to address everything from technical knowledge to professional and leadership development. Classes are available to employees at no cost.

## Military Leave

### Reserve or Guard Annual Training

The city shall grant a military leave of absence with pay to any employee called to temporary active or inactive duty for:

- Annual training with the National Guard
- A reserve unit of the United States Military
- Attending evening or weekend military training which conflicts with their work schedule
- Time off shall be granted for the purpose of attending military training for the period not to exceed 240 working hours in any one calendar year

### Reserve or Guard Active Military Service (not annual training)

- The city shall grant military leave of absence to any employee called to active military service (not annual training) with the National Guard or military reserve unit of the United States.
- For the purpose of active military service, the first 30 calendar days of any such leave of absence shall be with full pay from the city.

# Personal Leave

An employee may be granted personal leave for a period of time not to exceed a total of one year, for the following reasons:

- Family health-related problems not defined within the FMLA policy, or beyond the time limits of the FMLA
- Military leave not covered under the Military Leave Policy (HR Policy L8)
- Education
- Extenuating personal reasons
- If an employee is in leave without pay status (LWOP) and is not on FMLA, benefits will terminate at the end of the month the leave is exhausted. If an employee is in LWOP status for more than 90 days, an adjustment will be made to the employee's credited service time.

## Leave Accruals

The City of Gainesville offers its employees paid vacation and sick time or PTO (paid time off) depending upon the specific collective bargaining agreement.

ATU, CWA* and MAPs Employees	
Continuous Service	Accrual Rates
0-5 years	6 hours and 10 minutes
5-10 years	7 hours and 42 minutes
10-15 years	8 hours and 37 minutes
15-20 years	9 hours and 14 minutes
20-25 years	10 hours and 28 minutes
25 years or more	10 hours and 47 minutes

FOP and PBA Police Department	
Continuous Service	Accrual Rates
1-5 years	80 hours
5-10 years	96 hours
10-15 years	120 hours
15-20 years	136 hours
20-25 years	168 hours
25 years or more	176 hours

\*CWA employees only have access to a total of 24 hours PTO during the initial six-month probationary period. The remaining balance is credited to the employee upon successful completion of probation.

IAFF Fire Department		
Continuous Service	Accrual Rates 42 hour employees	Accrual Rates 42 hour IAFFDC employees
1-5 years	80 hours/year	3.70 hours/pay period
5-10 years	100 hours/year	4.32 hours/pay period
10-15 years	120 hours/year	5.23 hours/pay period
15-20 years	140 hours/year	5.85 hours/pay period
20-25 years	160 hours/year	7.08 hours/pay period
25 years or more	160 hours/year	7.40 hours/pay period

## **Employee Assistance Program (EAP)**

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The City of Gainesville offers three free counseling visits annually to all city employees and their families. These visits are confidential and sustain job security. Should you wish to participate in these services, a supervisor may refer you, or you may contact the provider directly. The city partners with Clinical Psychology Associates for North Central Florida for this service. They may be reached at 352-336-2888.

## **Employee Health Services**

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Employee Health Services is open Monday through Thursday 7 a.m. to 5:30 p.m., and Friday 7 a.m.-5 p.m., excluding holidays. The city's Nurse Practitioner is available Monday through Thursday

Phone: 352-334-5037

Fax: 352-334-3185

Employee Health Services provides many **free** and low cost benefits available to help reduce out-of-pocket health care expenses. Employee Health Services will not be your primary health care provider.

***Visit the Nurse Practitioner for acute care visits.  
By appointment only!***

### **Urgent Care Visits**

- Sore throat
- Ear infections
- Flu symptoms
- Dizziness
- Rashes
- Urinary tract infections

### **Laboratory Testing**

**All** employees, retirees and their spouses on the city's health plan receive any labs drawn at Employee Health Services free of charge. Please call to confirm availability for testing and to schedule an appointment.

### **Injections**

- Free tetanus vaccines
- Hepatitis A and B vaccines (please call to see if you qualify for free or low-cost)
- Free flu, pneumonia and COVID-19 vaccines are available once a year for all health plan members. Services are provided from an external vendor. All others may require a small fee. (pending availability)

### **Physical Exams**

All employees are eligible for a "five-year physical" beginning at age 35, then every five years thereafter.

## Blood Pressure & Blood Sugar Checks

Live a healthier life. Monitor your blood pressure and blood sugar. Available **free** of charge by appointment.

## Athletic Training & Ergonomics

- Injury Assessment
- Injury Rehabilitation
- Injury Management
- Brace Fitting
- Crutch Fitting
- Reconditioning
- Fitness Assessment
- Ergonomic Assessment and Training
- Back Injury Prevention

## PROclub

Available to **all** employees and spouses enrolled on the health plan. Between the months of February and October, participants earn points for certain healthy lifestyle activities. By meeting the minimum program point requirement, employees will receive a \$350 rebate (additional \$250 for spouses) from health insurance premiums. The rebate is usually paid in early December. Well Care points are awarded for completing any service covered under adult Well Care Services.

**Registration for participation in PROclub is required each year.**

## Wellness Services

The City of Gainesville values the wellness of its employees. The city's Wellness Program offers a team of professionals to assist employees and their families establish and maintain a healthy lifestyle. This team includes experts in several areas, including exercise physiology and athletic training.

## Wellness Coaching Services

- **Free** Wellness Center Memberships
- Personalized Exercise Program Design
- Fitness Testing
- Body Composition Evaluations
- Group Exercise Classes
- Health Education Classes
- Basic Nutrition Guidance

***Employees must be off probation in order to participate in these programs.***

# Contact Information

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If you have any questions about any of your benefits, please contact representatives at the telephone numbers listed below:

City of Gainesville

Risk Management Department: 352-334-5045

Employee Health Services: 352-334-5037

<b>Medical</b>	
Florida Blue - BlueOptions PPO	1-800-664-5295 www.FloridaBlue.com
<b>Dental</b>	
Florida Combined Life	www.FloridaBlue.com
BlueDental Care Prepaid - DHMO Plan	1-877-325-3979
BlueDental Co-payment and Choice PPO Plans	1-888-223-4892
<b>457 Deferred Compensation, Roth IRA, Retiree Health Savings</b>	
Mission Square	1-800-669-7400 www.missionsq.org
Adam Ferguson	202-759-7059
<b>Short-Term Disability</b>	
AFLAC (representative Soteria Mallard)	352-317-3835
<b>Term Life Insurance</b>	
Sun Life Financial	1-800-733-7879
<b>Vision Care Plan</b>	
Humana VCP	1-800-865-3676
<b>Flexible Spending Accounts</b>	
Voya	1-888-401-3539 www.voya.com
<b>Employee Assistance Program (EAP)</b>	
Clinical Psychology Association of North Florida	352-336-2888
<b>LegalShield</b>	
Member Services	800-654-7757
LegalShield DSK Law	407-422-2454