

# Health Care Option Plans 2012

## Online Open Enrollment

October 17 through November 7, 2011

### A Guide to Your Benefits



## City of Tampa Benefits Booklet for Employees



Health - Dental - Life - Employee Assistance Program

Deferred Compensation - Long Term Disability

Flexible Spending Account - Employee Wellness Centers



## City of Tampa Benefits for Employees



### **To all City of Tampa employees and their families:**

Maintaining a healthy workforce is key to providing the highest quality services to our citizens. Employees who make healthy lifestyle choices like eating right, exercising, getting enough sleep, and keeping stress under control are at their best at work—and at home with family. These positive behaviors, which we refer to as ENGAGEMENT, along with early detection, are the key to helping prevent more serious medical issues down the road. Our benefits programs for 2012 are focused on maintaining your health and the health of your family, providing the highest quality benefits for the cost—both to you and to the City.

In 2011, the City introduced two Employee Wellness Centers, operated by CareATC. These centers provide primary, acute and urgent care for employees, non-Medicare retirees and dependents on the City's health plan. The City pays pre-determined charges for things like lease expenses and salaries for the providers, while prescriptions and supplies are billed at wholesale costs. Employees are not charged co-payments for office visits or for generic prescriptions or supplies dispensed at the centers. In the first six months of operations these centers have seen thousands of visits, and over 98% of those patients who provided feedback were completely satisfied. Thanks to your willingness to use the centers, we have begun to see a reduction in our claims expenses.

For 2012, we're stepping up our efforts on employee wellness by offering more benefits at a lower cost for those employees who take advantage of a fasting blood draw that results in a Personal Health Assessment (PHA). This screening measures key indicators that can allow you to address health issues early, when they are most treatable. The more information we have about our health—the more steps we can take to improve it—and the lower the City's long term claims expenses will be.

In August, the City of Tampa was recognized as a finalist for the Healthiest Employer Award. HealthiestEmployers.com reviewed our wellness programs and compared our efforts to other organizations across the nation. They define wellness as any program aimed to encourage healthier lifestyles by giving biometric, fitness, nutrition and other health-related educational advice. We were very pleased to be recognized for our commitment to employee wellness.

This year's annual open enrollment is the perfect time to thoroughly review all the benefits available to you and your family. This benefits booklet, the 2012 Open Enrollment Video and additional resources are available to you on the City's iNET. You can also attend one of the information sessions being conducted throughout the month of October.

Thanks for everything you do to make Tampa a better city!

Sincerely,

A handwritten signature in black ink that reads "Bob Buckhorn".

Bob Buckhorn, Mayor

## Introduction

This benefits booklet will give you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. For your convenience, we have summarized the provisions of these legal documents. If any information presented here conflicts with the legal documents, the legal documents will govern. For more detailed information on the plans and your legal rights under the plans, be sure to read the certificate of coverage that can be found on [www.myUHC.com](http://www.myUHC.com) after January 1, 2012. Alternatively, you can call (813) 274-5757 or email general questions to [benefitsquestions@tampagov.net](mailto:benefitsquestions@tampagov.net).

### Open Enrollment

Each year, the City provides an open enrollment period during which employees may add, cancel, or change benefits. Any changes will be effective January 1, 2012. According to IRS regulations, your elections cannot be altered during the year except for certain “qualified family status changes.” It is important that you choose your options carefully.

**Open enrollment will be held:  
October 17 through November 7, 2011  
on the iNET Employee Self Service (ESS) link or [www.tampagov.net](http://www.tampagov.net)**



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## What's New for 2012

**ENGAGEMENT** is the key to unlocking all that the City's health plan has to offer you and your family. For 2012, UnitedHealthcare remains our plan provider, with four plans that are modeled on the same platform as our 2011 plans; however, there are additional rewards for employees who **ENGAGE**. Let's talk about what **ENGAGEMENT** – or taking active steps regarding health and wellness-means.

- **PHA:** A fasting blood draw, that results in a Personal Health Assessment or PHA, is an important way to get engaged.
  - Knowing your numbers from your PHA gives you and your family the best opportunity to avoid medical complications and disease and helps keep the cost of the City's health insurance plan in check for the City and for all of our employees.
  - Should the PHA uncover a health issue or if you're dealing with any ongoing health concern, it's important to continue to stay on prescribed medications and follow up with your physician.
- **No Co-Payment Colonoscopy:** In prior years, colonoscopy screenings were provided with a zero co-payment; however, if a polyp or some other finding was identified, the procedure was deemed by providers to be diagnostic, which resulted in out-of-pocket expenses for our members. Beginning January 1, 2012, all colonoscopy procedures will require zero co-payment.
- **Activation Steps for 2012:** There are two ways to become more engaged in your health. In order to obtain the highest level of benefits at the lowest possible cost, employees may choose one or both of the following Activation Steps:
  - The **first Activation Step** is the same as last year. You must electronically certify that you and your spouse (if you choose family coverage) have not used tobacco products for the past three months, or complete a smoking cessation program consisting of at least five sessions and provide the documentation to Risk Management by **November 30, 2011**.
  - The **second Activation Step** is new for 2012. Employees must complete a fasting blood draw by October 13, 2011 in order to satisfy this step. Your spouse (if you elect family coverage) is not required to complete this activation step. As of August 31, 2011 over half of City employees in our 2011 health plans, have already satisfied this requirement. Spouses desiring to obtain a PHA may do so at no cost by calling CareATC at (800) 993-8244.
- **Group Health Plan Options:** The four health plans for 2012 are modeled on the same platform as the current four UnitedHealthcare plans with several minor modifications. Available plans for 2012 include: The Foundations Plan, the Select Plan Tobacco Free, the Select Plan PHA and the Choice Plan. Activation Steps and the Dollar-First Benefit Allowance for each plan are summarized on page 8.
  - **The Foundations Plan**, is the City plan, thus, no activation steps are required to obtain coverage. This plan provides a Dollar-First Benefit Allowance of \$250 per member. All health plan eligible employees qualify for this plan, which is offered with zero premiums for single employee coverage. For family coverage, the City pays 50% of the cost of coverage for the employee's dependents.
  - **The Select Plan Tobacco Free** provides a Dollar-First Benefit Allowance of \$500 per member. To be eligible to enroll, you must electronically sign an affidavit stating that you are currently tobacco free (no tobacco use for the past three months). If you elect family coverage, you must attest for both yourself and your spouse. If either you or your spouse are not tobacco free, enrollment and completion in a City of Tampa or an approved tobacco cessation program with a minimum of five sessions will meet this requirement. Proof of completion must be

provided to the Risk Management Division no later than November 30, 2011. Please contact Karla Kipi, the City's Health & Wellness Specialist, for questions regarding Tobacco Cessation classes at (813) 274-5706 or via email at [karla.kipi@tampagov.net](mailto:karla.kipi@tampagov.net).

- **The Select Plan PHA** provides a Dollar-First Benefit Allowance of \$750 per member. To be eligible to enroll in the Select Plan PHA, you must have completed a fasting blood draw between January 1 and October 13, 2011 or be a sworn employee of Tampa Fire Rescue who has completed a fasting blood draw as part of their occupational health program. Your spouse is not required to complete a fasting blood draw, but they may do so at one of the Employee Wellness Centers at no cost.
- **The Choice Plan** provides a Dollar-First Benefit Allowance of \$1,000 per member. To be eligible to enroll, you must complete a fasting blood draw and the Tobacco Free Certification. This plan offers zero premium for single coverage.
- **City of Tampa Employee Wellness Centers:** No matter your plan election, visits to the City's Employee Wellness Centers will continue to have zero co-payment and no charge for prescriptions on the City's Employee Wellness Center formulary. In addition, services provided through the Employee Wellness Centers do not draw from your Dollar-First Benefit Allowance.

### Benefit Highlights for 2012

- For 2012, primary care co-payments are unchanged, including zero co-payment visits to the City's Employee Wellness Centers.
- Specialist co-payments are increased from \$45 to \$50 per specialist visit for the Foundations, Select Tobacco Free and Select PHA plans.
- For those who qualify for the Choice Plan, specialist visits remain \$40, with one exciting new exception.
  - If you enroll in the Choice Plan, you have the option of utilizing specialists that have 2 Stars beside their name in the provider directory on the [www.myUHC.com](http://www.myUHC.com) website. If you utilize these specialists your office visit co-payment will be \$25. All other specialist will have a \$40 office visit co-payment.
  - The 2 Stars indicate that these providers are UnitedHealthcare Premium® designated providers.
  - As of their most recent statistics, two-star surgeons experienced 59% lower complication rates than others in their specialty field. In addition, these providers are among the most efficient; with costs averaging 15% lower than their peers in the local market.
  - It's important to consider many factors in the selection of a specialist. So, in addition to the "2 Stars" premium designation, you'll want to consider the opinion of your physician and meet with one or more specialists before making a selection.
- Co-payments for emergency room, outpatient surgeries and outpatient hospital services like MRI, CAT and PET Scans have been adjusted for the coming year. Co-payments have increased for the Foundations, Select Tobacco Free and Select PHA plans and have been lowered for the Choice Plan. Please review these costs located on pages 18 & 19 for further details as you make your plan selections.

## Plan Summary Chart

A more detailed Group Health Insurance Plans Comparison chart is provided on pages 18 and 19 of this booklet.

### 2012 Health Plan Benefits and Costs Summary

Benefit / Eligibility	Foundations Plan (City Plan)	Select Plan Tobacco Free	Select Plan PHA (blood draw)	Choice Plan
<b>Activation Steps</b>				
<b>Personal Health Assessment (PHA) Required</b>	No	No	Yes	Yes
<b>Tobacco Free Certification Required</b>	No	Yes	No	Yes
<b>2012 Health Plan Benefits and Costs Summary</b>				
<b>Dollar-First Benefit Allowance (Per Member)</b>	\$250	\$500	\$750	\$1,000
<b>Deductible (Single/Family)</b>	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,000/\$2,000
<b>Annual Out-of-Pocket Maximum (Single/Family)</b>	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,000/\$4,000
<b>Primary Care Co-Pay</b>	\$35 (\$0 at Wellness Center)	\$35 (\$0 at Wellness Center)	\$35 (\$0 at Wellness Center)	\$25 (\$0 at Wellness Center)
<b>Specialist Co-Pay</b>	\$50	\$50	\$50	\$25 for UHC 2 Star Providers/\$40 all others
<b>Urgent Care Center</b>	\$35	\$35	\$35	\$35
<b>Prescription Drugs (Level 1/2/3/4)</b>	\$20/\$40/\$70/25% (\$0 for select drugs at Wellness Center)	\$20/\$40/\$70/25% (\$0 for select drugs at Wellness Center)	\$20/\$40/\$70/25% (\$0 for select drugs at Wellness Center)	\$20/\$35/\$60/25% (\$0 for select drugs at Wellness Center)
<b>Premium Cost (Per Pay Period)</b>				
<b>Single Cost</b>	\$0.00	\$11.08	\$11.08	\$0.00
<b>Family Cost</b>	\$166.38	\$145.62	\$145.62	\$124.38

#### Plan characteristics for 2012 plan offerings include:

- **Co-Payment (or Co-Pay):** This is a flat dollar amount which the member pays for the cost of medical expenses.
- **Deductibles:** The deductible is a fixed amount of money that you are responsible to pay before the plan starts paying benefits. Because the City's four plans are designed with a Dollar-First Benefit Allowance, you do not pay deductibles unless/until your Dollar-First Benefit Allowance is used up.
- **Dollar-First Benefit Allowance:** This is an allowance of money paid by the City that is available to pay for medically necessary services received from network providers. The Dollar-First Benefit Allowance helps you and your dependents pay for eligible services like physician visits, hospital services, laboratory tests, and x-rays. This means that the allowance is applied before you begin paying deductibles. The Dollar-First Benefit Allowance does not apply to co-payments for doctor visits or prescription drugs. *NOTE: Visits to the City's Employee Wellness Centers for laboratory services, medical care, or for generic prescriptions or supplies dispensed at the centers are zero co-payment and DO NOT draw from your Dollar-First Benefit Allowance.*
- **Out of Pocket Maximum:** This is the annual maximum amount that a member will have to pay for covered medical services.
- A Tobacco Free Certification is the activation step that is required for you to be eligible to enroll in either the Select Plan Tobacco Free or the Choice Plan.
- In order to qualify for the Select Plan Tobacco Free, you must electronically sign an affidavit certifying that you and your spouse, (if you choose family coverage) have not used tobacco products for the past three months or that you agree to complete a City of Tampa or an approved tobacco cessation program with a minimum of five sessions, no later than November 30, 2011. Registration for the tobacco cessation program can be done using the City's iNET on the Training link or by contacting Karla Kipi at (813) 274-5706 or via email at [karla.kipi@tampagov.net](mailto:karla.kipi@tampagov.net). A fasting blood draw, which results in a Personal Health Assessment (PHA), is the activation step that is required for you to be eligible to enroll in either the Select Plan PHA or the Choice Plan.

## Employee Wellness Centers

These centers, which opened in 2011, are available to any employee, non-Medicare retiree and their dependents enrolled in a City Group Health Plan. The centers, located at 4107 North Himes Avenue, Suite 101 in Tampa and 413 West Robertson Street, Suite A in Brandon are operated by an outside vendor, CareATC. They are managed by a physician and staff who provide easy and cost-free access to the highest quality medical care for acute and chronic conditions for City of Tampa employees, non-Medicare retirees, and their dependents.



### Overview of services provided at the Employee Wellness Centers

The CareATC medical staff provides easy and cost-free access to the highest quality primary (including chronic conditions), acute and urgent care. All medical information is HIPAA compliant and completely confidential. In addition, many generic drugs and supplies are dispensed free of charge at the Employee Wellness Centers. To obtain a list of available medications and supplies, refer to [http://www.tampagov.net/dept\\_human\\_resources/information\\_resources/employee\\_benefits/](http://www.tampagov.net/dept_human_resources/information_resources/employee_benefits/)

### How to schedule an appointment

When you are ready to schedule your first appointment at the Employee Wellness Center, you must call CareATC at 1-800-993-8244. Each UnitedHealthcare (UHC) plan participant (including children) will be given their own CareATC username and password when their first appointment is scheduled. You may schedule subsequent appointments on [www.careatc.com](http://www.careatc.com), logging in with your CareATC username and password (click "client login"). If you do not have computer access, you may schedule subsequent appointments by calling CareATC at 1-800-993-8244 or (813) 658-8042. Questions regarding the Employee Wellness Centers' operations may be directed to CareATC at 1-800-993-8244.



## Health & Pharmacy Claims and FSA Management on [www.myUHC.com](http://www.myUHC.com)

Health and Pharmacy Claims can be viewed on-line at [www.myUHC.com](http://www.myUHC.com). This website is a gateway to health related information that is organized for ease and convenience. By working together in partnership, you, the City and UnitedHealthcare can all manage our health care options and costs.

# City of Tampa Prescription Drug Plan

## What is a drug class?

The Food and Drug Administration (FDA) categorizes drugs in many ways. A category may be based on the chemical ingredients, the method by which a drug is used (by mouth, by injection, applied to the skin), the organ in the body that is treated (stomach, head, eye), and so on. Any one of these categories is called a "class," and any drug fitting the criteria belongs to that class of drugs.

## Drug classes arranged by condition

For consumers, the most useful method of classification is the condition that the drugs help to treat or prevent. In other words, what does the class of drugs do for you?

Condition	Class of Drug
Allergies	Antihistamines
Infections <ul style="list-style-type: none"> <li>• Wound or cut to the skin</li> <li>• Pneumonia</li> <li>• Inner ear inflammation infection</li> </ul>	Antibiotics
Depression	Anti-depressants
Diabetes	Insulin Oral anti-diabetic drugs
Pain	Analgesics
Arthritis	Non-Steroidal Anti-inflammatory drugs
Gastrointestinal <ul style="list-style-type: none"> <li>• Ulcers</li> <li>• Reflux disease</li> <li>• Excess acid</li> </ul>	Histamine-2 blockers Proton pump inhibitors
High cholesterol	Lipid-lowering drugs

Many different drugs fall into the "antihistamines" class, for example, and more than one of them may be effective at treating your particular condition. This is why it is so important to understand the idea of drug class, in addition to generic equivalent.

## Generic Equivalents and Alternatives

There are two types of generic drugs: Equivalents and alternatives. Here's the difference.

### Generic Equivalents

The easiest way to lower your prescription drug costs is to use a generic equivalent instead of a brand-name drug, whenever one is available. Generic equivalents contain the same active ingredients as the brand-name version. They are just as safe and effective as their brand-name counterparts. And they usually cost less - in fact, a lot less. So they help drive health care costs down.

### Generic Alternatives

Not every drug approved by the FDA has a generic equivalent available on the market. It sometimes takes up to 17 years before the ingredient or combination of ingredients in a brand-name drug become available as a generic drug. Still, most classes have a large number of generic alternatives, which are generic drugs that are approved by the FDA for the exact same use, or for similar uses. They aren't considered equivalents because they don't use the same active ingredient, but they treat the same condition, so they give you and your doctor an alternative. For example, there are over three dozen anti-arthritis drugs, over four dozen generic antibiotics, and hundreds of generic drugs to treat various cardiovascular diseases.

### Ask for a Generic

If your physician chooses a brand-name drug to treat your condition, ask if a generic is available in the same class of drugs. As long as your physician approves, you will be getting an effective drug that is proven to address your condition, and you will be saving money. Because generic drugs are significantly less expensive and chemically equivalent to their brand name counterparts, it makes sense to save money by asking your doctor to prescribe generic medications. The City of Tampa's prescription drug plan (both retail and mail order) includes a generic program. Under this program, if you request a brand name drug when a generic equivalent is available, you will be responsible to pay the applicable generic co-payment, plus the cost difference between the brand name and generic drug.



## How to Obtain Prescription Medications

### 1) The UnitedHealthcare Prescription Mail Order Program

As a reward for those who utilize the mail order program for their maintenance medications, the City's prescription drug plan offers two co-payments for a 90-day supply of certain maintenance medications. Under this program you get a three month supply for the cost of two months.

### 2) Retail

Certain maintenance prescriptions do not meet the guidelines of mail order services for various reasons. Members continue to have the option of having short-term and maintenance medication prescriptions filled at retail pharmacies.

### 3) Employee Wellness Centers

Many generic and maintenance prescriptions will be dispensed at no cost at the Employee Wellness Centers.

## City of Tampa Formularies

A formulary is a list of approved drugs that can be prescribed and dispensed to plan members. The City of Tampa has two drug formularies:

- 1. UnitedHealthcare's formulary:** UnitedHealthcare provides plan members with a 4-Tier formulary of medications that can be obtained by mail order or at retail by paying the applicable co-payment. The UHC formulary can be found at <http://www.myUHC.com>.
- 2. CareATC's formulary:** The city's wellness centers, operated by CareATC, have a formulary of the most frequently prescribed generic equivalent and generic alternative medications that have been selected to provide cost-effective treatment of:
  - Allergies
  - Asthma
  - Infections
  - Diabetes
  - Gastrointestinal issues (such as ulcers, excess acid and reflux disease)
  - High Cholesterol
  - High Blood Pressure

The CareATC formulary of no cost medications is available at the Wellness Centers or on the Employee Benefits Page located at:

[http://www.tampagov.net/dept\\_human\\_resources/information\\_resources/employee\\_benefits/](http://www.tampagov.net/dept_human_resources/information_resources/employee_benefits/)

In addition, glucometers & test strips as well as tobacco cessation medications are provided at the Employee Wellness Centers. The most commonly provided therapeutic and/or maintenance medications for the above noted conditions are offered at the Employee Wellness Centers at no cost.

## Vision

With [www.uhcvision.com](http://www.uhcvision.com), you and your family members can get an eye exam, plus discounts on frames, lenses and other services. In addition, you save even more when you purchase eyewear through our network of vision providers. Take advantage of discounts on frames, and lenses, including access to discounts for laser vision correction surgery.

Review your health plan benefit information for details.

### Routine Exam

- One routine eye exam per year is covered at 100%.  
No co-payment applies.

### Frames<sup>1</sup>

- Up to a 30% discount off retail price.
- 10% discount at participating Walmart® and Sam's Club® locations.

### Eyeglass Lenses

- Single vision lenses
- Bifocal lenses
- Trifocal lenses
- You pay \$45 or less, if retail cost is lower
- You pay \$65 or less, if retail cost is lower
- You pay \$95 or less, if retail cost is lower
- No limit on network purchases

### Contact Lenses<sup>2</sup>

- Fitting and materials (includes disposable lenses)
- Non-disposable lenses
- Disposable lenses only
- Up to a 20% discount
- Up to a 20% discount
- You pay total cost
- No limit on purchases from network private practice providers

<sup>1</sup> Frame discounts do not apply when prohibited by frame manufacturer.

<sup>2</sup> Contact lens discounts apply to private practice locations only.

Discounts do not apply at most retail locations.

### Laser vision correction

While laser vision correction is not a covered benefit, UnitedHealthcare has partnered with the Laser Vision Network of America to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 1-888-563-4497 or visit us at [www.uhclasik.com](http://www.uhclasik.com).



## Flexible Spending Accounts (FSA)

For 2012 UnitedHealthcare will remain the FSA administrator.

- You have until March 30, 2012 to submit any 2011 reimbursement claims.
- Any medical, dental or dependent care claims for reimbursement will continue to be administered by UnitedHealthcare.
- With the new FSA claims process, any co-payment or eligible expense for medical or pharmacy claims will be automatically refunded to you via direct deposit if you enroll on the [www.myUHC.com](http://www.myUHC.com) site or via a check mailed to your home once UHC processes the claim. Dental and vision claims will still require claim forms and receipts. In addition, the following changes are required by the Federal health care reform law.
- FSA monies can no longer be used for over the counter medications unless a physician's prescription accompanies the item. The receipts and a copy of the physician's order will require submission to UHC to obtain FSA reimbursement.
- Payroll deductions for the Medical FSA will remain \$2,500 annually.
- The change in the federal law to limit annual contributions in the Medical FSA will not affect the Dependent Care FSA limit of \$5,000.

More information can be found on [www.myUHC.com](http://www.myUHC.com).



## Who is eligible to enroll in City of Tampa health insurance?

An individual who meets the eligibility criteria specified below is an Eligible Dependent and is eligible to apply for coverage under the City's Health Plan:

1. The Covered Employee's present legal spouse. (Note: an ex-spouse does not meet eligibility criteria even if insurance coverage is specified by a judge in a divorce decree).
2. The Covered Employee's natural, newborn, adopted, foster, or step child(ren) (or a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian) until the end of the calendar month, in which the child reaches age 26.
3. Eligibility Criteria for dependent children between ages 26 and 30: Coverage may be extended to the end of the calendar year in which the dependent reaches age 30, if the dependent child is: a) Unmarried with no dependents of their own AND b) A resident of Florida OR a full-time or part-time student AND c) Otherwise uninsured and not entitled to Medicare.
4. The newborn child of a covered plan participant other than the Covered Employee or Covered Employee's spouse. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.
5. Disabled Children (Check with Employee Relations for specific details at (813) 274-8041).
6. Domestic Partner: You may cover a domestic partner if you and your partner meet the requirements listed in the City of Tampa Employee Declaration of Domestic Partnership, including proof of eligibility. These documents will be available during open enrollment. (Check with Employee Relations for specific details at (813) 274-8041).
7. Children of a domestic partner are eligible dependents if they meet the same criteria as the dependent children of an employee's legal spouse, and all other eligibility requirements as described in the plan document and/or City documents.
8. Dual Employment: If you and your lawful spouse are both full-time eligible City employees with dependent children, the City provides one family plan at no cost to you. Employees may choose from the Foundations Plan, Select PHA Plan, Select Tobacco Free Plan or the Choice Plan. If you have no dependents, you may elect two single plans instead of a family plan.

**NOTE: Knowingly covering an ineligible dependent constitutes insurance fraud. If you are currently covering a dependent who does not meet the eligibility criteria defined in items 1-7, then you must remove them during the open enrollment period that ends on November 7, 2011.**

### Important Notice Regarding Dependent Eligibility Verification

Employees may be asked to provide the following documentation to UnitedHealthcare's eligibility vendor, Impact Interactive, for any dependents claimed on the City's health plan in 2012. Documentation to verify eligibility of:

- Spouse – Copy of Marriage License.
- Child – Copy of Birth Certificate; Adoption Certificate; Court Order establishing legal guardianship.
- Grandchild\* – Copy of Birth Certificate (\*If grandchild is the child of employee's currently covered dependent. A grandchild can only remain on the employee's coverage up to 18 months of age).
- Employee has legal custody of a minor child – Court Order establishing legal guardianship.

## Dental Insurance

The two Humana Specialty Benefits plans for 2012 remain unchanged from 2011. Rates remain flat. Basic plan options and costs are noted below.



### Things to think about when deciding on your dental coverage:

- Do you have a regular dentist you want to continue visiting? Is he or she a member of the Dental HMO network (DHMO)?
- If you choose the DHMO plan you must select a dentist from the DHMO directory.
- Review the benefits summaries and make a note of the differences between the PPO and DHMO plans with regard to deductibles, calendar year maximums, reimbursement percentages and Co-Payments.

### CS-150 DENTAL HMO (DHMO) Group #7163

You select a dentist from a group of participating dentists, and that dentist will take care of your general needs such as routine check-ups, cleanings, and fillings. Office and service co-payments will apply. No referral is needed to see a network specialist. Other limitations and co-payments may apply.

#### DHMO MONTHLY COST

	Single Coverage	Individual +1	Family Coverage
CS-150 (DHMO)	\$14.44	\$27.44	\$36.24

*If you would like to know more about your dental plan benefits, ask your department personnel assistant.*

### PPO - ELITE 520 Group # 8163

The plan provides you with total freedom of choice by allowing you to use any licensed dentist for treatment. The plan reimburses a percentage of eligible expenses based on in-network and out-of-network charges. Remember, the PPO Elite 520 includes the addition of orthodontic services for children with a separate lifetime maximum benefit of \$1,000, waiting periods are waived for all services.

	In Network	Out Of Network
Type I - Diagnostic <i>Oral Exam Cleaning Flouride X-Rays Sealants</i>	100%	80%
Type II - Basic Services <i>Fillings Tooth Extraction Endodontics</i>	80%	60%
Type III - Major Services <i>Some restrictions</i>	50%	50%
Type IV - Orthodontic Services <i>Dependent children 18 years of age or younger</i>	50%	50%

There is a \$1,200 calendar year maximum and a \$50 per person deductible. Orthodontic services have a \$1,000 lifetime maximum at a \$500 maximum per year. See the Humana Specialty Benefits booklet for more coverages and restrictions.

#### PPO MONTHLY COST

	Single Coverage	Individual +1	Family Coverage
Elite 520 (PPO)	\$29.56	\$56.14	\$92.58

For more information, please call Karole Mingarelli at (813) 287-6136 or Customer Care at (800) 342-5209  
Website: [www.compbenefits.com/custom/cityoftampa/](http://www.compbenefits.com/custom/cityoftampa/)

## Life and AD&D/Supplemental Life



### EMPLOYEE BENEFITS

**ReliaStar Life Insurance Company**  
(800) 537-5024 • [www.ingemployeebenefits-us.com](http://www.ingemployeebenefits-us.com)

The City provides Group Term Life and Accidental Death & Dismemberment insurance to full-time employees. The amount of insurance is specified in the applicable union contract or the Personnel Manual for non-union employees. Special benefits for law enforcement officers and firefighters are also included.

If you and/or your spouse satisfy the medical underwriting requirements, you may buy up to an additional \$500,000 of supplemental, portable term life insurance coverage through ReliaStar Life Insurance Company. If you or your spouse is covered, you may also cover your children for \$5,000 or \$10,000 from age six months to 19 years of age, or 25 if the child is a full-time student. It is the employee's responsibility to contact ReliaStar at the time that your child(ren) no longer meet the definition of a dependent. Until ReliaStar is notified, premiums will continue to be taken from your paycheck; however, the plan would offer no benefits in case of death. You will receive only a refund of premiums paid. The cost of this supplemental insurance is dependent on the amount selected and the age of the covered person. It is automatically adjusted on March 1st of each year to reflect the age increase. If you are interested in increasing your supplemental or dependent life insurance coverage, please contact your personnel assistant. To increase coverage limits during open enrollment, you are requested to complete the medical portion of the application.

There is a slight rate decrease for supplemental life insurance effective January 1, 2012.  
For more information about supplemental life insurance benefits, ask your department personnel assistant.

*If you are ever faced with a life threatening condition, you may be eligible to receive a portion of your life insurance benefit while you are still living. Call HR - Employee Relations at (813) 274-8041 for more details.*

## Long Term Disability



**Unum**  
(800) 421-0344 • [www.unum.com](http://www.unum.com)

This coverage replaces part of your income if you meet the policy's definition of disabled and are unable to work. All full-time employees automatically receive the City paid base plan that replaces 30% of income up to a maximum of \$7,000 per month. This coverage is effective on the first day of the month following six months of continuous employment. You may increase your coverage by one level during an enrollment period. For example, you may change from the 30% plan to the 50% plan, but not the 60% plan.

However, you will be required to satisfy an additional pre-existing condition period associated with the increase in coverage. See your certificate booklet for details. The cost of coverage depends on your age and salary, and it will be automatically reviewed and adjusted on January 1st of each year. Disability benefits will be coordinated with other sources of income such as Social Security, retirement and workers compensation which ultimately reduce your disability benefit.

For more information regarding Unum's long term disability benefit or to file a claim, call Unum at the number listed above.

### **Pre-Existing Condition**

*Any condition, in which medical treatment was received within six months prior to your effective date of coverage, will be excluded for the first 12 months of coverage.*

<b>City of Tampa 2012 Group Health Plan Summary Comparison</b>	<b>FOUNDATIONS PLAN (City Plan)</b>	
<b>Employee Health Plan Benefit Provisions Activation Steps</b>	<b>In-Network</b>	<b>Out-of-Network</b>
	Wellness Ctr./UHC	
<b>Tobacco Free Certification Required</b>		No
<b>Personal Health Assessment (Fasting Blood Draw)</b>		No
<b>COST SHARING PROVISIONS</b>		
<b>Calendar Year Deductible</b>		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
<b>“Dollar First” Benefit Allowance</b>	\$250	No Allowance
<b>Out-of-Pocket Maximum</b>		
Individual	\$2,500	\$7,000
Family	\$5,000	\$14,000
<b>Co-Payments</b>		
Primary Care Physician (PCP)	\$0/\$35	30% after ded
Specialist	\$50	30% after ded
OB/GYN	\$35	30% after ded
Annual Physical	\$0/\$0	30% after ded
Well Child Care (PCP) Child Physical	\$0/\$0	30% after ded
Allergy Injections	\$5	30% after ded
Colonoscopy	\$0	30% after ded
Mammogram	\$0	30% after ded
Immunizations (up to age 18)	\$0	30% after ded
Hospital Services - Inpatient	\$300 copay/day 1-4	30% after ded
Emergency Room	\$300 copay after ded	\$300 copay after ded
Outpatient Surgery - Hospital	\$175 copay after ded	30% after ded
Outpatient Surgery - Free Standing Facility	\$125 copay	30% after ded
Hospital Services - Outpatient (MRI, MRA, CT and PET)	\$175 copay after ded	30% after ded
Hospital Tests (labs/rays)	\$0 copay	30% after ded
Physical, Speech and Occupational Therapy	100% after ded	30% after ded
Infertility Counseling and Treatment	50% after ded to \$5000 max	
<b>Prescription Drugs</b>		
Retail		
Tier 1	\$0/\$20	See Benefit Summary
Tier 2	\$40	See Benefit Summary
Tier 3	\$70	See Benefit Summary
Tier 4	25%/\$1,500 max	See Benefit Summary
Mail Order	2 x copay	See Benefit Summary
Vision Coverage	\$0 copay/1 x per yr	30% after ded
<b>Mental Health</b>		
Inpatient	\$300 copay/day 1-4	30% after ded
Outpatient	\$35 copay	30% after ded
<b>Emergency Services at Urgent Care Centers</b>	\$35 copay	30% after ded

SELECT PLANS				CHOICE PLAN	
SELECT PLAN TOBACCO FREE		SELECT PLAN PHA			
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Wellness Ctr./UHC		Wellness Ctr./UHC		Wellness Ctr./UHC	
Yes		No		Yes	
No		Yes		Yes	
\$1,500	\$3,000	\$1,500	\$3,000	\$1,000	\$3,000
\$3,000	\$6,000	\$3,000	\$6,000	\$2,000	\$6,000
\$500	No Allowance	\$750	No Allowance	\$1,000	No Allowance
\$2,500	\$7,000	\$2,500	\$7,000	\$2,000	\$7,000
\$5,000	\$14,000	\$5,000	\$14,000	\$4,000	\$14,000
\$0/\$35	30% after ded	\$0/\$35	30% after ded	\$0/\$25	30% after ded
\$50	30% after ded	\$50	30% after ded	\$25 for UHC 2 Star; \$40 for all others	30% after ded
\$35	30% after ded	\$35	30% after ded	\$25 for UHC 2 Star; \$40 for all others	30% after ded
\$0/\$0	30% after ded	\$0/\$0	30% after ded	\$0/\$0	30% after ded
\$0/\$0	30% after ded	\$0/\$0	30% after ded	\$0/\$0	30% after ded
\$5	30% after ded	\$5	30% after ded	\$5	30% after ded
\$0	30% after ded	\$0	30% after ded	\$0	30% after ded
\$0	30% after ded	\$0	30% after ded	\$0	30% after ded
\$0	30% after ded	\$0	30% after ded	\$0	30% after ded
\$300 copay/day 1-4	30% after ded	\$300 copay/day 1-4	30% after ded	\$300 copay/day 1-4	30% after ded
\$300 copay after ded	\$300 copay after ded	\$300 copay after ded	\$300 copay after ded	\$200 copay after ded	\$200 copay after ded
\$150 copay after ded	30% after ded	\$100 copay after ded	30% after ded	\$100 copay after ded	30% after ded
\$100 copay	30% after ded	\$75 copay	30% after ded	\$75 copay	30% after ded
\$150 copay	30% after ded	\$150 copay	30% after ded	\$100 copay after ded	30% after ded
\$0 copay	30% after ded	\$0 copay	30% after ded	\$0 copay	30% after ded
100% after ded	30% after ded	100% after ded	30% after ded	100% after ded	30% after ded
50% after ded to \$5000 max		50% after ded to \$5000 max		50% after ded to \$5000 max	
\$0/\$20	See Benefit Summary	\$0/\$20	See Benefit Summary	\$0/\$20	See Benefit Summary
\$40	See Benefit Summary	\$40	See Benefit Summary	\$30	See Benefit Summary
\$70	See Benefit Summary	\$70	See Benefit Summary	\$60	See Benefit Summary
25%/\$1,500 max	See Benefit Summary	25%/\$1,500 max	See Benefit Summary	25%/\$1,500 max	See Benefit Summary
2 x copay	See Benefit Summary	2 x co pay	See Benefit Summary	2 x copay	See Benefit Summary
\$0 copay/1 x per yr	30% after ded	\$0 copay/1 x per yr	30% after ded	\$0 copay/1 x per yr	30% after ded
\$300 copay/day 1-4	30% after ded	\$300 copay/day 1-4	30% after ded	\$300 copay/day 1-4	30% after ded
\$35 copay	30% after ded	\$35 copay	30% after ded	\$25 copay	30% after ded
\$35 copay	30% after ded	\$35 copay	30% after ded	\$35 copay	30% after ded

## Employee Assistance Program

4700 N. Habana Ave., Suite 300  
Tampa, FL 33614  
Hillsborough: (813) 870-0392  
Pinellas: (727) 576-5164  
Out-of-area: (800) 343-4670  
[www.woodassociates.net](http://www.woodassociates.net)



The City of Tampa's mission is to deliver outstanding services to enhance the quality of life within our community. As an employee, you play a major role in this mission. Through your efforts, the City of Tampa can achieve its goal of providing efficient services to its citizens. Your well-being, on and off the job, is important. For this reason, the City of Tampa offers a confidential Employee Assistance Program (EAP) through Wood & Associates.

Services are available to you and any family member(s) enrolled in health insurance benefits. The EAP offers you and your eligible family members four (4) visits at no charge. Additional services may be covered by your health insurance plan. If additional visits or services are recommended, the employee will be responsible for the cost.

The EAP is a voluntary, confidential program to assist with finding help for a variety of issues. EAP counselors will help you identify your problem and find a qualified resource near your work or home to help you. Remember, this is not a treatment program; rather it is an evaluation, brief counseling, and referral program. After talking with you or a member of your family about the issue that prompted your call, your EAP counselor will find the best source of help.

### Problems that your EAP can help resolve

- Marital problems
- Money or credit problems
- Troubled children/adolescents
- Care for aged/infirm
- Distress, anxiety, depression, other emotional concerns
- Local social services
- Alcohol/drug use/abuse
- Learning disabilities
- Problems that are typically resolved by the courts:
  - Battered spouse
  - Divorce, child support
  - Property/lease suits
  - Court orders
  - Imprisonment
  - Immigration
- Vocational/aptitude testing
- Sex counseling
- Individual crisis situations

## Deferred Compensation

Deferred compensation is a program that allows you to contribute part of your salary to a retirement account before taxes are taken out. You may defer up to \$16,500 plus \$5,500 catch-up (ages 50 and up) or 100% of your income, whichever is less. The minimum monthly contribution is \$20.00.

For 2012, the City of Tampa will offer two providers for Deferred Compensation, Nationwide Retirement Solutions and the Florida League of Cities Plan.

**NOTE:** You cannot have deferments going to both Nationwide and the Florida League plans; therefore, you will be required to choose only one provider. The City does not contribute to the funding of these plans and makes them available to employees as a service. As is the case with any investment, careful consideration regarding the costs and benefits of each plan should be evaluated by the employee prior to making a selection. Plan providers and their contact information are:



**Nationwide Retirement Solutions**  
(877) 677-3678 or (813) 973-8382  
[www.tampadeferredcomp.com](http://www.tampadeferredcomp.com)



**The Florida Municipal Pension Trust Fund**  
(800) 342-8112  
[www.FLCretirement.com](http://www.FLCretirement.com)

## Things To Do During Open Enrollment

- Check your life insurance beneficiary information;
- Purchase Supplemental Life Insurance;
- Verify your Deferred Compensation contributions;
- Set up a Flexible Spending Account (FSA); and,
- Attend an open enrollment meeting to learn about your benefits options.

## Pre-Existing Conditions

- Medical: There are no pre-existing condition exclusions on any medical plan offered.
- Dental: There are no pre-existing condition exclusions on any dental plan offered.
- Long Term Disability: The plan's pre-existing condition exclusion applies to all employees enrolling in LTD.  
*Please see the LTD Certificate Booklet.*

## Mid-Year Benefit Changes

The IRS has stated that participants cannot make a change to their elections after the initial or annual enrollment periods. Knowing that situations arise throughout the year that may make change necessary, the IRS has issued a set of regulations which will permit participants to make election changes during the period of coverage.

***Review health plans prior to making any changes.***

Documentation must be received by HR-Employee Relations within 30 days of the change.

Consistence Rule Example: Due to marriage, an employee can change from single to family coverage but they cannot change plans.

30 Day Calculation Rule: Day 1 is the date of the event. Example: Date of marriage is June 13; then June 13 is considered Day 1.

**Documentation is required for change in status. Examples include:**

**Dependent Satisfies or Ceases to Satisfy Eligibility Requirements**

Written notification from the employee, including date of change in eligibility

**Judgment, Decree, or Order**

Copy of the Judgment, Decree, or Order

**Termination or Commencement of Employment By Employee's Spouse/Dependent**

Certificate of Coverage or letter from spouse's employer stating date of change and type of benefit change.

**Entitlement To Medicare or Medicaid**

Copy of Identification Card

**Important Notice Regarding Dependent Eligibility Verification**

Employees may be asked to provide the following documentation to UnitedHealthcare's eligibility vendor, Impact Interactive, for any dependents claimed on the City's health plan in 2012. Documentation to verify eligibility of:

- Spouse – Copy of Marriage License.
- Child – Copy of Birth Certificate; Adoption Certificate; Court Order establishing legal guardianship.
- Grandchild\* – Copy of Birth Certificate (\*If grandchild is the child of employee's currently covered dependent. A grandchild can only remain on the employee's coverage up to 18 months of age).
- Employee has legal custody of a minor child – Court Order establishing legal guardianship.

## Online Enrollment Instructions

From your home computer, go to [www.tampagov.net](http://www.tampagov.net) and do the following:

Click “EMPLOYEES GUIDE” under Information Resources;

Click “EMPLOYEE SELF SERVICE” - Click continue to this website, and you will find yourself at the sign-in screen.

- To access Employee Self Service for Benefit Enrollment from the iNET page:
  - a. Access the Self Service PeopleSoft login page
  - b. Click on the Self Service link on the iNET page
  - c. Login to ESS to access Benefits Enrollment

If you have a network login, enter your network User ID and password.

If you don't have a network login, enter your City Employee Number in User ID. Your Password will consist of the initials of your first and last name plus the last four numbers of your social security number. For example, if your name is John Doe and your social security number is 987-65-4321, your password will be jd4321. Click on the Sign In button.

- On the Employee Home Page: Click on Benefits Home.
- On the Benefits Home Page: Click on Benefits Enrollment.

The Benefits Enrollment page will display your name:

- Click on the Select button for open enrollment 01/01/2012 to display the Enrollment Summary page.

**NOTE:** If at any time you want to end your open enrollment session, click the Sign Out button at the top right of the page. The Enrollment Summary lists all Benefit Plans for which you are eligible to make elections:

- Click the Edit button to the left of the benefit plan name to make your election for that plan. Your current coverage will be displayed.

### Medical Plan Elections:

- Click the Edit button to the left of the Medical benefit plan name to display the available plan options and associated pay period costs. The screen on the following page is a screenshot of what will appear on the computer to permit you to elect your plan and certify eligibility. Make your election by clicking the button of your choice and scroll down the page to review dependents.
- After completing your medical elections, click the Continue button to validate your selections.
- To confirm and store your elections, click the SAVE button. To make additional changes, click the Edit button to return to the enrollment page. If you want to discard the changes you made on the page, click the Cancel button.

**NOTE: For 2012, three of the four available health plans have activation steps that you must complete in order to be eligible to enroll in them. Please take note of the Sample Screens in this section.**

Where activation steps are required for access to one of the City's health plans, the Employee Self Service link provides a “Certification Link” pop-up window to explain what you are being asked to certify.

In addition to providing access to certification of activation steps, you will be required to electronically sign a statement of dependent eligibility and vehicle driver eligibility this year. Read the statements carefully.

## Sample Open Enrollment screens

### Health Plan Enrollment Information

#### Plan Comparisons (In Network)

Benefit / Eligibility	Foundations Plan (City Plan)	Select Plan Tobacco Free	Select Plan PHA (blood draw)	Choice Plan
<b>Activation Steps</b>				
<b>Personal Health Assessment (PHA) Required</b>	No	No	Yes	Yes
<b>Tobacco Free Certification Required</b>	No	Yes	No	Yes
<b>2012 Health Plan Benefits and Costs Summary</b>				
<b>Dollar-First Benefit Allowance (Per Member)</b>	\$250	\$500	\$750	\$1,000
<b>Deductible (Single/Family)</b>	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,000/\$2,000
<b>Annual Out-of-Pocket Maximum (Single/Family)</b>	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,000/\$4,000
<b>Primary Care Co-Pay</b>	\$35 (\$0 at Wellness Center)	\$35 (\$0 at Wellness Center)	\$35 (\$0 at Wellness Center)	\$25 (\$0 at Wellness Center)
<b>Specialist Co-Pay</b>	\$50	\$50	\$50	\$25 for UHC 2 Star Providers/\$40 all others
<b>Urgent Care Center</b>	\$35	\$35	\$35	\$35
<b>Prescription Drugs (Level 1/2/3/4)</b>	\$20/\$40/\$70/25% (\$0 for select drugs at Wellness Center)	\$20/\$40/\$70/25% (\$0 for select drugs at Wellness Center)	\$20/\$40/\$70/25% (\$0 for select drugs at Wellness Center)	\$20/\$35/\$60/25% (\$0 for select drugs at Wellness Center)
<b>Premium Cost (Per Pay Period)</b>				
<b>Single Cost</b>	\$0.00	\$11.08	\$11.08	\$0.00
<b>Family Cost</b>	\$166.38	\$145.62	\$145.62	\$124.38

## Sample open enrollment screens continued

### Vehicle Driver Certification

A person driving a vehicle in support of City business must have a valid unrestricted U.S. driver's license, with proper class and endorsements listed for the vehicle(s) to be operated and must have a satisfactory driving record (City of Tampa Personnel Manual, Section B31).

Click the link below to review the certification statement. If you are in compliance with the certification statement click the **eligible button** below. A certification of these conditions must be resubmitted each calendar year.

[Vehicle Driver Certification Standards Link](#)

[I Certify I am eligible to Drive for City business](#)

**Submit**

Click **Submit** to send your final choices to Human Resources.

**Important: Your enrollment will not be complete until you submit your choices to Human Resources. To submit your choices, click the Submit button on the Enrollment Summary page after all plans have been reviewed.**

### Vehicle Driver Certification Link

This Certification Link is intended to assist departments in ensuring that employees have a satisfactory driving record. The certification will be completed annually on-line during the open enrollment period. By checking the certification box, I certify that:

- I have a current, valid State of Florida driver's license, which is not suspended, restricted, revoked, expired, cancelled or surrendered;
- I have not had 3 or more convictions for moving violations within the past 36 months;
- I have not been convicted of operating a vehicle while under the influence of alcohol or drugs, leaving the scene of an accident, failure to report an accident, driving with a suspended license or reckless driving within the past 36 months; and
- I have never been convicted of obtaining a vehicle unlawfully, possessing a stolen vehicle, or using a vehicle in a crime or in connection with an unlawful act.

I understand that the City of Tampa may allow me to drive City owned, leased, or rented vehicles and/or my own vehicle in support of City business. The City is relying upon the accuracy and truthfulness of this certification. I further understand and agree that if I provide false or misleading information, I am not authorized to drive any vehicle in support of City business until cleared by Risk Management in writing. I agree to immediately notify my supervisor if my driving record changes and I no longer meet the certification requirements stated above.

I authorize the City of Tampa to verify my driving record with any appropriate authority, either now or in the future, and I authorize any government motor vehicle department to release my records at the request of the City of Tampa or its designee. I am aware that providing false or misleading information may be grounds for disciplinary action.

Sample open enrollment screens continued

**Personal Health Assessment (PHA)**

The Activation Step for the **Select Plan PHA** or **Choice Plan** requires that a fasting blood draw by the employee only between January 1, 2011 and October 13, 2011. (Note, spouses and other dependents are not required to complete this activation step to enroll in the family coverage). The blood work screening results are provided in a confidential report including Complete Blood Count (CBC), cholesterol, & lipids. If you did the fasting blood draw with CareATC, your report also includes blood sugar, kidney function, liver function and prostate specific antigen (for men over age 45). This requirement had to be met prior to open enrollment. If you completed this fasting blood draw according to information provided by UnitedHealthcare, you are eligible to elect the **Select Plan PHA** or the **Choice Plan** (if you also certify tobacco free).

You are eligible to elect the **Select Plan PHA** or the **Choice Plan** because a record of a fasting blood draw is on file with UnitedHealthcare **YES** **NO**

**Tobacco Free Certification**

The Activation Step for the **Select Plan Tobacco Free** or **The Choice Plan** is that you (and your spouse, if you elect family coverage) **MUST** certify below that you both are tobacco free after reviewing the certification statement accessed by the link. [The **Choice Plan** also requires this Activation Step.] Testing of individuals certifying that they are tobacco free may be conducted by the insurance carrier.

[Tobacco Free Certification Link](#)

- I Certify I am Tobacco Free
- I Certify Spouse (if enrolled) is Tobacco Free
- I Certify I will complete Tobacco Cessation program by 11/30/2011
- I Certify my Spouse (if enrolled) will complete Tobacco Cessation program by 11/30/2011

**Dependent Eligibility Certification**

If enrolling dependents on your medical benefit plan election you **MUST** certify below that all dependents are eligible based on the City's requirements after reviewing the certification statement accessed by the link. Employees may be required to verify dependent eligibility through the insurance carrier. Knowingly covering an ineligible dependent constitutes insurance fraud. If you are currently covering a dependent who does not meet the eligibility criteria defined in items 1-7 on the "Dependent Eligibility Link" (below), you must remove them during the open enrollment period that ends on November 7, 2011.

- I certify that my dependents are eligible based upon the City's guidelines.
- I have no dependents to report

[Click here to learn more about which dependents are eligible based on the City's guidelines.](#)

Return

**CERTIFY**

Click the **CERTIFY** button to notify HR of the above certifications

## Sample open enrollment screens continued

### Tobacco Free Certification Link

**By you (and your spouse, if you have a family plan) certifying that you are “tobacco free”, you gain access to a higher level of benefits and lower your costs for this coverage.**

The “Activation Step” for access into the Select Plan Tobacco Free, and one of the two required activation steps for access into the Choice Plan, is to electronically sign an affidavit attesting that you (and your spouse, if you elect family coverage) are currently tobacco free.

The City of Tampa has defined “Tobacco Free” as “having not used tobacco products in the past 3 months” OR agreeing to successfully complete a City of Tampa or approved tobacco cessation program no later than November 30, 2011 with a minimum of 5 sessions.

It is important that you (and your spouse, if you elect family coverage) complete this certification (OR successfully complete a smoking cessation class if you require one) prior to November 30, 2011. **Failure to do so will result in your enrollment being changed to the next lowest level of plan benefit for which you qualify.**

You may sign up for the tobacco cessation program, by using the City’s online training registration, by emailing [benefitsquestions@tampagov.net](mailto:benefitsquestions@tampagov.net) or by calling (813) 274-5757.

### Dependent Eligibility Certification Link

**An individual who meets the eligibility criteria specified below is an Eligible Dependent and is eligible to apply for coverage under the City’s Health Plan:**

1. The Covered Employee’s present spouse (Note: an ex-spouse does not meet eligibility criteria even if insurance coverage is specified by a judge in a divorce decree.)
2. The Covered Employee’s natural, newborn, adopted, foster, or stepchild(ren) (or a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian) until the end of the Calendar Month, in which the child turns age 26.
3. Eligibility Criteria for dependent children between ages 26 and 30: Coverage may be extended to the end of the calendar year in which the dependent reaches age 30, if the dependent child is: a) Unmarried with no dependents of their own AND b) A resident of Florida OR a full-time or part-time student AND c) Otherwise uninsured and not entitled to Medicare.
4. The newborn child of a Covered Plan Participant other than the Covered Employee or the Covered Employee’s Spouse. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.
5. Disabled Children (Check with Employee Relations for specific details at 274-8041).
6. Domestic Partner: You may cover a domestic partner if you and your partner meet the requirements listed in the City of Tampa Employee Declaration of Domestic Partnership including proof of eligibility. These documents will be available during open enrollment. (Check with Employee Relations for specific details at 274-8041.)
7. Children of a domestic partner are eligible dependents if they meet the same criteria as the dependent children of an employee’s legal spouse, and all other eligibility requirements as described in the plan document and/or City documents.

Dual Employment: If you and your lawful spouse are both full-time eligible City employees with dependent children, the City provides one family plan at no cost to you. Employees may choose from the Foundations Plan, Select Plan Tobacco Free, Select Plan PHA or the Choice Plan. If you have no dependents, you may elect two single plans instead of a family plan.

#### Important Notice Regarding Dependent Eligibility Verification

Employees may be asked to produce the following documentation to UnitedHealthcare for any dependents being added during this Open Enrollment period or during an audit:

#### Documentation to verify eligibility of:

- Spouse – Copy of Marriage License
- Child – Copy of Birth Certificate; Adoption Certificate; Court Order establishing legal guardianship
- Grandchild – Copy of Birth Certificate (Refer to the Benefits Booklet for more details)
- Employee has legal custody of a minor child – Court Order establishing legal guardianship

**NOTE: Knowingly covering an ineligible dependent constitutes insurance fraud. If you are currently covering a dependent who does not meet the eligibility criteria defined in items 1-7, then you must remove them during the open enrollment period that ends on November 7, 2011.**

### Dental Plan Elections:

- Click the Edit button to the left of the Dental Plan name to display the available plan options and associated pay period costs. Make your selection by clicking the button of your choice and scroll down the page to review or add new dependents and enter facility numbers if you elected the HMO plan option. If you are already in the HMO, do not change your Primary Care Physician (PCP). This change must be done through Humana CompBenefits.
- Repeat the previous steps to store or cancel your selections described under Medical Plan Elections.

### Long Term Disability (LTD) Elections: Repeat process.

### 457 - Deferred Compensation Elections: Repeat process.

### Flex Spending Account (FSA) - Medical/Dependent Care Elections: Repeat process.

- After completing all your elections, Click the Submit button at the bottom of the Benefit Summary page to begin the two-step submission process.
- The Submit Benefit Choices page will be displayed which reviews the steps to completing your enrollment and states the rules governing the authorization of your benefit elections. To complete the election process, click on the Submit button.
- After you have submitted your elections, you may still make changes until the end of the enrollment period on November 7, 2011. To change your previously submitted elections, access the Benefits Enrollment page again and click the Select button.
- Then click the OK button to return to the Benefits Enrollment page to select or change previously entered plan elections. If no additional changes are required, exit Benefits Enrollment by clicking the Sign Out link in the upper right portion of your page.

You will receive a benefits confirmation statement the week of November 14, 2011.



## Glossary of Terms

**Coordination of Benefits (COB):** The insurance industry adopted a uniform provision that was added to virtually all group health policies. The provision determines how duplicate coverage is handled when a family has coverage under multiple plans in all instances except when Medicare or Medicaid is involved. One plan will pay its full, normal benefits. The other plan will pay what is remaining of the total medical bill, up to the maximum amount it would have paid if it were the only insurance company involved.

Provision guidelines are:

- Group plans which do not include a Coordination of Benefits provision in their policy will always pay first or be primary. Otherwise, the group plan covering the insured as an employee pays first.
- For dependent children, the plan covering the parent whose birthday is earlier in the calendar year is the primary. If you and your (former) spouse are divorced or separated, the claims for your dependent children are paid in the following order (unless mandated by court order): first, by the plan of the parent with custody; second, by the plan of the spouse of the parent with custody; or third, by the plan of the parent without custody. If the parents have joint custody, the birthday rule applies.
- Note that these rules only apply to GROUP policies. Individual health insurance policies, as well as Medicare and Medicaid, don't come under these rules.

**Co-Payment (or Co-Pay):** A flat dollar amount which the member pays for the cost of medical expenses.

**Deductible:** A fixed amount which the member pays before the plan starts paying benefits.

**Drug Formulary:** A list of drugs that are considered to be safe and effective for patients. The drugs are approved based upon how well they work, how safe they are, and the cost of each.

**Exclusions:** Specific conditions or circumstances that are not covered under the benefit plan. It is important to consult the carrier to understand what services are not covered.

**Generic Drug:** A drug which is the pharmaceutical equivalent to one or more brand name drugs. Such generic drugs have been approved by the Food and Drug Administration as meeting the same standards of safety, purity, strength, dosage form and effectiveness as the brand name drug.

**In-network:** Refers to the use of providers that participate/contract with the carrier. Many plans require members to use in network providers to receive benefits or the highest level of benefits.

**Out-of-network:** Refers to the use of non-network providers.

**Out-of-Pocket Maximum:** The annual maximum amount that a member will have to pay for covered medical services. This term is defined further in the policy of the plan that you elect.

**Rx4 (4-level pharmacy benefit):** The benefit includes both generic and brand name drugs. It also includes coverage for many of the more progressive high-technology drugs. In each of the first three levels, you pay a set co-payment. The fourth level, which includes drugs such as gene therapy, biotechnology and most self-injectable drugs, you pay 25% of the cost of the drug up to the maximum of \$1,500 per member per calendar year. All four plan options are using an Rx4 pharmacy benefit in 2012.

## Frequently Asked Questions

### *How can I determine which plan is the best for my family?*

Benefits information to help you in your selection can be found in the City's benefits booklet, including an online version and video presentation, is available on the City's iNET. Open enrollment meetings are available to all City employees. Log onto the City's iNET Training site for times and a location that is most convenient for you. Finally, should you have questions; you may contact Risk Management at (813) 274-5757 or via email at [benefitsquestions@tampagov.net](mailto:benefitsquestions@tampagov.net).

### *What is a Dollar-First Benefit Allowance?*

It is an annual member benefit that applies to medically necessary services received from participating providers only. It does not apply to any member co-payments, prescription drugs or covered preventive services. Often health plans require you to meet a deductible before the plan will pay any eligible medical expenses. That's why the Dollar-First Benefit Allowance is special. You get a special allowance - money that is set aside to help pay your eligible medical expenses before you have to pay a deductible.

### *Who pays the Dollar-First Benefit Allowance?*

The City of Tampa pays the Dollar-First Benefit Allowance. The amount of the allowance is dependent upon which of the four plans you elect.

- The **Foundations Plan** offers a Dollar-First Benefit Allowance of \$250 per plan member.
- The **Select Plan Tobacco Free** offers a Dollar-First Benefit Allowance of \$500 per plan member.
- The **Select Plan PHA** offers a Dollar-First Benefit Allowance of \$750 per plan member.
- The **Choice Plan** offers a Dollar-First Benefit Allowance of \$1,000 per plan member.

### *Does the Dollar-First Benefit Allowance go towards my deductible?*

No, they are calculated separately. The benefit allowance is paid by the City and the deductible is paid by the member.

### *When do I pay the deductible?*

You pay the deductible when the dollar-first benefit allowance has been exhausted. For example, in the Foundations Plan, the Dollar-First Benefit Allowance is \$250 per member. This \$250 would go toward the costs of medical services and deductibles until it was exhausted. You would then be responsible for the next \$1,500. In the Choice Plan, the Dollar-First Benefit Allowance is \$1,000. This \$1,000 would go toward the costs of medical services and deductibles before the deductible of \$1,000 would be required to be paid by you.

### *Do I need to pay the deductible before the plan pays any benefits?*

No, the deductible is applicable for certain services such as labs, x-rays, diagnostic testing, inpatient/outpatient hospital care, etc. See the Group Health Insurance Plans Comparison chart located on pages 18 and 19.

### *Do I need to pay the deductible when going to my Primary Care Physician or Specialist?*

No, an office visit/consultation requires a co-payment only. If the physician does lab, x-ray or diagnostic testing, that portion will require a deductible to be met after the benefit allowance has been exhausted. You will be required to pay a co-payment depending upon which of the four plans you elect (except for services available and provided by the Employee Wellness Centers. These services do not impact your Dollar-First Benefit Allowance, co-payments, or deductibles since the services are offered at no cost).

### ***What is a network of providers?***

A network is a list of doctors, hospitals and other providers that have contracted, or agreed, with an insurance company to do business with the insurance company. The provider's fees have been pre-negotiated, which means that the insurance company will not necessarily pay the doctor or hospital's actual bill amount, but will pay a lower pre-negotiated amount.

### ***Will my newborn child automatically be added to my coverage?***

No. You must contact HR - Employee Relations at (813) 274-8041 to add your newborn child within 60 days of the birth.

### ***Will my Out-of-State Dependent be covered?***

Yes. Members enrolled in the City of Tampa Group Health Plans continue to will have access to the UnitedHealthcare (UHC) National Choice Plus network of providers. This enhancement offers employees with dependents living out-of-state an opportunity for in-network benefits in any of the plans offered.

### ***How will my Out-of-State Dependent be covered?***

UHC has a large national network, so as long as there is a network in the area, your dependents living out of state will be covered in network. We recommend going onto the [www.myUHC.com](http://www.myUHC.com) website to find physicians/providers by location.

### ***Do I have vision benefits?***

Yes. Please refer to the vision section in this benefits booklet. Please note that medical conditions of the eye are covered under the health plan.

### ***How do Prescription benefits work?***

Prescription benefits are provided through Prescription Solutions. A 30 day supply of a covered medication can be purchased through retail pharmacies with one month co-pay and a 90 day supply can purchased through mail order for two co-pays. \*\*NOTE: If your mail order refill has expired, you may need to obtain a new prescription. Prescriptions to be filled through mail order need to be written in 90 day increments.

### ***How do I submit charges for reimbursement through my FSA?***

Once you register at [www.myUHC.com](http://www.myUHC.com) the automatic rollover feature is turned on. This feature allows your eligible medical and prescription claims to automatically rollover to your Flexible Spending Account to be reimbursed with available funds. You can log onto [www.myUHC.com](http://www.myUHC.com) and use account settings to turn this option off if you prefer to submit your claims manually through the mail using an FSA claim form.

### ***Where can I get forms for mail order, FSA and filing claims?***

Forms can be accessed at [www.myUHC.com](http://www.myUHC.com) FSA and medical claims forms can be found under Claims & Accounts. Then select the option for claim forms. Mail order forms for the pharmacy can be found under Prescription Claims and then select "Forms and Cards."

## Legal Notices

### Women's Health and Cancer Rights Act of 1998 (WHCRA) Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas? Call your Plan Administrator for more information.

### Family & Medical Leave Act (FMLA)

According to the Family and Medical Leave Act of 1993 eligible employees must be granted up to 12 work weeks of unpaid leave by their employer for any of the following reasons occurring during a 12 month period:

- Birth of employee's child
- Adoption or placement of a foster child
- Caring for ill or injured immediate family member (spouse, child, parent)
- Serious illness or Injury of employee (employee unable to work)

Effective January 16, 2009 the FMLA regulations have been updated to include implementation of new military leave entitlements enacted under the National Defense Authorization Act for Fiscal Year 2008. This change permits any of the following family members to take up to 26 work weeks of leave to care for a member of any of the Armed Forces; Active, Reserve or National Guard, undergoing medical treatment or recuperation (including therapy), for serious injury or illness:

- Spouse
- Child
- Parent
- Next of kin

### Employee Privacy Notice

Effective beginning April 14, 2003, HIPAA requires your health plan to notify you and your beneficiaries about their policies and practices to protect the confidentiality of your health information.

Refer to your plan's privacy notice for a detailed description of:

- Your plan's information privacy policy,
- Ways the plan may use and disclose health information about you,
- Your rights, and
- Obligations the plan has regarding the use and disclosure of your health information

## Florida Kid Care for 2012

### Florida KidCare Offers Free to Low-Cost Comprehensive Health Coverage for Children

Your child may be eligible for health insurance through Florida KidCare, even if one or both parents are working. Getting health insurance for your children before they get sick is very important. The Florida KidCare program provides children with comprehensive health coverage from birth through age 18. It includes four different programs. When you apply for the insurance, Florida KidCare will check which program your child may qualify for based on age and family income.

Florida KidCare covers everything from check-ups to surgeries and includes dental and vision care. Most families qualify for premium assistance and pay only \$15 or \$20 a month for all of their children. Many families pay nothing at all. Families that do not qualify for premium assistance may be eligible for the Florida KidCare “full pay” option.

Here's how to apply:

#### Online application

Visit [www.floridakidcare.org](http://www.floridakidcare.org) and click “Apply Online Now”

#### Paper application

Request a one-page application by calling 1-888-540-5437 (the call is free) or visit [www.floridakidcare.org](http://www.floridakidcare.org).

Submit your completed application and documentation one of these ways:

- Fax application and documents to: 1-866-867-0054 (the call is free)
- E-mail application and documents as scanned attachments to: [apply@healthykids.org](mailto:apply@healthykids.org)
- Mail application and documents to: **Florida KidCare  
P.O. Box 980  
Tallahassee, FL 32302-0980**

## COBRA/HIPAA

An individual covered under the City of Tampa medical, dental or employee assistance plan on the day before they would otherwise lose coverage due to a qualifying event, may continue their coverage as specified in the Consolidated Omnibus Budget Reconciliation Act (COBRA), if they report the qualifying event to HR - Employee Relations at (813) 274-8041 within 60 days of the qualifying event.

Qualifying Events include:

- Death of the covered employee
- Voluntary or involuntary termination of the employee
- Divorce or legal separation
- A dependent child's loss of eligibility under the plan
- The covered employee's entitlement to Medicare

An active COBRA participant loses benefits on the earliest of the following dates:

- 18 months from the date of the qualifying event if due to termination of employment or reduction in hours, 29 months if due to a qualifying disability, and 36 months in all other cases;
- The date of the qualifying event if the required initial premium is not paid within the designated grace period;
- The date the participant becomes covered under another group plan. An exception applies that allows the continuation of COBRA until the pre-existing exclusions of the other plan are removed;
- The date the employer terminates the group plan for active employees; or
- The date the participant becomes entitled to Medicare.

This summary does not contain all of the provisions of the COBRA law. It is provided to help you understand your medical benefits. For more information regarding COBRA, contact UnitedHealthcare at (866) 747-0048.

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## Certificate of Creditable Coverage

Plans must furnish the certificate automatically to:

- An individual who is entitled to elect COBRA continuation coverage, at a time no later than when a notice is required to be provided for a qualifying event under COBRA.
- An individual who loses coverage under a group health plan and who is not entitled to elect COBRA continuation coverage.
- An individual who has elected COBRA continuation coverage, either within a reasonable time after the plan learns that COBRA continuation coverage ceased or, if applicable, within a reasonable time after the individual's grace period for the payment of COBRA premiums ends.

## Important Phone Numbers

DEPARTMENT	DEPARTMENT LIAISON	PHONE NUMBER
Public Works Dept, Contract Admin, Transportation	Della Coleman	(813) 274-8782
Wastewater	Mary Hastings	(813) 274-8086
Fire Rescue	Sharon Walker	(813) 274-7008
Cable Communications, Economic & Urban Development, Growth Management & Development Services, Internal Audit, City Clerk, Purchasing, Legal, Human Resources	Gloria Cochrane	(813) 274-7720
Solid Waste, Convention Center, Technology and Innovation, Chief of Staff, Intergovernmental Relations	Maggie Green	(813) 274-7727
Parks & Recreation	Lou Grant Krista Snipes	(813) 274-5739 (813) 274-8049
Police: District I District II District III Major Crimes Bureau SIB Special Support Division Communications	Lt. Donald Peters Lt. Bruce Leidholdt Capt. Robert Lovering Sgt. Jimmie Hinkle Sgt. James Ford Lt. Geraldine Felcetto Thomas Wolff	(813) 354-6691 (813) 931-6544 (813) 242-3898 (813) 276-3571 (813) 276-3695 (813) 276-3757 (813) 231-6114
Stormwater, Clean City, Public Works - (Building Services, Facility Management, Parking)	Elizabeth Holt	(813) 274-8101
Water, City Council, Office of the Mayor, Public Affairs, Fire and Police Pension	Phyllis Ward	(813) 274-8669
Art Programs, DPW Stormwater, GMDS (Code Enforcement & Business Tax, Community Affairs), Minority & Business Development, Neighborhood & Community Relations, Revenue and Finance, Water Distribution, Consumer Services	Regina Nelson	(813) 274-7039
	HR - Employee Relations HR - Risk Management UnitedHealthcare CareATC Appointments  Employee Assistance Program: Hillsborough County Pinellas County ReliaStar/ING Unum FL League of Cities Deferred Comp Nationwide Deferred Comp FL Pre-Paid College Fund Humana Specialty Benefits	(813) 274-8041 (813) 274-5757 (813) 274-8279 (800) 993-8244 (813) 658-8042  (813) 870-0392 (727) 576-5164 (800) 955-7736 (800) 421-0344 (800) 342-8112 (813) 973-8382 (800) 552-4723 (800) 342-5209