



# City of Tampa 2019 Employee Benefits Guide

More detailed benefits information is available at [www.tampagov.net/benefits](http://www.tampagov.net/benefits)

# MAYOR'S LETTER

## To all City of Tampa Employees and Their Families:

This year's budget theme, "Finish Strong" reflects the amazing transformation of this City over the last eight year's and the importance of continuing on this path moving forward. When we continue to work together and stand together, Tampa can become everything we aspire to be. The theme is reflective of the City's three primary strategic goals:

- Changing Tampa's Economic DNA;
- Continuing to empower and invest in our neighborhoods; and
- Keeping our streets safe.

To achieve these strategic goals, we must deliberately focus our efforts on providing excellent service to our citizens. These goals are reflected in our daily decisions and key among those is our long-standing commitment to offering affordable, high quality benefits to our most valuable assets, our employees.

Each year, the Human Resources Team works hard to ensure that our benefit offerings continue to attract and retain the very best employees and, if you're reading this, you are among the best. This year, we offer two health plans so that you can determine which best fits your family's needs. CareATC's HealthPassport continues to provide employees with health information at your fingertips, making it easy to view and understand your personal health assessment and access and track other wellness incentives, such as Wild on Walking. This on-line tool allows employees to take control of their health.

The City of Tampa has experienced welcomed economic growth as key economic indicators continue to move in a positive direction. "Growing Healthy Every Step of the Way" remains a fitting description of where we are headed. We are working together to make a difference in employees' lives and the lives of their families. It's important to our quality of life and serves Tampa's citizens by ensuring a healthy, productive team of public servants.

As my time as your Mayor comes to its predetermined end, I am pleased to present this year's benefits guide to you. You can also find a video and other Open Enrollment information on the Intranet, and at [tampagov.net/benefits](http://tampagov.net/benefits). Together our journey will Finish Strong!

Thank you,



Mayor Bob Buckhorn

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# OVERVIEW

## Introduction

The City of Tampa understands that your benefits are important to you and your family. This Benefits guide provides a description of the City's benefits program. More detailed information about all of your benefits can be found on the City's Human Resources Department Employee Benefits page located on the City's website. Included in this guide are summary explanations of the benefits and costs, as well as contact information for each provider. It is important to remember that only those benefit programs for which you are eligible and have enrolled, apply to you.

We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable copayments and deductibles, how to file claims, preauthorization requirements, participating networks, and services that may be limited or not covered (exclusions).

This guide is not an employee/employer contract. It is not intended to cover all provisions of your plans, but rather a quick reference to help answer most of your questions. Please see your Summary Plan Description and/or carrier certificates for complete details. We hope this benefits guide will give you an overview of your benefits and help you be better prepared for the enrollment process.

## Enrolling in Benefits

If you are an eligible employee, regularly scheduled to work 30 or more hours per week, a qualified part-time employee, a retiree or an eligible dependent, you can enroll in benefits on the date of a qualifying event. You can also enroll or change benefits during our annual Open Enrollment period each year.

## Benefits Eligibility

### Employee Eligibility

Benefit eligible employees are provided an opportunity to participate in the City of Tampa sponsored health benefits programs on the 1st of the month following a 30 day wait and annually during Open Enrollment. Please refer to the following guidelines regarding eligibility and election changes.

### Dependent Eligibility\*

A dependent is defined as a covered employee's legal spouse, domestic partner and dependent children of the employee or employee's spouse or domestic partner.

Dependent children will be covered until the end of the calendar month in which they reach age 26. A dependent child is defined as:

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

*FL Statute 627.6562 Dependent Coverage: Health insurance coverage is available for dependents age 26 to 30. Please visit the employee benefits website at [www.tampagov.net/benefits](http://www.tampagov.net/benefits) for more information.*

*FL Statute 627.641 Coverage for Newborn Children:*

*Newborn children of a covered family member other than the spouse of the insured or subscriber, will be covered until they reach 18 months of age. Example: Grandchildren*

\*Proof of dependent eligibility may be requested. Domestic Partner enrollment will require completion of the City of Tampa Declaration of Domestic Partnership.

## Qualifying Event

Coverage elections made at Open Enrollment cannot be changed until the next annual Open Enrollment period. The only exception to this IRS Section 125 Rule is if you experience a “Qualifying Event.” A Qualifying Event allows you to make a change to your benefit elections within thirty days of the event.

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

- Marriage
- Divorce or legal separation
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other group health insurance coverage
- Death
- Electing coverage under another group health plan

**If you experience a Qualifying Event, you must contact HR Employee Relations at (813) 274-8041 within 30 days of the event to make changes to your benefit elections.**

## Your Responsibility

Before you enroll, make sure you understand the plans and ask questions. **In January, check your first payroll stub to make sure that the correct payroll deduction is being made and that all the benefits you elected are included.**

Any **corrections** must be made by January 30, 2019. You should also verify that all beneficiary information is current during Open Enrollment.

**Additional information on all the benefits can be found on-line by visiting the City’s Intranet and clicking the *Growing Healthy Every Step of the Way* tree logo. This will link you to the Human Resources Department Employee Benefits page.**



# HEALTH BENEFITS

## Medical Insurance

UnitedHealthcare will remain the City's group medical plan provider. All eligible City employees and their dependents qualify to enroll. For 2019, employees have a choice of two medical plans. Both plans will provide the same covered benefits and the same network of medical providers; however the way you share in out-of-pocket costs differs, as does how incentive rewards are applied.

The **City Plan with HRA** features a new plan design including the use of a health reimbursement account, or HRA. Wellness incentive rewards earned by an employee and a covered spouse or domestic partner are placed in the HRA, which can then be used to cover out-of-pocket costs which apply to the deductible. The City Plan with HRA covers 90% of the cost of medical services (except those subject to copayment) after meeting the deductible. Members will pay 10% coinsurance until meeting the out-of-pocket maximum.

Employees also have the choice of remaining in the current **Simple Wellness Plan** at a higher premium than the City Plan with HRA. In this plan an employee's wellness incentive dollars are used to fund the Dollar First Benefit Allowance to lower the out-of-pocket costs. This allowance helps you and your dependents pay for eligible services such as physician visits, hospital services, lab tests and x-rays. The allowance is applied before you begin to pay your deductible while you are utilizing your Dollar First Benefit Allowance, copayments will still apply.

You can locate a physician or other medical provider by contacting UnitedHealthcare Member Services, or go to UnitedHealthcare's website at [www.myuhc.com](http://www.myuhc.com).

### Explanation of Calendar Year Deductible and Calendar Year Out-of-Pocket Maximum

Calendar Year Deductible is a specified dollar amount that you must pay for certain covered services per calendar year after your HRA Account or Dollar First Benefit Allowance has been exhausted, depending which plan you enroll in. There are individual and family deductibles. Once an individual or a family deductible has been satisfied, you will only be required to make coinsurance payments or copayments until your out-of-pocket maximum has been met.

The Calendar Year Out-of-Pocket Maximum is the amount of covered expenses (including deductible and copayments) that must be paid by you, either individually or combined as a covered family. Once this maximum has been met the plan will pay 100% of covered services for the remainder of the calendar year.



## Medical Insurance

### Prescription Drugs

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, the plan will pay the cost for the generic option only. You will be responsible for any remaining difference in cost.**

The information above is a summary and not a full representation of the plan provisions. Employees should view the Summary Plan Descriptions, Benefit Summaries and other information which is available on the Human Resources Employee Benefits website on the intranet or at [www.tampagov.net/benefits](http://www.tampagov.net/benefits).

### 2019 Medical Insurance Payroll Deductions

Medical Coverage Bi-Weekly Deduction	City Plan With HRA	Simple Wellness Plan
Single	\$ 0	\$ 13.38
Family	\$159.00	\$185.77



# HEALTH BENEFITS

## Medical Plan Highlights

Plan Name	CITY PLAN WITH HRA	
Provider Network Name	Choice Plus	
Carrier	UnitedHealthcare	
Health Reimbursement Account Eligible	Yes	
	In Network	Out of Network
<b>Calendar Year Deductibles (CYD)</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Out-of-Pocket Maximum</b>		
Individual Out-Of-Pocket Maximum	\$4,000	\$8,000
Family Out-Of-Pocket Maximum	\$8,000	\$16,000
Lifetime Maximum	Unlimited	Unlimited
<b>Physician Office Services</b>		
Primary Care Physician (PCP) Office Visits	\$30	30% after CYD
Specialist Office Visits	\$30 for Tier 1/\$50 all others	30% after CYD
Preventive Care/Colonoscopy/Mammogram	No Charge	30% after CYD
<b>Urgent Care and Emergency Room</b>		
Urgent Care Facility	\$50	30% after CYD
Emergency Room Facility Services	\$300	\$300
<b>Diagnostic Services</b>		
Independent Lab / Independent X-Ray	10% after CYD	30% after CYD
MRI, MRA, CT Scans & PET Scans	10% after CYD	30% after CYD
<b>Hospital / Facility Services</b>		
Inpatient Hospital (per admit)	10% after CYD	30% after CYD
Outpatient Surgery - Free Standing/Hospital	10% after CYD	30% after CYD
<b>Pharmacy Services</b>		
Tier 1	\$30	Network Copay plus Difference
Tier 2	\$60	Network Copay plus Difference
Tier 3	\$90	Network Copay plus Difference
Tier 4	25%	25% plus Difference
Mail Order Pharmacy (90 Day Supply)	2x's copay	Not Covered

# GROWING HEALTHY EVERY STEP OF THE WAY

## Medical Plan Highlights

Plan Name	SIMPLE WELLNESS PLAN	
Provider Network Name	Choice Plus	
Carrier	UnitedHealthcare	
Dollar First Benefit Allowance	Wellness Incentive Amount Earned by Employee	
	In Network	Out of Network
<b>Calendar Year Deductibles (CYD)</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Out-of-Pocket Maximum</b>		
Individual Out-Of-Pocket Maximum	\$4,000	\$8,000
Family Out-Of-Pocket Maximum	\$8,000	\$16,000
Lifetime Maximum	Unlimited	Unlimited
<b>Physician Office Services</b>		
Primary Care Physician (PCP) Office Visits	\$30	30% after CYD
Specialist Office Visits	\$30 for Tier 1/\$50 all others	30% after CYD
Preventive Care/Colonoscopy/Mammogram	No Charge	30% after CYD
<b>Urgent Care and Emergency Room</b>		
Urgent Care Facility	\$50	30% after CYD
Emergency Room Facility Services	\$300 after CYD	\$300 after CYD
<b>Diagnostic Services</b>		
Independent Lab / Independent X-Ray	No Charge after CYD	30% after CYD
MRI, MRA, CT Scans & PET Scans	\$200 after CYD	30% after CYD
<b>Hospital / Facility Services</b>		
Inpatient Hospital (per admit)	\$400 a day up to 5 days after CYD	30% after CYD
Outpatient Surgery - Free Standing/Hospital	\$100 - Free Standing \$250 after CYD - Hospital	30% after CYD
<b>Pharmacy Services</b>		
Tier 1	\$30	Network Copay plus Difference
Tier 2	\$60	Network Copay plus Difference
Tier 3	\$90	Network Copay plus Difference
Tier 4	25%	25% plus Difference
Mail Order Pharmacy (90 Day Supply)	2x's copay	Not Covered

## CITY PLAN WITH HRA WHO PAYS WHAT?

### 1. HRA Account

Each year the City deposits money in your HRA depending upon the Wellness Incentives you and any spouse or domestic partner complete. You use these dollars to pay down your deductible.

City Pays

### 2. Deductible

After the HRA money is used, you will then pay the full cost of your health expenses until you meet the deductible.

You Pay

### 3. Coinsurance

Once you meet your deductible, you and the City will share the cost of health expenses up to the out-of-pocket maximum.

City Pays  
90%

You Pay  
10%

### 4. Full Coverage

The City pays 100% of your costs once you reach the out-of-pocket maximum.

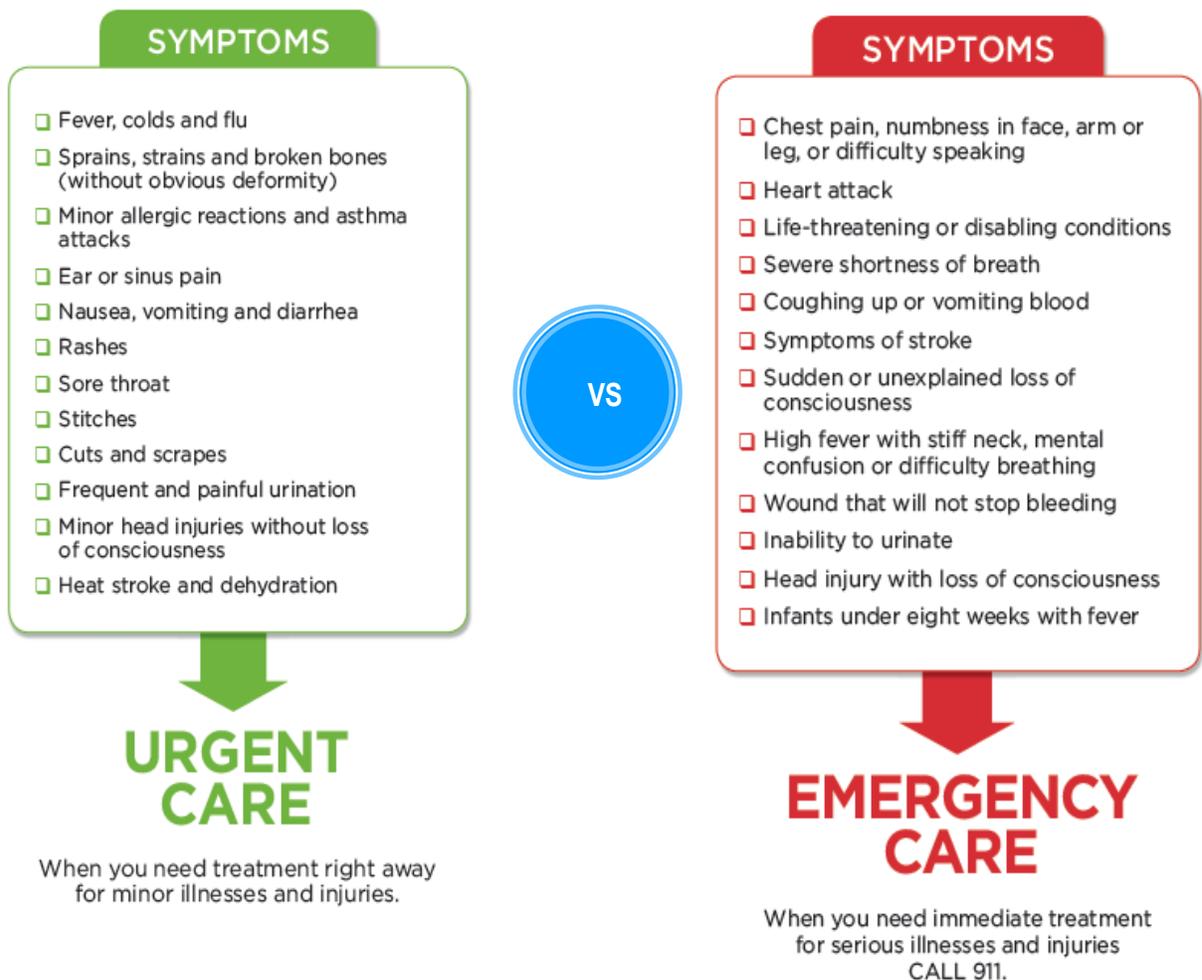
City Pays

## Urgent Care vs Emergency Care

### Choosing the Right Health Care Setting - Emergency Room and Urgent Care

When an emergency strikes, you know you need medical care fast. But what if you're not sure if it's a true emergency?

While the answer is not always simple, knowing the difference between urgent care and emergency care and where to seek treatment could save you time and money.



### Be prepared for medical care

Whether you're going to urgent care or the ER, take with you a list of all current prescription medications including dosages and any over-the-counter medications and vitamins. Many medications and even vitamins, can interact with the treatment options your physician recommends.

Also, take with you a list of any known allergies especially to medications. The list should include any previous invasive medical procedures and surgeries, the dates they were done and the names of the physicians or surgeons who treated you.

# HEALTH BENEFITS

## City of Tampa Wellness Centers

The City of Tampa Wellness Centers, operated by CareATC, are available to employees and their dependents enrolled in the City's Group Medical Plan. The centers are managed by physicians and staff who provide easy and cost-free access to the highest quality medical services.

Come to the Wellness Center for your Primary Healthcare needs including:

- ◇ Allergies
- ◇ Asthma
- ◇ Cold & Sinus
- ◇ Flu
- ◇ Sore Throat

- ◇ Stomach Ache
- ◇ Headache
- ◇ Congestion
- ◇ High Cholesterol
- ◇ High Blood Pressure

- ◇ Diabetes
- ◇ Tobacco Cessation
- ◇ Physicals
- ◇ PHA
- ◇ And more...

### How to Schedule an Appointment:

To schedule your appointment call (800) 993-8244 or visit CareATC's patient portal at <https://www.careatc.com>. The first time that you log into the system at the CareATC website, you will be asked to complete the registration process and assign your own unique password.

**Follow the prompts to schedule your appointment.**

**Please note:** You can also schedule an appointment through the CareATC mobile app. You will use the same user name and password that you use for the patient portal.

## Meet your Wellness Center Physicians

Cary Pilet, MSN, ARNP-BC



Tasmia Ahmed, MD



Sergei Popov, DO



Maria Claudia Escobar, FNP,



Keith Goldstein, MD



### Brandon Wellness Center

### Himes Wellness Center

To schedule an appointment call (800) 993-8244, visit CareATC's patient portal ([www.careatc.com](http://www.careatc.com)) or download CareATC's powerful mobile app.

**Brandon Wellness Center**  
413 W. Robertson St., Suite A  
Brandon, FL 33511  
Monday - Friday 8:00 am to 5:00 pm  
Closed 12:00 pm to 1:00 pm for lunch

**Himes Wellness Center**  
4107 N. Himes Ave., Suite 101  
Tampa, FL 33607  
Monday - Friday 8:00 am to 5:00 pm  
Saturday 8:00 am to 12:00 pm

# GROWING HEALTHY EVERY STEP OF THE WAY



## YOUR DEDICATED WELLNESS PORTAL LOCATED ON THE CareATC WEBSITE

CareATC **healthpassport™** allows you to easily track the progress of completed Wellness Incentive Activities, as well as participate in various wellness programs and so much more.

View your Wellness Incentive Activities Completion

Access Wellness Resources

Complete your Tobacco Certification and Wellness Incentive Activities before November 13 deadline

View Your PHA Results on PHA Live

Visit the Health Education Library

Visit [Careatc.com](https://www.careatc.com) website and login.

You can access via Mobile App, Tablet or Personal Computer. During the Open Enrollment period **only**, employees can access CareATC **healthpassport™** using a City computer to complete your tobacco certification.

### PHA Live

#### Your Lab Results, Brought To Life

**PHA Live** is a video-based PHA summary that brings excitement and clarity to your personalized fasting blood draw lab results. A summary of your lab results will replace your paper booklet.



Access **PHA Live** via the CareATC Patient Portal at <https://www.careatc.com/patients> sign in using your user name and password and click on **healthpassport™**

You can also download the CareATC Mobile App, available on the App Store and Google Play.

# HEALTH BENEFITS

## 2019 City Plan With HRA Incentive Activities & Rewards

Wellness Incentive Activities	Employee	 Spouse or Domestic Partner	Maximum Family Health Reimbursement Account (HRA) Amount	Wellness Incentive Activity Deadline
PHA	\$500	\$500	\$1,000	September 14
Tobacco Free Certification	\$250	\$250	\$500	November 13
Your Choice of:	\$250	\$250	\$500	
• Wild on Walking Challenge <OR> 	✓	N/A		November 13
• 2 Wellness Classes <OR> 	✓	N/A		November 13
• 2 Wellness Webinars <OR> 	✓	✓		November 13
• A combination of 1 Wellness Class and 1 Wellness Webinar	✓	N/A		November 13
<b>Maximum Incentive Reward</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$2,000</b>	

## 2019 Simple Wellness Plan Incentive Activities & Rewards

Wellness Incentive Activities	Employee	Spouse or Domestic Partner	Dollar First Benefit Allowance Amount for Each Covered Family Member	Wellness Incentive Activity Deadline
PHA	\$500	N/A	\$500	September 14
Tobacco Free Certification	\$250	N/A	\$250 	November 13
Your Choice of:	\$250	N/A	\$250 	
• Wild on Walking Challenge <OR> 	✓			November 13
• 2 Wellness Classes <OR> 	✓			November 13
• 2 Wellness Webinars <OR> 	✓			November 13
• A combination of 1 Wellness Class and 1 Wellness Webinar	✓			November 13
<b>Maximum Incentive Reward</b>	<b>\$1,000</b>	<b>N/A</b>	<b>\$1,000</b>	

## Dental Insurance

Humana is our exclusive dental provider for 2019. You have the choice between a DHMO and a PPO plan. The first option is a pre-paid DHMO plan with In-Network benefits only. All benefits are subject to a comprehensive fee schedule that outlines copays and charges for services. For a complete summary of copays by procedure please refer to the Humana Schedule of Benefits. The PPO plan provides coverage for both In-Network and Out-of-Network (non-contracted dentist) coverage. You will maximize your benefits and minimize your out of pocket expenses when you seek care from a contracted Humana PPO dentist.

Plan	DHMO HS195	PPO Plan	
		In-Network	Out-of-Network*
<b>Network Access</b>	<b>In-Network</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
<b>Calendar Year Maximum</b>	N/A	Unlimited	
	<b>Your Responsibility</b>	<b>Your Responsibility</b>	
Calendar Year Deductible			
Individual / Family	N/A	\$50 / \$150 (waived for Preventive)	
<b>Dental Description</b>		<b>Network</b>	<b>Out of Network</b>
Routine Office Visits - 9430	\$0	\$0	20%
Teeth Cleaning - 1110**	\$0	\$0	20%
Full Mouth/Panoramic X-rays - 0330	\$0	\$0	20%
Fillings - 2140	\$0	20% After CYD	40% After CYD
Extractions - 7140	\$5	20% After CYD	40% After CYD
Endodontics - 3330	\$210	20% After CYD	40% After CYD
Periodontal scaling - 4341	\$50 per quadrant	50% After CYD	50% After CYD
Full or partial dentures - 5110	\$325	50% After CYD	50% After CYD
Crowns - 2752	\$245	50% After CYD	50% After CYD
<b>Orthodontia</b>			
Treatment Plan & Records	\$250	Children only through age 18 50% up to \$2,000 per lifetime	
Child Orthodontia:	\$1,850		
Adult Orthodontia:	\$1,850		

\*Out-of-Network Benefits are subject to additional billing by provider.

\*\*Adult fluoride is not covered.

### 2019 Dental Insurance Payroll Deductions

Dental Coverage Bi-Weekly Deduction	DHMO	PPO
Single	\$6.10	\$15.59
Individual + 1	\$12.08	\$29.62
Family	\$21.48	\$48.84

# VISION BENEFITS

## Vision Programs

The Advantica vision program provides affordable quality vision care nationwide. Through Advantica’s provider network, you can obtain a comprehensive vision examination, as well as eyeglasses (lenses and frames), or contact lenses.

Carefully review the vision care program summary and take advantage of this very important benefit. You can call Advantica’s Customer Service Center at (866) 425-2323 for any questions about your coverage or contracted providers or you may visit their website at [www.advanticabenefits.com](http://www.advanticabenefits.com). You will receive the maximum level of benefits when utilizing an in-network contracted provider. Please refer to the following chart for an overview of your options.

If you elect not to enroll in the Advantica vision plan but you are enrolled in the group medical plan, you have access to a basic discount vision program through UnitedHealth allies. You can get one routine eye exam per year at no cost and a discount on materials. Visit [www.uhcvision.com](http://www.uhcvision.com) for more information.

### 2019 Vision Insurance Payroll Deductions

Vision Coverage Bi-Weekly Deduction	
Single	\$3.11
Individual +1	\$6.23
Family	\$10.41

Network Access	In-Network	Out-of-Network
Eye Exam	\$0 Copay	Reimbursed up to \$40
Frequency	12 Months	
<b>Materials</b>		
<b>Lenses</b> (Standard Plastic)		
Single Vision	\$15 Copay	Reimbursed up to \$20
Bifocals	\$15 Copay	Reimbursed up to \$40
Trifocals	\$15 Copay	Reimbursed up to \$60
Frequency	12 Months	
<b>Frames</b>		
Frames	<b>\$150 Allowance</b>	Up to \$60 Reimbursement
Frequency	12 Months	
<b>Contacts</b>		
Lenses	<b>\$150 Allowance</b>	Reimbursed up to \$80
Medically Necessary Contacts	\$250 Allowance	Reimbursed up to \$250
Frequency	12 Months	

## The Onsite Nurse Liaison

As part of the City of Tampa's continued dedication to health; an onsite Nurse Liaison is provided to employees, and eligible dependents covered under the City's group medical plan. The onsite Nurse Liaison is available to meet with you to discuss any issues or concerns regarding your health.

The onsite Nurse Liaison can assist you in managing chronic illnesses; facilitate referrals to clinical programs, and help you in choosing appropriate medical care and understand the treatment options available to you.

### What other services does my Nurse Liaison offer?

#### Your Nurse Liaison will:

- ♥ Teach you how to navigate UnitedHealthcare wellness tools and resources
- ♥ Motivate and inspire you to adopt a healthier lifestyle
- ♥ Assist you in managing chronic illnesses
- ♥ Identify and recommend medical condition-specific programs
- ♥ Provide coaching and support to achieve health care goals
- ♥ Assist with finding a physician
- ♥ Assist with medication management

All information shared with the nurse is strictly confidential and will not be shared with the City of Tampa. All of your personal health information will be protected in accordance with HIPAA.

**Please Note: The onsite Nurse Liaison is not intended to replace your primary care physician.**

Contact the nurse today!  
(813) 482-4856 or email at  
[COTnurse@uhc.com](mailto:COTnurse@uhc.com)



# HEALTH BENEFITS

## Enrolling in Your Benefits

How to log on to Oracle EBS self service to select your benefits:

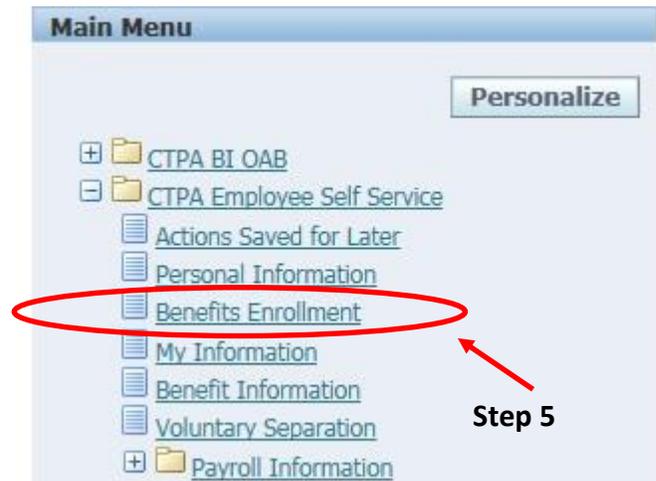
**Step 1** - Click the Oracle icon on your computer desktop.



**Step 2** - Enter your User Name. Type a period between your first and last name. Example: james.smith.

**Step 3** - Enter your password. Click the **Login** button. If you have forgotten your password then click the “forgot password click here to reset” button. If this is your first time logging on to Oracle then contact the T&I help desk at (813) 274-8067.

**Step 4** - From the Oracle Applications Home Page, click the CTPA Employee Self Service link under the Main Menu.



**Step 5** - Click Benefits Enrollment to update your benefits.

**Step 6** - Select your Benefits for 2019

**Step 7** - Click the **Confirmation Statement** button to print a copy of your enrollment for your records.

**Step 8** - Click the **Finish** button to update your benefits.

If you need additional assistance with on-line enrollment, visit the City’s Intranet and click on Employee Benefits on the City Intranet or [tampagov.net/benefits](http://tampagov.net/benefits). This will link you to the Human Resources Department Employee Benefits page where all of the Open Enrollment information is posted. Complete Step-by-Step Instructions for Oracle showing how to select your benefits are located there.

## Employee Assistance Program (EAP)

From time to time many of us will face problems at work or at home that we are not sure how to solve. These can range from employer problems to marital problems or even substance abuse. That's why the City of Tampa is pleased to offer its employees two confidential Employee Assistance Programs. The People First EAP, is administered locally by Wood & Associates. The second program is available if you are covered under the UnitedHealthcare medical plan and is referred to as Care24.

These programs offer you professional assistance in dealing with almost any life issue. From stress or depression to legal or financial issues, EAP can help!

These services are available to you and your dependents by calling a toll free phone line open 24 hours a day - 7 days a week. All conversations are confidential. These EAP programs differ slightly, however, free telephonic and face-to-face sessions are available. Contact the EAP provider for specific details.

Types of issues for which you can obtain support:

- **Core Services** - General counseling for stress, depression, family issues, substance abuse, child care, work life services, educational resources, marriage counseling and elder care resources.
- **Financial Planning** - Resources for investment plans, estate planning, debt reduction, retirement planning, bankruptcy, tax support, college funding, and budget management.
- **Legal Services** - Referrals and discounts for services such as creating or modifying a will, consumer issues, criminal matters, traffic citations, living wills, power of attorney, separation and divorce.
- **Mediation Referrals** - For divorce, child custody, estate settlement, family disputes, real estate matters, financial collections, and contractual disputes.

### 24 Hour EAP Help Lines

#### People First EAP

In Hillsborough: (813) 870-0392

In Pinellas: (727) 576-5164

Out-of-Area (800) 343-4670

[www.peoplefirstEAP.com](http://www.peoplefirstEAP.com)

#### UnitedHealthcare

Care24

(888) 887-4114

[www.myuhc.com](http://www.myuhc.com)



# FLEXIBLE SPENDING ACCOUNT

## Flexible Spending Account (FSA)

There are two types of Flexible Spending Accounts: **Health Care and Dependent Care**. Flexible Spending Accounts (FSA) help you save money by providing a way to pay for certain types of health care and dependent care on a pre-tax basis. FSA dependent care covers child care expenses for dependents 13 years or younger, and elder care expenses for adults who are unable to support themselves.

## How the FSA works

During Open Enrollment, you decide how much money you want to contribute for the year - up to **\$2,650 per family** for healthcare FSA and up to **\$5,000 per family** for dependent care FSA. You have only one opportunity a year to enroll, unless you experience a qualifying event. The amount you designate for the year is divided in equal installments each pay period and placed in a FSA account.

## How the Debit card works

The debit card has an automatic payment feature that allows eligible medical and prescription claims, when you are responsible for a portion of the costs, to automatically pay from your FSA account. This will automatically reduce the available funds in your FSA. The FSA debit card cannot be used for dependent care expenses.

## Estimate expenses carefully

To receive the greatest savings, you must carefully estimate the amount of eligible out-of-pocket expenses you will have for the year. Once you have estimated the total annual amount, that amount is what will be deducted from your gross pay (before taxes) each pay period to be used to fund your Flexible Spending Account. The City of Tampa has 26 pay periods per year.

Active employees have until March 15<sup>th</sup> of the following plan year to incur medical expenses and until March 30<sup>th</sup> to submit claims. If an employee terminates employment before the end of the calendar year and has an account balance, the employee has 90 days from the date of termination to file claims for medical expenses incurred while still an active employee. You may have rights to claim medical expenses on your FSA if you elect COBRA upon terminating employment. If you elect COBRA, contact the UnitedHealthcare onsite representative for more information.

## Do not over estimate

Be conservative in your calculations. If you do not incur eligible expenses for the full amount you elected to put in your FSA, the remaining balance in your account will be forfeited according to IRS regulations. **Use it or lose it!**

Flexible Spending Accounts



## Basic Term Life Insurance

The City of Tampa provides you with Basic Term Life Insurance at no cost. 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.

The Plan will also match your Basic Life Insurance benefits for Accidental Death and Dismemberment (AD&D). The AD&D benefit will provide your beneficiary with an additional amount equal to the basic term life insurance in force, if death is due to an accident. If the employee is dismembered (such as loss of an eye or limb), benefits will be paid to the employee as a percentage of the basic life amount.

### Beneficiary Information

Please make sure that your beneficiary information is up to date and correct in Oracle Self-Service.

### Supplemental Coverage:

In addition to the Basic Term Life coverage provided by the City you can also purchase supplemental life insurance for yourself and your eligible dependents.

**Employee** - Purchase in increments of \$10,000 up to a maximum of \$500,000. If you are a newly eligible employee you can purchase up to \$150,000 without answering any health questions. If you request an amount above \$150,000, or you did not enroll when initially eligible, or you are increasing your insurance during open enrollment, you will be required to answer health questions during enrollment.

**Spouse/Domestic Partner** - Purchase in increments of \$10,000 up to a maximum of \$500,000. If your spouse is newly eligible you can purchase up to \$50,000 without answering any health questions. If you request an amount above \$50,000, or you did not enroll when initially eligible, or you are increasing your insurance during open enrollment, you will be required to answer health questions during enrollment.

**Children** - For dependent children that are at least 14 days old and under the age of 19, or 25 if a full time student, you can purchase life insurance in the amount of \$5,000 or \$10,000.

**Portability:** If you retire, leave the city or reduce your hours so you are no longer eligible, you may continue your supplemental term life coverage and make premium payments directly to the insurance company.



# LONG TERM DISABILITY AND RETIREMENT

## Long Term Disability Insurance

### Long Term Disability

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 \$10,000 per month. This coverage is effective on the first day of the month following 180 days of continuous employment. You may elect to increase the coverage from the 30% plan to the 50% plan or the 60% plan the first time you enroll as a new employee. Thereafter, you may increase your coverage by only one level during the annual open enrollment period but no more than 60%. 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 incomes which ultimately reduce your disability benefit. For more information regarding long term disability benefits or to file a claim, call the benefit's question line at (813) 274.-5757.

## Retirement Benefits

### 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. For 2018 you were able to defer up to \$18,500 plus \$6,000 catch up subject to IRS revision (ages 50 and up) or 100% of your income, whichever is less. The minimum monthly contribution was \$20.00.

The 2019 maximum contribution amount will be announced by the IRS after the printing of this booklet. You may contact Human Resources if you are interested in increasing the amount that you contribute to your deferred compensation account once IRS increases the amount at the end of the year.

Employees have the option of enrolling in a pre-tax deferred compensation plan and/or a ROTH IRA. Employees can use Nationwide Retirement Solutions or Florida League of Cities as their Deferred Compensation administrator. Employees **cannot have deductions go to both** Nationwide and the Florida League of Cities plan at the same time. 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  
(813) 973-8382 or (877) 677-3678  
[www.tampadeferredcomp.com](http://www.tampadeferredcomp.com)

The Florida Municipal Pension Trust Fund  
(813) 340-7545 or (800) 342-8112  
[www.FLCretirement.com](http://www.FLCretirement.com)

To calculate your payroll deduction, take your total annual contribution and divide it by 26 payroll periods. For more information on Deferred Compensation, visit the City's Employee Benefits page.

## Elective Benefits

Elective benefits are available to eligible employees by meeting with an Employee Family Protection (EFP) Benefit Counselor. Sign up to enroll by calling (844) 231-1623 or by going online at [www.efpnow.com/cotappointments](http://www.efpnow.com/cotappointments).

Benefits available through EFP are:

**Short Term Disability** - If you find yourself unable to work due to a non-occupational illness or injury, short term disability can help you protect your paycheck. Please note that there is a pre-existing condition limitation included with this plan. If you have a pre-existing condition and become disabled due to that condition within the first 12 months of coverage, no benefits will be payable.

**Accident Insurance** - Covers unexpected expenses that can result from all kinds of accidents, even sports related injuries. It pays you a cash benefit to help you offset what your medical plan may not pay (deductibles, copayments etc.)

**Critical Illness with Cancer Insurance** - Provides immediate financial relief from the overwhelming expenses of a serious illness such as a heart attack, stroke or cancer. It pays you a lump sum cash benefit which can be used any way that you wish. This policy contains a pre-existing condition limitation.

**Universal Life Insurance** - This life policy offers the flexibility of whole life insurance and offers a built in Long Term Care Accelerated benefit. This policy contains a pre-existing condition limitation.

**Legal Services** - Offers a large network of providers for many legal services. It also includes identity theft restoration, free simple tax return preparation and a free simple will. Legal services are provided at a discounted fee for your entire family.

**If you have any questions or want to enroll in any of these elective benefits, please contact EFP.**



# CONTACT INFORMATION

Resource / Service Provider	Contact Source	Details
<b>UnitedHealthcare</b> (Medical Insurance)	Onsite Representative Email Phone Location Group #	Bryant Roperto COTonsiteRep@uhc.com (813) 274-8279 TMOB 7th Floor, HR 730334
CareATC Wellness Centers	Website Phone	<a href="http://www.careatc.com">www.careatc.com</a> (800) 993-8244
<b>Humana</b> (Dental Insurance)	Website Phone Group #	<a href="http://www.humanadental.com">www.humanadental.com</a> (800) 979-4760 773466
<b>Advantica</b> (Vision Insurance)	Website Phone Group #	<a href="http://www.advanticabenefits.com">www.advanticabenefits.com</a> (866) 425-2323 13011901
Nurse Liaison	Nurse Email Phone	Debbie Johns, R.N. COTnurse@uhc.com (813) 482-4856
Employee Assistance Programs	Program Phone Program Phone	Care24 Services (888) 887-4114 PeopleFirst EAP (800) 343-4670
<b>TO BE DETERMINED</b> <b>Flexible Spending Accounts</b>	Email Phone	TO BE DETERMINED
<b>ReliaStar/Voya</b> <b>Life Insurance</b>	Website Phone	<a href="http://www.voya.com">www.voya.com</a> (877) 886-5050
Long Term Disability Cigna	Disability Specialist Phone	Benefit's Question Line (813) 274-5757
Retirement Benefits/ Deferred Compensation	Nationwide Phone Florida League of Cities Phone	Denny Davis (813) 973-8382 Rodney Walton (813) 340-7545
Employee Family Protection Elective Benefits	Appointments Phone	<a href="http://www.efpnow.com/cotappointments">www.efpnow.com/cotappointments</a> (844) 231-1623
Benefits Questions	Email Phone	<a href="mailto:benefitsquestions@tampagov.net">benefitsquestions@tampagov.net</a> (813) 274-5757









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

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

**This Benefits Guide is a Presentation  
Prepared by**

