



# Benefits Enrollment 2008

Congratulations! As an employee who has successfully met your benefit waiting period, The City of Delray is excited to give you the opportunity to enroll into the health and welfare benefits offered by The City of Delray effective the first of the following month following your waiting period.

The next few pages highlight your benefit options. Please be sure to review this information along with the enclosed Carrier Enrollment Materials to better understand your benefit options and please know that this overview is for illustrative purposes only and Carrier Specific Materials supersede any and all information within.

Once enrolled, no changes can be made to your elections until the next annual Open Enrollment period. The only exception to this IRS Section 125 Rule is if you satisfy a "Qualifying Event". Examples include marriage, divorce, death, birth or adoption, involuntary loss of other group insurance coverage, and your spouse's Open Enrollment period.

**ENROLLMENT FORMS ARE DUE TO  
HUMAN RESOURCES  
NO LATER THAN:**

**Two weeks prior to your effective date**

### Employee Benefit Website

The City offers all employees a customized website to access benefit information, carrier links, important forms and much more. Please use the following information to access the site.

**Location:** [www.mybenefitslink.com](http://www.mybenefitslink.com)

**User Name:** Delray Benefits

**Password:** mybenefits

### Benefit Highlights

**Medical** – Cigna HealthCare Page 2-4

- Four Plan Options – HMO, POS, OAP and CDHP
- The CDHP with an HRA is partially funded by The City!

**Dental** – CompBenefits Page 5

- Three Plan Options – DHMO, DHMO Advantage, PPO

**Long Term Disability (LTD)** – Cigna Benefits Page 6

- Elimination Period 60 Days
- 60% monthly income up to \$5,000 max

**Basic Life and AD&D** Page 6

- Benefit levels vary depending on Class Description

**Voluntary Life Insurance** - Hartford Page 7

- Apply for additional life insurance for yourself, spouse, and/or children

**Voluntary Vision Plan** – CompBenefits Page 8

- Receive benefits when using contracted providers or non-contracted providers

**Flexible Spending Account** - AFLAC Page 8

- Use pre-tax dollars to pay for out of pocket medical and dependent care expenses

**Employee Assistance Program** – Cigna Page 8

- Speak to a trained professional regarding family matters, stress at work, or a personal problem

**Legal Club of America** Page 9

- Free and discounted Legal Care

**Pet Assure** Page 9

- Pet Medical Discounts

**AFLAC** Page 9-10

### *Medicare Part D Creditable Coverage Statement*

The City's prescription drug coverage provided by Cigna's HMO, POS, and OAP Plan is considered Creditable Coverage under Medicare Part D. The City's prescription drug coverage by Cigna's CDHP is NOT considered Creditable Coverage under Medicare Part D. If you or your dependents are or will be eligible for Medicare, you may obtain more information by reviewing our Employee Benefits Website or requesting an Employee Disclosure Notice from your Human Resource Department.



## Medical Coverage - HRA

As you know, healthcare costs are at an all time high and many employers have chosen to shift a significant share of the cost of care to their employees. Other employers have had to cut back; or even eliminate health care benefits completely. At The City, we are committed to offering our employees a benefits program; and prefer to explore more ground-breaking and appealing health care solutions.

That is why we are pleased to offer the CIGNA Choice Fund Health Reimbursement Account (HRA). This benefit combines a high-deductible CIGNA HealthCare Open Access Plus plan with an account that will help cover a percentage of the deductible. You decide how to use the dollars in your fund, and dollars remaining in your fund may roll over for you to use in future years.

In general, your benefits include three main elements:

1. **Your Health Fund** - your employer establishes an annual health reimbursement account, which is a fund available to pay for covered medical expenses. The amount used from your fund helps you meet your annual deductible.
2. **Your Share** – when you use up the dollars in your health fund, it is your turn to pay for the health care expenses up to the annual deductible.
3. **Your Plan** – Once you meet your deductible, you pay pre-determined amounts called coinsurance. Your plan also includes an out of pocket maximum. Once you reach it, eligible expenses are covered 100%.

Preventive care covered at 100%*		
YOUR HEALTH FUND	YOUR SHARE	YOUR PLAN
<b>The City is funding:</b> <ul style="list-style-type: none"> <li>▪ \$500 for Employee Only</li> <li>▪ \$1,000 for Family</li> </ul>	<b>Your Deductible:</b> <b>In-network</b> <ul style="list-style-type: none"> <li>▪ \$1,000 Employee Only</li> <li>▪ \$2,000 Family</li> </ul> <b>Out of Network:</b> <ul style="list-style-type: none"> <li>▪ \$2,000 Employee Only</li> <li>▪ \$4,000 Family</li> </ul>	<b>Your Coinsurance (you pay)</b> <ul style="list-style-type: none"> <li>▪ 10% in network</li> <li>▪ 40% out of network</li> </ul> <b>Up to your out of pocket max</b> <ul style="list-style-type: none"> <li>▪ \$2,500/5,000 in network</li> <li>▪ \$5,000/10,000 out of network</li> </ul>

How the Cigna Choice Fund works:

1. When you see a doctor, he or she should not collect any money at the time of your office visit. Instead, the claim is sent directly to CIGNA HealthCare. If there are dollars in your HRA, your doctor will be paid directly from your fund. You and your doctor will receive an Explanation of Benefits (EOB) that lets you know that the payment has been made from your fund. The EOB you receive can also tell you how much is left in your fund.	FUND	DEDUCTIBLE
2. Once you've used the dollars in your fund, you pay until you meet the deductible. If there are no dollars left in the fund, or the expense is not eligible for payment from the fund, you will receive an EOB letting you know that your fund was not able to pay your doctor, and that you are responsible to pay for the services.		
3. When you have met your deductible, your basic medical plan begins providing coverage for eligible services. When going to an in-network provider you pay 10% coinsurance up to the out of pocket maximum of \$2,500 individual/\$5,000 family. When going to an out of network provider, you pay 40% coinsurance up to the out of pocket maximum \$5,000 individual/\$10,000 family (does not include balance billing)		



## Medical Coverage - HRA

### Healthy Incentive Program

When you choose Cigna Choice Fund, you have the opportunity to earn rewards! More specifically, you can earn credits that can be applied to your share of the deductible. If you cover your spouse, he/she can also have the opportunity to earn credits.

- \$200 – Health Risk Assessment
- \$50 – WebMD Tools
- \$50 – Smoking Cessation
- \$25 – Disease Management
- \$25 – Get Fit
- Healthy Pregnancy/Babies
  - \$150 if CIGNA is contacted within 1<sup>st</sup> trimester
  - \$75 if CIGNA is contacted within 2<sup>nd</sup> trimester

You and your spouse (if covered) have the opportunity to earn credits that will be applied to your HRA account, once you successfully accomplish each program, if applicable.

Please review Cigna materials for more details on these exciting Incentive Programs developed for The City employees.

You will also receive preventive care in-network at no cost to you. This includes periodic well visits, routine immunizations, and routine screenings provided to you when you have no symptoms or have not been diagnosed with a disease. No cost to you, no cost to your HRA, and no plan deductible to meet.

Plan	Choice Fund Plan (HRA)	
	In-Network	Out of Network
Network Access	In-Network	Out of Network
Network Name	Open Access Plus	
Primary Care Physician Election	Not Required	
Specialist	Open Access – no referral needed	
<b>Contract Year Deductible</b>	<b>You Pay</b>	
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
<b>HRA Fund by The City</b>	<b>The City Pays</b>	
Individual	\$500	
Family	\$1,000	
<b>Physician Office Services</b>	<b>You Pay</b>	
Primary Care Physician (PCP)	10% after deductible	40% after deductible
Specialists Office - Non CCN Provider	10% after deductible	40% after deductible
<b>Hospital / Facility Services</b>	<b>You Pay</b>	
In-Patient	10% after deductible	40% after deductible
Out-Patient Hospital / Surgical Facility	10% after deductible	40% after deductible
Major Diagnostic (MRI, CT Scans, Pet Scans)	10% after deductible	40% after deductible
Lab & X-Ray	10% after deductible	40% after deductible
Emergency Room	10% after deductible	40% after deductible
Urgent Care (see detailed summaries for limitations)	10% after deductible	40% after deductible
<b>Contract Out of Pocket Maximum</b>	<b>You Pay</b>	
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Lifetime Maximum Benefit (Plan pays)	\$5,000,000	
Coinsurance (after deductible, when applies)	10%	40%
<b>Pharmacy</b>	<b>You Pay</b>	
Generic	30% after deductible	Not covered
Brand Name	40% after deductible	Not covered
Non-Formulary / Non Preferred	50% after deductible	Not covered
Mail Order Pharmacy (90 day supply)	2x coinsurance after deduct	n/a
<b>2008 Employee Bi-weekly deductions</b>	<b>You Pay</b>	
Employee	\$ 00.00	
Employee + Spouse	\$ 83.54	
Employee + Child(ren)	\$ 68.35	
Family	\$ 136.71	

Balance billing may occur when using providers out of Cigna's network.



## Medical Coverage

The City also offers the HMO, POS and OAP Plan Options. The HMO and POS Plans require you to choose a Primary Care Physician (PCP) from the Provider Network named "Network". The PCP you choose will manage your healthcare and refer you to a specialist when needed. The OAP Plan gives you the freedom to receive services from any provider and you will be subject to coinsurance once you satisfy your deductible. You will receive the maximum level of benefits when you use a provider contracted with Cigna's "PPO" Network.

Plan	HMO – Network	POS – Network Plan		Open Access Plan (OAP)	
Network Access	In-Network	In-Network	Out-of-Network *	In-Network	Out-of-Network *
Network Name	Network	Network		OAP	
Primary Care Physician Election	Required	Required		Not Required	
Calendar Year Deductible	You Pay	You Pay	You Pay	You Pay	
Individual	n/a	n/a	\$500	\$200	
Family	n/a	n/a	\$1,500	\$600	
Physician Office Services	You Pay	You Pay	You Pay	You Pay	You Pay
Primary Care Physician (PCP)	\$15 Copay	\$20 Copay	20% after deduct	\$20 Copay	30% after deduct
Specialists Office	\$25 Copay	\$40 Copay	20% after deduct	\$20 Copay	30% after deduct
Hospital / Facility Services	You Pay	You Pay	You Pay	You Pay	You Pay
In-Patient	\$250 per Admit	\$250 Per Admit	\$500 + 20% after deduct	10% after deduct	\$500 + 30% after deduct
Out-Patient Hospital / Surgical Facility	\$125 Copay	\$100 Copay	20% after deduct	10% after deduct	30% after deduct
MRI, CT Scans, Pet Scans	No Charge	No Charge	20% after deduct	10% after deduct	30% after deduct
Lab & X-Ray	No Charge	No Charge	20% after deduct	10% after deduct	30% after deduct
Outpatient Short-Term Rehab	\$20 Copay	\$30 Copay	20% after deduct	\$20 Copay	30% after deduct
Emergency Room	\$150 Copay	\$150 Copay		10% after deductible	
Urgent Care	\$50 Copay	\$50 Copay		10% after deductible	
Annual Out of Pocket Maximum	You Pay	You Pay		You Pay	
Individual	\$1,500	\$1,000	\$2,000	\$1,500	
Family	\$3,000	\$2,000	\$4,000	\$4,500	
Lifetime Maximum Benefit (Plan pays)	\$5,000,000	\$5,000,000		\$5,000,000	
Pharmacy	You Pay	You Pay		You Pay	You Pay
Generic	\$7 Copay	\$7 Copay		\$10 Copay	30% after deduct
Brand Name	\$25 Copay	\$25 Copay		\$20 Copay	30% after deduct
Non-Formulary / Non Preferred	\$50 Copay	\$50 Copay		\$50 Copay	30% after deduct
Mail Order Pharmacy (90 day supply)	2 x's Copay	2 x's Copay		2.5 x's Copay	n/a
2008 Employee Bi-weekly deductions	You Pay	You Pay		You Pay	
Employee Only	\$0.00	\$13.49		\$76.13	
Employee + Spouse	\$116.03	\$191.50		\$369.73	
Employee + Child(ren)	\$94.93	\$159.13		\$316.37	
Family	\$189.87	\$304.78		\$556.50	

\* When utilizing a provider out of network, please understand that you take the risk of being balance billed for the difference of what the provider charges compared to Cigna's Contracted Rate



## Dental Coverage

The City offers two prepaid dental plans and one PPO dental plan option through CompBenefits. The prepaid dental plans, the DHMO and DHMO Advantage, require you to receive services from dental providers who participate in the CompBenefits network. Services received will only be subject to the applicable copay based on a predetermined fee schedule. The PPO Plan gives you the freedom to go to a dentist not contracted with CompBenefits. You will receive the maximum benefit when seeking care from an in-network provider. Please refer to the following chart for an overview of your benefits.

Plan	DHMO (CS150)	DHMO Advantage	PPO	
Network Access	In-Network	In-Network	In-Network	Out-of-Network *
Network Name	Florida C/CS Series	Advantage	PPO	
Annual Maximum	N/A	N/A	\$1,000	
Calendar Year Deductible	You Pay	You Pay	You Pay	
Individual	n/a	n/a	\$50	
Family	n/a	n/a	\$150	
Dental Services	You Pay	You Pay	Reimbursement by CompBenefits	
<b>Type I - Preventive Services</b>	See Schedule	See Schedule	Deductible Waived for Type 1	
Office Visit	\$5	\$10	100%	100%
Routine Oral Exam	No Charge	No Charge		
Teeth Cleaning (once/6 months)	No Charge	No Charge		
X-ray (Bitewings)	No Charge	No Charge		
<b>Type II - Basic Services</b>	See Schedule	See Schedule	80%	80%
Fillings	No Charge	\$24 - \$56		
Simple Extractions	See schedule	\$20 - \$106		
Scaling & Root Planing	\$50	\$21 - \$39	50%	50%
<b>Type III - Major Services</b>	See Schedule	See Schedule		
Crowns/Inlays/Onlays	See Schedule	\$187 - \$473		
Bridge, Denture Repair	\$15 - \$50	See Schedule		
Endodontics (root canals)	See Schedule	See Schedule		
<b>Orthodontia</b>	You Pay	You Pay	You Pay	
Evaluation	\$35	\$35	Not Covered	
Treatment Planning	\$250	\$250		
Treatment (Child up to 19)	\$1,800	\$2,100		
Treatment (Adult 19 years or older)	\$1,800	\$2,300		
Lifetime Maximum	No Maximum	No Maximum		
<b>2008 Employee Bi-weekly deductions</b>	You Pay	You Pay	You Pay	
Employee Only	\$8.21	\$9.06	\$16.66	
Employee + 1 Dependent	\$15.59	\$17.41	\$31.95	
Employee + 2 or more dependents	\$20.59	\$28.79	\$52.16	

*\*Out of Network charges are subject to Usual, Reasonable & Customary (UCR) charge limitations on the PPO Plan. The information outlined by this overview is for illustrative purposes only and carrier specific materials supersede any and all information within. Complete benefits and exclusions are disclosed in the carrier enrollment materials and / or Member Certificates of Coverage.*



## ***Long Term Disability (LTD)- Employer Paid***

As an eligible employee of The City of Delray, you are automatically enrolled into a Long Term Disability (LTD) Plan provided through Cigna Group Benefits. If you become ill or injured outside of work and are unable to work for a period of 60 days, you will receive a benefit equal to 60% of your monthly earnings up to a maximum of \$5,000 a month. You must be employed for 1 month prior to being eligible for LTD and if you return to work part-time after the disabling event, a partial LTD benefit may be payable.

## ***Basic Life Insurance and AD&D – Employer Paid***

As an employee of The City of Delray who is eligible for benefits you automatically have a Basic Life and AD&D Benefit paid for 100% by The City. The amount of your benefit is determined by your position and the schedule below: Please remember to update your Beneficiary when necessary.

Class	Class Description	Benefit Amount
Class 1:	City Manager, Assistant City Managers, City Attorney & Department Heads	\$150,000
Class 2:	Assistant Department Heads, Police Legal Advisors, Assistant City Attorney, Division Heads, Battalion Chiefs and Police Lieutenants all earnings \$75,000 or more annually	\$100,000
Class 3:	Assistant Department Heads, Police Legal Advisors, Assistant City Attorney, Division Heads, Battalion Chiefs and Police Lieutenants all earning less than \$75,000 annually	\$75,000
Class 4:	P.B.A. employees who are subject to a collective bargaining agreement	\$40,000
Class 5:	I.A.F.F. employees who are subject to a collective bargaining agreement	\$40,000
Class 6:	N.C.F. & O. employees who are subject to a collective bargaining agreement earning \$25,000 or more annually	\$40,000
Class 7:	N.C.F.&O. employees who are subject to a collective bargaining agreement earning less than \$25,000.	\$25,000
Class 8:	Employees earning \$60,000 or more annually, excluding employees on the above classes.	\$75,000
Class 9:	Employees earning between \$40,000 and less than \$60,000 annually, excluding employees on the above classes.	\$60,000
Class 10:	Employees earning less than \$40,000 annually, excluding employees in the above classes	\$40,000

The City also provides Accidental Death & Dismemberment (AD&D) at no cost to you. This benefit pays in addition to the Basic Life Insurance when death occurs as a result of an accident. The AD&D benefit amount matches the Basic Life Benefit amount and a partial benefit is also payable based on the schedule below.

### **50% of the AD&D benefit will be paid for loss of:**

- One hand, or
- One foot; or
- Sight of one eye; or
- Thumb and index finger of the same hand

### **100% of the AD&D benefit will be paid for the loss of:**

- Life (accidental); or
- Both hands or both feet; or
- Sight of both eyes; or
- Any two or more; one foot, one hand, or the sight of one eye.

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## Voluntary Life Insurance

As an eligible employee of The City, you have the option of applying for Voluntary Life Insurance for yourself, your spouse and your children available through Hartford Life. Please refer to the following for an overview of your benefits.

- **Employee Coverage** - Employees can apply for additional Life Insurance for yourself in amounts of 1, 2, or 3 times your annual basic wages rounded to the next higher \$1,000. Maximum amount is the lesser of \$200,000, or 3 times annual basic wage rounded up to the next \$1,000. This amount is guaranteed for new hires; therefore you will not need to answer medical questions. If you have already been eligible and are electing to increase your Life Insurance Amount, or apply for the first time, please know that you will be required to answer medical questions. Rates and payroll deduction calculation listed below.
  - **Employees** can apply for 4 or 5 times your annual basic wages rounded to the next higher \$1,000. Maximum amount is the lesser of \$500,000, or 5 times annual basic wages rounded up to the next \$1,000. You will be required to answer medical questions by completing an "Evidence of Good Health" form and this amount is not guaranteed for new hires. Rates and payroll deduction calculation listed below
- **Spouse Coverage** – an eligible employee can apply for life insurance for your spouse in increments listed below, not to exceed 50% of what you apply for. If you are now eligible for the first time, your spouse is guaranteed for amounts up to \$50,000. Evidence of Good Health is required for amounts over \$50,000 AND/OR if you have previously been eligible for Voluntary Life coverage and are now applying for your spouse for the first time. Rates are listed below and are based on employee's date of birth.
  - \$15,000
  - \$25,000
  - \$50,000
  - \$75,000 \*
  - \$100,000 \*

### Rates

Employee's Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$.07	\$.06	\$.07	\$.13	\$.20	\$.33	\$.53	\$.86	\$1.12	\$1.76	\$3.11	\$5.19

How to calculate your bi-weekly payroll deduction:

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \div \$1,000 = & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} & \times 12 = & \underline{\hspace{2cm}} & \div 26 & \underline{\hspace{2cm}} \\
 \text{Benefit Amount} & & & & \text{Rate} & & \text{Monthly Cost} & & \text{Annual Cost} & & \text{Your bi-weekly cost}
 \end{array}$$

Example: a 36 year old employee who elects and qualifies for \$50,000 of life insurance coverage would pay \$3.00 per pay period:

$$\begin{array}{ccccccc}
 \underline{\$50,000} & \div \$1,000 = & \underline{50} & \times & \underline{\$.13} & = & \underline{\$ 6.50} & \times 12 = & \underline{\$78.00} & \div 26 & \underline{\$ 3.00} \\
 \text{Benefit Amount} & & & & \text{Rate} & & \text{Monthly Cost} & & \text{Annual Cost} & & \text{Your bi-weekly cost}
 \end{array}$$

- **Child(ren) Coverage** – You can apply for life insurance for your children, as long as you applied for coverage for yourself, for the following amounts:
  - \$1,000 – children between ages of 2 weeks to 6 months
  - \$10,000 – children between the ages of 6 months to 19 years (25 for full time student)
 Rates are \$1.80 per month per family, regardless of the number of children covered



## Voluntary Vision Plan

This year, The City will continue to offer a voluntary vision plan through Compbenefits' VisionCare Plan.

When receiving services in-network, eye exams and materials (frames and lenses) are paid in full by the plan, except for your copays; \$10 for eye exams and \$15 for materials. Vision exams and lenses are covered once every 12 months and frames may be replaced every 24 months. You can locate a participating provider through the Internet on [www.vsp.com](http://www.vsp.com).

When using an out-of-network provider, you will pay the doctor at the time of the visit and submit receipts to Compbenefits for reimbursement. An example of how the plan helps you save over the course of a year is shown below:



If you get:	You Pay:	
	VisionCare Doctor	Retail
Eye Exam	\$ 00.00	\$ 85.00
Frame (designer style)	\$ 00.00	\$ 120.00
Lenses: Bifocal	\$ 00.00	\$ 100.00
Option (pink tint #1 or #2)	\$ 00.00	\$ 15.00
Co-payments:		
▪ \$10 exam	\$ 25.00	\$ 00.00
▪ \$15 materials		
Premium (\$6.90 monthly x 12)	\$82.80	\$ 00.00
<i>Subtotal:</i>	\$ 108.80	\$ 320.00
Pre-tax savings (assuming 15% tax bracket & 7.65 FICA)	\$ - 18.75	\$ 00.00
<b><i>Total Cost:</i></b>	<b><i>\$ 89.05</i></b>	<b><i>\$320.00</i></b>
<b><i>Annual Savings!</i></b>	<b><i>\$ 230.96</i></b>	
<b><i>Bi-weekly payroll deductions</i></b>		
Employee Only	\$ 3.18	
Employee + 1 Dependent	\$ 6.36	
Employee + 2 or more dependents	\$10.66	

## Flexible Spending Accounts (FSA)

The City offers Flexible Spending Accounts (FSA) to all eligible employees on a voluntary basis. FSA's allow you to set aside money from your paycheck through pre-tax payroll deductions to cover your out-of-pocket health care and dependent care expenses. At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate in. You may contribute a maximum of \$5,000 annually for the Healthcare FSA, and up to an annual maximum of \$2,500 if you file a single tax return, or \$5,000 if you are married and filing a joint tax return for eligible children and adults.

Please refer to the FSA Participant Handbook for additional information regarding FSA's, including a list of eligible expenses and ineligible expenses. You can locate this handbook by logging onto [www.mybenefitslink.com](http://www.mybenefitslink.com) and entering in userID: Delray Benefits, password: mybenefits.

## Employee Assistance Program (EAP) – Employer Paid

Do ever feel the need to speak to a trained professional with regard to a family matter, stress at work, or a personal problem of any kind? With CignaBehavioral, you have access to free counseling and support services available to you and everyone in your household. Whether it's a simple question, a sudden emergency, or an ongoing problem, you can contact a trained professional with just one phone call, at any hour of the day or night. All services are free, confidential, accessible 24/7, and available to your dependents and all members of your household.

Call 888/371-1125 to speak to someone today, or log onto [www.cignabehavioral.com](http://www.cignabehavioral.com).



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## ***Legal Club of America***

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Once you become a member of Legal Club of America you will have access to professionals in the following areas:

- ***Free and Discounted Legal Care*** – Unlimited from the nation's largest network of plan attorneys; includes a reduced hourly rate of \$75.00 for extended care.
- ***Free Tax Preparation and Advice*** – Toll free access to CPA's who will provide members with free, unlimited tax advice and free tax return preparation.
- ***Identity Theft Solutions***- Members will have toll free access to paralegals who will assist them with the process of preventing ID theft and/or restoring it to its pre-theft state.
- ***Financial Education & Credit Counseling Services*** – Unlimited, free non-biased financial information and decision-making assistance, 24/7 access to online chat and web portal.
- ***LifeEvents Counseling*** – Life Events members have toll-free 24/7, 365 day access to advocates who provide personal consultation services.

The cost for this benefit is \$14.00 per month, or \$6.46 per pay period. This cost includes coverage for you, your spouse (or domestic partner), dependent children under age 25, and any dependent individuals living in the plan member's home such as a parent or grandparent. If you are interested in enrolling into this benefit, please be sure to indicate this in the Legal Club of America Section of the Open Enrollment Election Form.

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## ***Pet Assure***

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Pet Assure is a discount program that enables members to receive discounts and savings on pet medical care, products and maintenance supplies, and many services catering to pets.

- Immediate savings of 25% on veterinary medical care
- 5-35% savings on pet products and supplies
- 10-35% savings on pet services such as boarding, grooming, training, etc.

The cost for this benefit is \$9.00 per month, or \$4.15 per pay period. Every pet in your household is covered, regardless of age, breed, or any pre-existing/hereditary conditions.

If you are interested in this benefit, you will need to indicate this on the Open Enrollment Election Form. Once enrolled you will need to submit a pet enrollment form to Pet Assure by faxing to 877/788-7387 or register online at [www.petassure.com](http://www.petassure.com). If you should have any questions, please contact Pet Assure's Customer Service at 888/789-7387 (PETS).

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## ***Long Term Care - AFLAC***

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Long-term care coverage helps provide critical financial support if a chronic condition incapacitates you or your spouse for an extended time. AFLAC's plan offers a choice of benefit packages that include nursing home, assisted-living and home health care assistance as well as a first-occurrence cash payment.

Please review the AFLAC materials for more detailed explanation of the Long-term care benefit. You will need to meet with an AFLAC representative in order to enroll into the LTC Plan and better understand the benefits and your payroll deduction.

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## ***Voluntary AFLAC***

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AFLAC offers the following benefits on a voluntary basis:

- ***Personal Cancer Indemnity Plan*** – A Cancer Indemnity Insurance Plan
- ***Personal Disability Income Protector*** – Short Term Disability Insurance Policy
- ***Personal Accident Indemnity Plan*** – Accident-Only Insurance
- ***Personal Sickness Indemnity Plan*** – Hospital Confinement Sickness Indemnity Limited Benefit Policy
- ***Hospital Protection*** – Hospital Confinement Indemnity Insurance
- ***Specified Health Event Protection*** – Specified Health Event Insurance
- ***Life Protector*** – Life Insurance
- ***Long Term Care***

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### **Required Annual Employee Disclosure Notices**

***Women's Health and Cancer Rights Act of 1998*** – The City of Delray's medical plans provide benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema.

***Pre-existing Conditions Limitations Notice*** - If you or your family members are enrolling for the first time and have a break in medical coverage more than 63 days over the last 12 months, pre-existing condition limitations may apply for the POS & PPO Plan. A more detailed explanation of pre-existing condition provisions are available in the United HealthCare's Member Certificate of Coverage by calling Member Services.

***HIPAA Special Enrollment Rights*** – If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.