







# Table of Contents

This benefits guide contains information on health, dental, vision, the employee assistance program, the City’s Wellness Centers and the Onsite Nurse. Use this table of contents to help you navigate through the guide.

Introduction .....	4
Who Is Eligible .....	5
Qualifying Events.....	6
Medical Plan Highlights .....	7-9
Medical Premiums and Prescription Drugs.....	10
Prescription Drug Program .....	11
Ways to Control Costs .....	12
HRA Information.....	13
2022 Wellness Incentive Rewards .....	14
City of Tampa Wellness Centers .....	15
CareATC Healthpassport .....	16
UnitedHealthcare Onsite Resources (Health Coach, Nurse Liaison and Representative).....	17
Dental Plan Highlights .....	18
Vision Plan Highlights .....	19
Employee Assistance Program (EAP) .....	20
Contact Information .....	21



# Introduction

For 2022, your options for medical coverage will be the same health insurance plan designs choices as were offered in 2021. The ways you and your family can earn wellness incentives to maintain or improve their health will also be the same.

In both plans retirees can earn up to \$1,000 in wellness incentives. In the **City Plan with HRA** a covered spouse or domestic partner can also earn up to \$1,000 in wellness incentives. In this plan all incentive earnings will be placed in a Health Reimbursement Account (HRA) administered by United HealthCare and available to assist any covered family members in meeting their deductible. In the **Simple Wellness Plan**, as is the case in 2021, retirees can earn up to \$1,000 in wellness incentives. The incentive earnings will be applied to fund the dollar first benefit allowance and applied to each covered family member. Because each family member in the **Simple Wellness Plan** has available the full amount of wellness incentive earnings, a covered spouse or domestic partner will not be permitted to use incentive earnings for activities that they may have already completed. We apologize for any inconvenience.

REMEMBER: Open Enrollment begins Monday, September 20th and will end Friday, October 8<sup>th</sup>, 2021. Should have any questions regarding your open enrollment, visit the open enrollment website at [www.tampagov.net/benefits](http://www.tampagov.net/benefits), send an email to [benefitsquestions@tampagov.net](mailto:benefitsquestions@tampagov.net) or leave a message at (813) 274-5757.

## FOR OPEN ENROLLMENT 2022

<b>KEEPING MY CURRENT PLAN – MAKING NO CHANGES</b>	<b>Do Not Complete Form Do Not Return Form to HR</b>
<b>Changing My Health Plan</b>	<b>Complete Form and Return to HR</b>
<b>Adding or Removing a Dependent</b>	<b>Complete Form and Return to HR</b>
<b>Canceling My Health Insurance Plan Effective January 1, 2022</b>	<b>Complete Form and Return to HR</b>

## Legal Notices/Disclosures

There are numerous required legal notices and disclosures that employers have the responsibility to supply their plan members on a regular basis. Please find the disclosures regarding HIPAA, COBRA, Women’s Health and Cancer Rights Act of 1988, CHIPRA, Medicare Part D, Special Enrollment Rights, EEOC Wellness Plan Notice and others on the City’s Intranet Human Resources page or request a copy from the City of Tampa Risk Management office at (813) 274-5757.





# Who is Eligible to be Covered by a City of Tampa Health Insurance Plan?

## **An individual who meets the eligibility criteria specified below is an Eligible Dependent:**

1. The Covered Retiree's present legal spouse. Per IRS rules, same-sex couples married in a U.S. or foreign jurisdiction that recognizes same-sex marriage, are afforded the same access to medical benefits as those married under Florida statutes. (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 Retiree's natural, newborn, adopted, foster, or stepchild(ren) (or a child for whom the Covered Retiree has been court-appointed as legal guardian or legal custodian) until the end of the calendar year in which the child reaches age 26 (for medical, dental and vision) regardless of marital status, residency, student status, financial dependence, employment status, eligibility for an employer's health plan or eligibility for COBRA coverage.
3. Medical Plan eligibility criteria for dependent children between the ages of 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 benefits under Title XVIII of the Social Security Act.
4. The newborn child of a covered plan participant other than the Covered Retiree or Covered Retiree's spouse. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.
5. Disabled Children (Check with your pension office for specific details.)
6. Domestic Partner: You may cover a domestic partner if you and your partner meet the requirements listed in the City of Tampa Declaration of Domestic Partnership, including proof of eligibility. These documents will be available during Open Enrollment. (Check with your pension office for specific details.)
7. Children of a domestic partner are eligible if they meet the same criteria as the dependent children of a retiree's legal spouse, and all other eligibility requirements as described in the plan document and/or City documents.

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 October 8, 2021.

### **Important Notice Regarding Dependent Eligibility Verification**

The City has the right to request documentation for any dependents claimed on the City's health plan in 2022.

Documentation examples include:

- 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 the retiree's currently covered dependent. A grandchild can only remain on the retiree's coverage up to 18 months of age)
- Eligibility for a foster child extends through the end of the child's placement in the foster care system
- Retiree has legal custody of a minor child - Court Order establishing legal guardianship
- Domestic Partner - City of Tampa Declaration of Domestic Partnership



# Qualifying Events

Due to IRS regulations, insurance choices made during 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 30 days of the event.

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

- Change in legal marital status (marriage, divorce, legal separation or death)
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other insurance coverage (including group coverage, COBRA, Medicaid, etc.)

If you experience a Qualifying Event, contact HR-Employee Benefits at 813-274-5757 or your pension office and submit all requested documents within 30 days of the event.

## Examples of Required Documentation:

- **Dependent Satisfied or Ceases to Satisfy Eligibility Requirements**
- Written notification from the retiree, 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**
- Proof from spouse’s or child’s employer stating date of change and type of benefit change
- **Entitlement to Medicare or Medicaid**
- Copy of Plan Identification Card

## Dependent Verification for New Retirees and Those Experiencing a Mid-Year Change

Newly retired Retirees and those with a status change due to a mid-year qualifying event will be required to verify their dependent’s eligibility.





# Medical Plan Highlights

## Administered by UnitedHealthcare

City retirees and their dependents currently enrolled continue to 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 HRA option features a plan design including the use of a health reimbursement account, or HRA. Wellness incentive rewards earned by a retiree 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 plan 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.

Retirees also have the choice of remaining in the Simple Wellness Plan at a higher premium than the City Plan with HRA. In this plan, a retiree's wellness incentive dollars are used to fund the Dollar First Benefit Allowance to lower the out-of-pocket cost. 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 at 833-760-7892, Group #730334, 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 (DFBA) 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 Plan Highlights

Administered by UnitedHealthcare

Plan Name	CITY PLAN WITH HRA	
Carrier / Provider Network Name	UnitedHealthcare / Choice Plus	
<b>Wellness Incentive</b>	Wellness Incentive Amount Earned by Employee and Spouse/Partner placed in a Health Reimbursement Account	
	<b>In Network</b>	<b>Out of Network</b>
<b>Deductibles</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>		
Virtual Visits	\$15	N/A
Primary Care Physician (PCP) Office Visits	\$30	30% after deductible
Specialist Office Visits	\$30 for Tier 1/\$50 all others	30% after deductible
Preventive Care/Colonoscopy/Mammogram	No Charge	30% after deductible
<b>Urgent Care and Emergency Room</b>		
Urgent Care Facility	\$50	30% after deductible
Emergency Room Facility Services	\$300	\$300
<b>Diagnostic Services</b>		
Independent Lab / Independent X-Ray	10% after deductible	30% after deductible
MRI, MRA, CT Scans & PET Scans	10% after deductible	30% after deductible
<b>Hospital / Facility Services</b>		
Inpatient Hospital (per admit)	10% after deductible	30% after deductible
Outpatient Surgery - Free Standing/Hospital	10% after deductible	30% after deductible
<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 copay	Not covered



# Medical Plan Highlights

Administered by UnitedHealthcare

Plan Name	SIMPLE WELLNESS PLAN	
Carrier / Provider Network Name	UnitedHealthcare / Choice Plus	
Dollar First Benefit Allowance	Wellness Incentive Amount Earned by Employee is available for each covered family member, and payable by Dollar First Benefit Allowance	
	In Network	Out of Network
Deductibles		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum		
Individual Out-Of-Pocket Maximum	\$4,000	\$8,000
Family Out-Of-Pocket Maximum	\$8,000	\$16,000
Lifetime Maximum	Unlimited	Unlimited
Physician Office Services		
Virtual Visits	\$15	N/A
Primary Care Physician (PCP) Office Visits	\$30	30% after deductible
Specialist Office Visits	\$30 for Tier 1/\$50 all others	30% after deductible
Preventive Care/Colonoscopy/Mammogram	No Charge	30% after deductible
Urgent Care and Emergency Room		
Urgent Care Facility	\$50	30% after deductible
Emergency Room Facility Services	\$300 after deductible	\$300 after deductible
Diagnostic Services		
Independent Lab / Independent X-Ray	No Charge after deductible	30% after deductible
MRI, MRA, CT Scans & PET Scans	\$200 after deductible	30% after deductible
Hospital / Facility Services		
Inpatient Hospital (per admit)	\$400 a day up to 5 days after deductible	30% after deductible
Outpatient Surgery - Free Standing/Hospital	\$100 - Free Standing \$250 after deductible - Hospital	30% after deductible
Pharmacy Services		
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 copay	Not covered



# Medical Insurance

## \*Prescription Drugs\*

The City of Tampa continues to offer a mandatory drug program. 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. Retirees 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).

## 2022 Medical Insurance Rates

Medical Coverage Monthly Premium	City Plan With HRA	Simple Wellness Plan
Single	\$892.00	\$930.00
Family	\$1,785.00	\$1,859.00

**IF YOU ARE NOT MAKING ANY HEALTH PLAN CHANGES,  
YOU ARE NOT REQUIRED TO RETURN AN ENROLLMENT FORM.**

IF YOU ARE MAKING A HEALTH PLAN CHANGE, ADDING OR REMOVING  
A DEPENDENT OR CANCELING YOUR HEALTH PLAN,

PLEASE RETURN YOUR FORM BY:

Friday, October 8, 2021



# Prescription Drugs

## Generic Equivalents and Alternatives

There are **two types of generic drugs**: Equivalents and Alternatives.

### 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 effective as their brand name counterparts. And they usually cost less, in fact, a lot less. So they can 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 use. 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.

### Save Money and Ask for Generics

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.**

### How to Obtain Prescription Medications

#### 1 - The UnitedHealthcare Prescription Mail Order Program

As a reward for those who utilize their maintenance medications, the City's prescription drug plan offers two copayments 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 - Wellness Centers

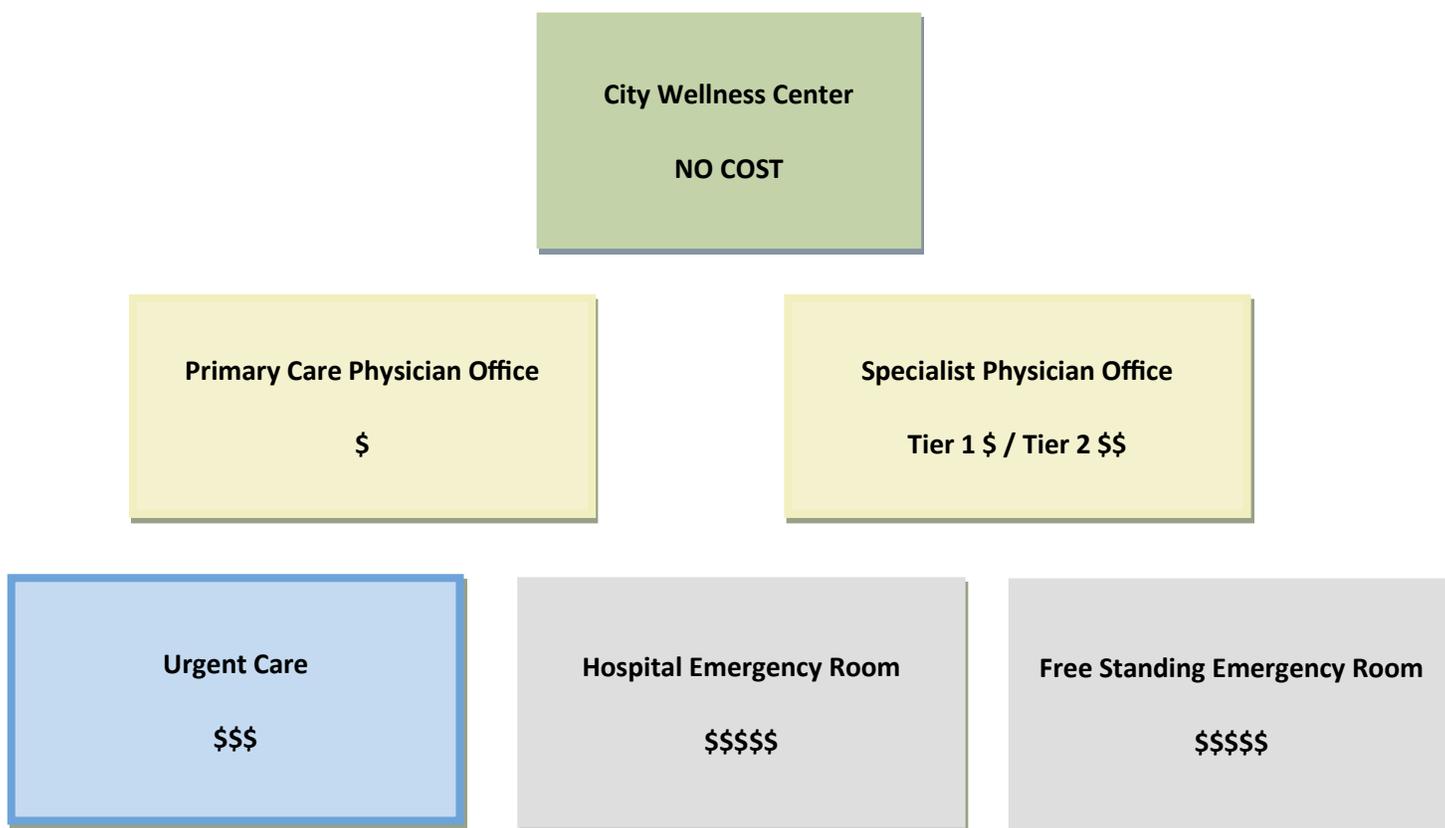
Many generic and maintenance prescriptions will be dispensed at no cost at the Wellness Centers.

# Ways You Can Control Costs

You and your family members can be active in controlling the overall health care cost paid by you and the City. Below are just a few ways in which lower cost effective treatment can be accessed.

- Utilize the UnitedHealthcare Treatment Cost Estimator at [www.myuhc.com](http://www.myuhc.com) to compare cost and outcomes among medical providers
- Engage the UnitedHealthcare disease management or case management, if you qualify
- Seek primary care services at the City's Wellness Centers, operated by CareATC
- Use lower cost United Healthcare's Tier 1 medications when available in accordance with physician approval

## Choose Where You Seek Medical Services Carefully



Many times we don't need immediate medical care, and in those instances where you go to get that care can have an impact on costs, both yours and the City health plan! Of course, you should always go to the emergency room for very serious illness or injury. However, for services that are not urgent or of an emergency nature you should try to use the City Wellness Center or another physician. Urgent Care centers are higher priced but often offer services not usually found in a physician's office and see patients without appointments. However, free standing emergency rooms have popped up in many areas, and at casual glance appear no different than an urgent care center. In fact, in advertising they brag about the convenience they offer. However, they are emergency rooms and you will pay the higher emergency room copay, and the City will pay emergency room rates on the services. But, of course, if you need the emergency room then by all means go, regardless of the cost.

**Your Health Reimbursement Account (HRA)  
is an account funded by the City of Tampa  
(City Plan with HRA only)**

- ◇ **The incentive amount earned through participation in City's wellness initiatives in 2021 is placed in your HRA account for 2022.**
- ◇ **Your HRA will help you pay for covered services.**  
This includes paying for services other than copayments that apply to your deductible, such as inpatient hospitalization, outpatient treatment and diagnostic services.
- ◇ **Any unused HRA balance reverts to zero at year end.**

**1. HRA Account**

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

**2. Deductible**

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

**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

**4. Full Coverage**

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



# 2022 Wellness Incentive Rewards

You **AND** your covered spouse/domestic partner will have the opportunity to earn a maximum of \$1,000 as described below. Your wellness incentive rewards will be placed in a UnitedHealthcare (UHC) Health Reimbursement Account (HRA) or your Dollar First Benefit Allowance and the funds will be used to offset your calendar year deductible, co-insurances, etc.

Incentive Activity & Reward	Who's Eligible	How to Qualify
Personal Health Assessment (PHA) \$500 Tobacco Free Certification \$250 Two Wellness Webinars \$250	Retiree and Covered Spouse/ Domestic Partner	1. Register through the online CareATC Patient Portal: <a href="http://www.careatc.com">www.careatc.com</a> 2. Click on the HealthPassport WellnessPortal tab Or call the Patient Access Center: (800) 993-8244

Wellness Incentive Activities	Wellness Incentive Activity Deadline
PHA	September 17, 2021
Tobacco Free Certification	October 8, 2021
2 Wellness Webinars	October 8, 2021

## 2022 City Plan With HRA Incentive Activities & Rewards

Wellness Incentive Activities	Retiree	Spouse or Domestic Partner	Maximum Family Health Reimbursement Account (HRA) Amount
PHA	\$500	\$500	\$1,000
Tobacco Free Certification	\$250	\$250	\$500
2 Wellness Webinars	\$250	\$250	\$500
<b>Maximum Incentive Reward</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$2,000</b>

## 2022 Simple Plan Incentive Activities & Rewards

Wellness Incentive Activities	Retiree	Spouse or Domestic Partner	Dollar First Benefit Allowance Amount for Each Covered Family Member
PHA	\$500	N/A	\$500
Tobacco Free Certification	\$250	N/A	\$250
2 Wellness Webinars	\$250	N/A	\$250
<b>Maximum Incentive Reward</b>	<b>\$1,000</b>		<b>\$1,000</b>



# City of Tampa Wellness Centers



The City of Tampa Wellness Centers, operated by CareATC, are available to employees, Non-Medicare retirees 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.

CareATC has expanded services to include virtual visits for acute medical needs. This allows our providers to provide medical care while reducing exposure to illness for other patients. Virtual visits are convenient, cost-free, and help reduce exposure to COVID-19. Come to the Wellness Center for your Primary Healthcare needs including:

Allergies	Asthma	Cold & Sinus	Headache	Sore Throat
Ear Pain	Congestion	High Cholesterol	Congestion	High Blood Pressure
Flu	Diabetes	Physicals	Lab Work	Tobacco Cessation

## 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 Providers

The City of Tampa and CareATC are pleased to announce the addition of Brittany Moore, MD to our Brandon center, joining our other 5 providers. Wellness Center Extended Hours , evening and Saturday are offered at both Himes and Brandon to better serve our City of Tampa families.



Cary Pilet, MSN, ARNP-BC



Brittany Moore, MD



Sergei Popov, DO



Maria Claudia Escobar,  
FNP, MPH



Keith Goldstein, MD



Patel Anil, MD

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

**Himes Wellness Center**  
 4107 N. Himes Ave., Suite 101  
 Tampa, FL 33607  
 Monday - Wednesday 7:00 am to 7:00 pm  
 Thursday 7:00 am to 6:30 pm  
 Friday 7:00 am to 5:00 pm  
 Saturday 8:00 am to 12:00 pm



# City of Tampa Wellness Portal

The City of Tampa has dedicated wellness portal for employees, retirees, spouses or domestic partners covered by the City of Tampa health plan. HealthPassport is part of the CareATC patient portal, ensuring that your wellness activities and incentive tracking remain confidential (with the exception of optional team challenges). Accessing your information is both easy and convenient online via the CareATC mobile



## Wellness Incentives

- Personal Health Assessment (PHA)
- Tobacco Free Certification
- Wellness Webinars and Classes
- Quizzfy Health Literacy Quizzes and KOFE Financial Workshops

## CHALLENGES

- Wild on Walking and Train with Jane Challenges
- Team and Individual Challenges
- Create your own, or join an existing challenge
- Pick Your Healthy Behavior for the Challenge

## EVENTS

- Calendar of all City of Tampa Wellness Classes
- Class Details
- Easy "Point" & Click Registration

## RESOURCES

- **Health Feed** health education library
- Food and Nutrition, Exercise and Fitness
- Stress Reduction, Emotional Wellness
- Web Pages, Videos, Podcasts and Other Resource

### Quizzify

Wiser Employees Make Healthier Decisions. Quizzify is an educational quiz health literacy tool. Quizzify's engaging health literacy quizzes, reviewed by doctors at Harvard Medical School, provide education to employees on health, healthcare, and health benefits. We encourage you to take a quiz, and your spouse or partner can also take a quiz. Your participation and score are private.

### KOFE

KOFE is a financial literacy tool. KOFE, short for Knowledge of Financial Education, is a leading online financial literacy platform that educates individuals about the language of money. KOFE assesses and bench-marks participants overall financial fitness, and then presents them with user-friendly tools to help them engage and learn how to live within means and reach their financial goals.



# Onsite Healthcare Representative



As part of the City of Tampa's continued dedication to health, on-site healthcare representatives are provided to retirees, and eligible dependents covered under the City's group medical plan. The onsite representatives are available to meet with you to discuss any issues or concerns regarding your health.

Whether you use one of the City's wellness centers, or any other physician of your choice, the 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.**

## On-site Health Coach

**Improve the health of your workforce while reducing health care costs.**

UnitedHealthcare On-site Health Coaches offer a viable solution to help:

- Educate retirees on understanding their modifiable health risks
- Coach retirees to develop personal and measurable health behavior goals.
- Teach retirees how to navigate UnitedHealthcare wellness tools and resources.
- Refer retirees to appropriate Wellness Programs such as Employee Assistance Program, [myuhc.com](https://myuhc.com) online health coaching programs, and onsite health promotion programs and activities.
- Provide noninvasive health screenings and health education.
- Engage retirees in managing chronic conditions by encouraging them to participate in UnitedHealthcare disease management programs.

## On-site Representative

Your Onsite Benefits Representative can help you with the following:

- Find a PCP or specialist for a specific condition
- Assist claims details and claims payment status
- Assist with Flexible Spending Account and Health Reimbursement Account questions
- Assist you with choosing the Right Health Care Setting and providing comparison cost of care
- Management of pharmacy benefits; assist with researching lower cost pharmacy options



# Dental Plan Highlights

## Administered by Humana

The Humana dental plan accepts new enrollees at the time of retirement if the retiree had dental as an active employee or due to a permitted life event such as marriage, birth, etc. once enrolled as a retiree. The first plan 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 must select a Primary Care Dentist for the DHMO Plan.

To search for a provider, do the following:

- 1) Go to [www.humana.com](http://www.humana.com)
- 2) Enter Zip Code, select "Look Up" to choose network
- 3) Select the coverage type, click DHMO Network, and in drop down box choose HS195 DHMO/Pre-Paid, click Select (for PPO, select Traditional/Preferred).

Plan	DHMO HS195	PPO Plan	
Network Access	In-Network	In-Network	Out-of-Network*
Calendar Year Maximum	N/A	Unlimited	
	<b>Your Responsibility</b>	<b>Your Responsibility</b>	
Deductible			
Individual / Family	N/A	\$50 / \$150 (waived for Preventive)	
Dental Description		Network	Out of Network
Routine Office Visits - 9430	\$0	\$0	20%
Teeth Cleaning - 1110**	\$0	\$0	20%
Full Mouth/Panoramic X-rays - 0330	\$0	\$0	20%
Resin based posterior one surface (white filling) - 2391	\$30	20% after deductible	40% after deductible
Extractions - 7140	\$5	20% after deductible	40% after deductible
Endodontics - 3330	\$210	20% after deductible	40% after deductible
Periodontal scaling - 4341	\$50 per quadrant	50% after deductible	50% after deductible
Full or partial dentures - 5110***	\$325 + lab cost	50% after deductible	50% after deductible
Crowns - 2752***	\$245 + lab cost	50% after deductible	50% after deductible
Orthodontia			
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. Register on Humana.com to find the full benefits schedule and/or certificate of coverage, claim information and ID Cards.

\*\*Humana's PPO plan includes a 3rd oral examination and a 3rd routine cleaning per year. Adult fluoride is not covered.

\*\*\*Amount shown is co-payment and does not include lab cost.

2022 Dental Coverage Monthly Premium	DHMO	PPO
Single	\$13.62	\$31.00
Individual + 1	\$26.97	\$58.00
Family	\$47.94	\$96.00



# Vision Plan Highlights

## Administered by Superior Vision

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

**The Superior vision plan accepts new enrollees at the time of retirement if the retiree had vision as an active employee or due to a permitted life event such as marriage, birth, etc. Those currently enrolled are not required to reenroll.**

Carefully review the vision care program summary and take advantage of this very important benefit. You can call Superior’s Customer Service Center at (800) 507-3800 for any questions about your coverage or contracted providers or you may visit their website at [www.superiorvision.com](http://www.superiorvision.com)

If you are not enrolled in the Superior vision plan but you are enrolled in the group medical plan, you have access to a basic discount vision program through UnitedHealth. You can get one routine eye exam per year at no cost.

Visit [www.myuhc.com](http://www.myuhc.com) for more information.

Network Access	In-Network	Out-of-Network
Eye Exam (Ophthalmologist)	Covered in Full	Reimbursed up to \$33
Eye Exam (Optometrist)	Covered in Full	Reimbursed up to \$28
Frequency	1 Per Plan Year	
Contact Lens Fitting (Standard & Specialty)	\$30 Copay	Not Covered
Frequency	1 Per Plan Year	
<b>Materials</b>		
<b>Lenses (Standard Plastic)</b>		
Single Vision	Covered in Full after \$15 Copay	Reimbursed up to \$28
Bifocals	Covered in Full after \$15 Copay	Reimbursed up to \$40
Trifocals	Covered in Full after \$15 Copay	Reimbursed up to \$53
Standard Progressives*	Covered in Full after \$15 Copay	Reimbursed up to \$40
Polycarbonate (Up to age 19)	Covered in Full after \$15 Copay	Not Covered
Tints	Covered in Full after \$15 Copay	Not Covered
Frequency	1 Per Plan Year	
<b>Frames</b>		
Frames	\$150 Retail Allowance	Reimbursed Up to \$70
Frequency	1 Per Plan Year	
<b>Contacts</b>		
Contact Lenses*	\$150 Retail Allowance	Reimbursed up to \$100
Medically Necessary Contacts	Covered in Full	Reimbursed up to \$210
Frequency	1 Per Plan Year	

\*Contact lenses are in lieu of eyeglass lenses and frames benefit

\*If premium progressive lenses are selected, members receive an allowance based on the providers charges for standard progressives.

2022 Vision Coverage Quarterly Cost	
Single	\$14.76
Individual + 1	\$29.58
Family	\$49.41



# Employee Assistance Program (EAP)

## Administered by UnitedHealthcare

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 a confidential Employee Assistance Program available if you are covered under the UnitedHealthcare medical plan and is referred to as Live and Work Well.

This program offers 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. 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



### Optum EAP

UnitedHealthcare

(866) 248-4096

Liveandworkwell.com

Access code: Tampa



## Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below.

<b>Medical Insurance</b> <b>UnitedHealthcare</b>	Onsite Representative Email Phone Location Group # UHC Contact Member site	Bryant Roperto <b><u><a href="mailto:COTonsiteRep@uhc.com">COTonsiteRep@uhc.com</a></u></b> (813) 274-8279 TMOB 7th Floor, HR 730334 833-760-7892 <u><a href="http://www.myuhc.com">www.myuhc.com</a></u>
<b>Wellness Centers</b> <b>CareATC</b>	Website Phone	<b><u><a href="http://www.careatc.com">www.careatc.com</a></u></b> (800) 993-8244
<b>Dental Insurance</b> <b>Humana</b>	Website Phone Group # Humana Retiree Email Mailbox Fax	<b><u><a href="http://www.humanadental.com">www.humanadental.com</a></u></b> (800) 979-4760 773466 <u><a href="mailto:cotretiree@humana.com">cotretiree@humana.com</a></u> 833-947-2762
<b>Vision Insurance</b> <b>Superior Vision</b>	Website Phone Group #	<b><u><a href="http://www.superiorvision.com">www.superiorvision.com</a></u></b> (844) 549-2603 DM1301190003
<b>Healthcare Representative</b> <b>UnitedHealthcare</b>	Email Phone	Debbie Johns, RN <b><u><a href="mailto:COTnurse@uhc.com">COTnurse@uhc.com</a></u></b> (813) 482-4856
<b>Employee Assistance Programs (EAP)</b> <b>UnitedHealthcare</b>	Program Phone	<b><u><a href="http://Liveandworkwell.com">Liveandworkwell.com</a></u></b> <b>Access code: Tampa</b> (866) 248-4096
<b>Human Resources/Employee Relations</b>	Phone	(813) 274-8041
<b>Human Resources/Benefits &amp; Wellness</b>	Email Phone	<b><u><a href="mailto:benefitsquestions@tampagov.net">benefitsquestions@tampagov.net</a></u></b> (813) 274-5757
<b>Fire &amp; Police Pension Office</b>	Phone	(813) 274-8550
<b>GE Pension</b>	Phone	(813) 274-7850
<b>Onsite Health Coach</b> <b>UnitedHealthcare</b>	Email Phone	Beth Granger <b><u><a href="mailto:COTcoach@uhc.com">COTcoach@uhc.com</a></u></b> (813) 535-0482







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 the carrier's official plan document. 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.



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