



# City of Tampa 2020 Non-Medicare Retiree Benefits Guide



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





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.

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**The City of Tampa will be presenting a Non-Medicare Open Enrollment Informational Meeting to review the 2020 UnitedHealthcare Medical Plan, Superior Vision Plan and the Humana Dental Plans.**

**The meeting has been scheduled as follows: Wednesday, October 30, 2019 at 9:30 a.m.  
Wellness Fair starts at 8:30 a.m. so come early to participate.**

**City of Tampa  
Barksdale Senior Center  
1801 N. Lincoln Ave.  
Tampa, FL 33607**

## Introduction

For 2020 your options for medical coverage will be the same health insurance plan designs choices as were offered in 2019. 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 2019, 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.

For retirees enrolled in the Vision Plan, you were recently informed that Superior Vision will be administering the vision plan and using the Superior network of vision providers. Superior Vision has been in business for more than 26 years and currently have 33 million members throughout the country. This change should increase the choice of providers and will now include LensCrafters and others that were not in the Advantica Network of Providers. Those that are currently enrolled should have received a new ID card and if you have not received one, please contact Superior Vision at (800) 507-3800.

**Remember: Open enrollment begins Monday, October 14 and will end Tuesday, November 12. Should you have any questions regarding 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.**



## NEW FOR OPEN ENROLLMENT 2020

<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, 2020</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 month 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 November 12, 2019.

### 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 2020.

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 Event

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 Relations at 813-274-8041 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 Insurance

This past summer, with the guidance of our Benefits Consultant, Gallagher Benefits, the City of Tampa did a Request for Proposal of the health insurance and after much consideration, UnitedHealthcare will remain the City's group medical plan provider. 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.

For 2019, approximately 80% of our employees and retirees enrolled in the new City Plan with HRA which 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 current 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, 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

Plan Name	CITY PLAN WITH HRA	
Carrier	Unitedhealthcare	
Provider Network Name	Choice Plus	
Health Reimbursement Account Eligible	Yes	
	In Network	Out of Network
<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>		
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

Plan Name	SIMPLE WELLNESS PLAN	
Carrier	UnitedHealthcare	
Provider Network Name	Choice Plus	
Dollar First Benefit Allowance	Wellness Incentive Amount Earned by Retiree	
	In Network	Out of Network
<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>		
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 after deductible	\$300 after deductible
<b>Diagnostic Services</b>		
Independent Lab / Independent X-Ray	No Charge after deductible	30% after deductible
MRI, MRA, CT Scans & PET Scans	\$200 after deductible	30% after deductible
<b>Hospital / Facility Services</b>		
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
<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 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).

### 2020 Medical Insurance Rates

Medical Coverage Monthly Premium	City Plan With HRA	Simple Wellness Plan
Single	<b>\$744.00</b>	<b>\$775.00</b>
Family	<b>\$1,488.00</b>	<b>\$1,550.00</b>

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:

TUESDAY, November 12, 2019

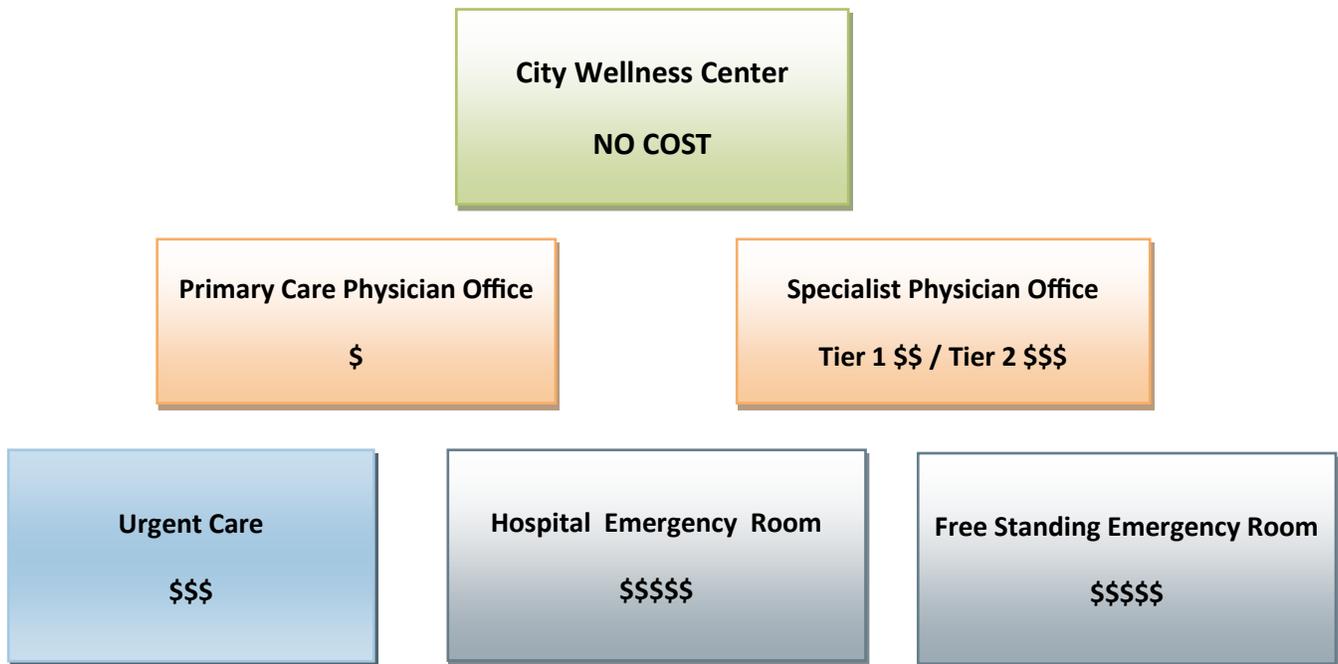


# Ways You Can Control Costs

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 tout 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**

- ◆ **The incentive amount earned through participation in City's wellness initiatives this year is placed in your HRA account for 2020.**
- ◆ **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.

## 2020 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	<ol style="list-style-type: none"> <li>Register through the online CareATC Patient Portal: <a href="http://www.careatc.com">www.careatc.com</a></li> <li>Click on the HealthPassport Wellness Portal tab</li> </ol> Or call the Patient Access Center: (800) 993-8244

Wellness Incentive Activities	Wellness Incentive Activity Deadline
PHA	September 13
Tobacco Free Certification	November 12
2 Wellness Webinars	November 12

### 2020 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>

### 2020 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 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 the Himes Wellness Center to provide room for an additional physician adding the opportunity for 38 more appointment times. 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 another physician to the staff at the Wellness Center in November of 2019.

Cary Pilet, MSN, ARNP-BC

Tasmia Ahmed, MD

Sergei Popov, DO

Maria Claudia Escobar, FNP, MPH Keith Goldstein, MD



**Welcome Anil Patel, MD!**  
He will be joining the City of Tampa Wellness Center in November 2019



**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

New and improved 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). With a new look and feel this year, accessing your information is both easy and convenient online via the CareATC mobile app or personal computer. Log on today!

### Wellness Incentives

- Personal Health Assessment (PHA)
- Tobacco Free Certification
- Wellness Webinars and Classes
- Wild on Walking and Train with Jane Challenges

### 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



## 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 safe and 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.

## The Onsite Nurse Liaison



As part of the City of Tampa's continued dedication to health; an onsite Nurse Liaison is provided to retirees, 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.

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.**

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

## 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](http://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.

## Dental Plan Highlights

Humana is our exclusive dental provider for 2020. **The Humana dental plan accepts new enrollees at the time of retirement if the retiree had dental as and 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 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	
Network Access	In-Network	In-Network	Out-of-Network*
Calendar Year Maximum	N/A	Unlimited	
	Your Responsibility	Your Responsibility	
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%
Fillings - 2140	\$0	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	50% after deductible	50% after deductible
Crowns - 2752	\$245	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. \*\*Adult fluoride is not covered.



**\*\*Humana has enhanced the PPO plan to include a 3rd oral examination and a 3rd routine cleaning per year.**

2020 Dental Coverage Monthly Premium	DHMO	PPO
Single	\$13.22	\$33.78
Individual + 1	\$26.18	\$64.17
Family	\$46.54	\$105.82

## Vision Plan Highlights

The Superior vision program 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)

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 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 and a discount on materials. Visit [www.uhcvision.com](http://www.uhcvision.com) for more information.

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

2020 Vision Coverage	
Quarterly Cost	
Single	\$22.72
Individual + 1	\$43.00
Family	\$70.18

## 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 marital problems to substance abuse. That's why the City of Tampa is pleased to offer its non-medicare retirees an Employee Assistance Program. The program is available if you are covered under the UnitedHealthcare medical plan and is referred to as Care24.

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](https://www.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 UnitedHealthcare</b>	Onsite Representative Email Phone Location Group #	Bryant Roperto COTonsiteRep@uhc.com (813) 274-8279 TMOB 7th Floor, HR 730334
<b>Wellness Centers CareATC</b>	Website Phone	<a href="http://www.careatc.com">www.careatc.com</a> (800) 993-8244
<b>Dental Insurance Humana</b>	Website Phone Group #	<a href="http://www.humanadental.com">www.humanadental.com</a> (800) 979-4760 773466
<b>Vision Insurance Superior Vision</b>	Website Phone Group #	<a href="http://www.superiorvision.com">www.superiorvision.com</a> (800)507-3800 DM13011901
<b>Nurse Liaison UnitedHealthcare</b>	Email Phone	<a href="mailto:COTnurse@uhc.com">COTnurse@uhc.com</a> (813) 482-4856
<b>Employee Assistance Programs (EAP) UnitedHealthcare</b>	Program Phone	<a href="http://Liveandworkwell.com">Liveandworkwell.com</a> <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	<a href="mailto:benefitsquestions@tampagov.net">benefitsquestions@tampagov.net</a> (813) 274-5757
<b>Fire &amp; Police Pension Office</b>	Phone	(813) 274-8550
<b>GE Pension</b>	Phone	(813) 274-7850







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 retiree. 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.



Insurance | Risk Management | Consulting

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