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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.
Dear Employees,

Over the past year we have experienced some great successes. Of significant notice is the recognition by the South Florida Business Journal as one of Florida’s top 10 Healthiest Employers. This was achieved after only one year of our Wellness program being initiated. We encourage everyone to take an active role in making lifestyle decisions that will positively affect your health in a meaningful way.

The open enrollment period is a time to make those important decisions for you and your family. We are committed to providing you with the resources you need to understand your options and how your choices could affect you financially. During the period of August 14, 2017 – September 1, 2017 you will make choices for medical, dental and other ancillary benefits. This is the opportunity to enroll if you are not currently enrolled or the opportunity to make needed changes to your benefit elections. New enrollments and changes will all be effective October 1, 2017.

The Human Resources Benefits Division has put together a wealth of information for you to review and analyze throughout this booklet. There are some enhancements to the benefit offerings for this 2017-18 plan year. First, there is the introduction of a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) which may provide you and your family with a valuable cost savings option. Secondly, the Standard and Premium PPO plans were consolidated into one PPO plan. Next, employees who are engaged in the Wellness Program, Humana Go365, will receive a quarterly premium credit of $60, $90 or $120 for various levels of achievement. Finally, employees who are smokers will incur a bi-weekly surcharge of $12.50, but can easily avoid this charge by successfully completing a smoking cessation program not to mention the savings realized by not purchasing these products.

Additionally, please sign up to attend the informational sessions regarding the program changes which will be held during the Open Enrollment period (dates and times included in this booklet). Cigna, Humana and our own HR/Benefit staff will be present and available to answer questions.

Now with the implementation of the Munis HR/Payroll module, employees are able to make their benefit selections from the comfort of their desk or by logging in at home. We will also have the IT Training Room open and available for those employees who do not have a computer, or need assistance in accessing the Employee Self Service Link. If you have questions or concerns that were not answered at the Health & Wellness Fair, nor at any of the informational sessions, please email the Human Resources Department Benefits Division at openenrollment@miamibeachfl.gov.

Let’s have another successful open enrollment period!

Be well,

Jimmy Morales, City Manager
What’s New for the Employee Health Plan Starting October 1, 2017?

1) Introduction of HDHP
   a. The City is offering employees the choice of a High Deductible Health Plan (HDHP) within the health plan offering in 2017/18.
   b. An HDHP has a front-end deductible which must be met before the plan pays out benefits. The City has implemented a $2,500 / $5,000 single / family deductible. After the deductible is met, the City will pay for in-network, eligible services at 100%.
   c. An HDHP also allows the use of a Health Savings Account (HSA) which can help pay for the deductible. Throughout the health plan year, the City will fund your HSA with an amount connected to the coverage you select:
      i. Employee Only = $1,000 in HSA funds during the plan year.
      ii. Employee + One = $2,000 in HSA funds during the plan year.
      iii. Family Coverage = $3,000 in HSA funds during the plan year.
   d. You can also contribute on a pre-tax basis up to a maximum of:
      i. Employee Only = you can contribute $2,438 during the plan year.
      ii. Employee + One = you can contribute $4,863 during the plan year.
      iii. Family Coverage = you can contribute $3,863 during the plan year.
   e. Funds deposited in an HSA account by the City or by you through payroll deductions is your money to use immediately for qualified services. This money once deposited cannot be withdrawn except by you.
   f. Please see pages 16–17 for more information regarding the City’s new HDHP and HSA.

2) Wellness Credit for Employees engaged in Humana Go365 Program
   a. At the end of the first quarter, employees that have reached silver ($20 credit per month), gold ($30 credit per month), or platinum ($40 credit per month) status within the City’s / Humana’s Wellness program, will begin to receive the monthly Wellness Credit.
   b. The Wellness status achieved by employees will be reviewed on a quarterly basis moving forward with the ability to earn the Wellness at the end of each quarter.
   c. Please see page “Go365 Program” on page 14-15 for more information regarding the City’s Wellness Program administered by Humana Go365!

3) Smoker Surcharge
   a. Starting with new health plan year on October 1, 2017, tobacco users will be asked to pay $12.50 per pay period towards the cost of the health plan.
   b. A tobacco user is an individual who has used tobacco products more than one time per month over the last 12-months.
   c. Tobacco use has been directly linked to poor health conditions and the City is moving in the direction towards a smoke-free workplace.
   d. The City has designed a smoking cessation program through Cigna at no additional cost including coverage for all prescribed FDA approved medications.
   e. Please see page 13 for more information regarding the City’s smoking cessation programs and efforts!

4) New PPO Medical Plan
   a. Starting with the new health plan year on October 1, 2017, the Standard PPO and Premium PPO plans will no longer be available. For those employees who require access to out-of-network providers, the features of the Standard PPO and the Premium PPO have been combined to provide a new PPO plan option. For more information on the new PPO’s plan benefits, please see page 7 of this booklet.
Annual Benefits Enrollment Process

Know Your Benefits
During open enrollment, it is important to understand and familiarize yourself with the benefits which are available for the upcoming plan year. Review this benefit summary to determine which plan choices best suit your health needs. Then receive important updates about our health plan by attending one of the informational sessions which will be offered by Cigna representatives in the Commission Chambers on the third floor of City Hall. Cigna will provide an overview of the revised health plan choices which will be available for the plan year which begins on October 1. Those three choices are the OAP In-Network plan, the High Deductible Health Plan and the PPO. All employees who are enrolled in a Cigna health plan, especially those enrolled in the previously available Standard PPO or Premium PPO, are highly encouraged to attend these sessions. A schedule of these informational sessions is shown below. In addition, you may call Cigna’s open enrollment hotline for any questions relating to your medical and dental plan elections. The hotline is available 24 hours a day, 7 days a week. The phone number for the hotline is 800.564.7642.

Complete Your Enrollment
Beginning August 14 through September 1, you will have two options for completing your enrollment elections. **Option One:** you may login to Munis Employee Self-Service (ESS) from the convenience of your workstation or home computer and complete your elections online. **Option Two:** if you lack access to a computer or if you have any questions relating to your online choices within the Munis ESS site, please go to the IT Training Room on the third floor of 1755 Meridian Avenue. The IT Training Room will be open from 9 a.m. to 5 p.m., Monday through Friday, from August 14 through September 1. Members of the Human Resources Team will be available to help employees through this process (Spanish and Creole speaking team members will also be available to assist you). If you need assistance completing your online enrollment outside of these hours, please contact Stacena Johnson at extension 6572 and our team will try our best to accommodate your request.

Be Prepared to Complete Your Elections
When electing and updating your benefits, please be mindful of the following tips to ensure a smooth and efficient enrollment process.

- If you plan on newly adding a dependent to your medical or dental plan, bring proof of dependency to the Human Resources Department (i.e., marriage certificate for a spouse and birth certificate for a child) as it will be required.
- Please test your Munis ESS login and password to ensure that you have access to complete your online enrollment session. If you cannot login to Munis ESS, call the IT Department’s Support Desk at extension 7042 or open a support ticket online on the home page of the City’s intranet by clicking on: Help Desk Tickets. The IT Department will need your full name, employee ID number and e-mail address in order to assist you.

| Cigna Health Plan Informational Sessions | Commission Chambers, City Hall |
| Date             | 1 hour Sessions Begin At:                |
| 8/14/2017        | 9 a.m., 11 a.m. and 2 p.m.               |
| 8/16/2017        | 9 a.m., 11 a.m. and 2 p.m.               |
| 8/18/2017        | 9 a.m., 11 a.m. and 2 p.m.               |
| 8/21/2017        | 2 p.m. and 6 p.m.                        |
| 8/23/2017        | 9 a.m., 11 a.m. and 2 p.m.               |
| 8/25/2017        | 9 a.m., 11 a.m. and 2 p.m.               |
| 8/29/2017        | 9 a.m., 11 a.m. and 2 p.m.               |
| 8/30/2017        | 9 a.m., 11 a.m. and 2 p.m.               |
| 8/31/2017        | 9 a.m., 11 a.m. and 2 p.m.               |

All of your benefit elections will take effect on October 1, 2017.  
Your benefits enrollment runs August 14 through September 1, 2017

Available benefits this year:
- Medical
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSA)
- Dental
- Vision
- Disability
- Basic & Supplemental Life
- Pet Insurance
- Employee Assistance
- Preferred Legal
- Identity Theft
- Voluntary Benefits
- Wellness Credits
- Tobacco Surcharge
Open Enrollment Summary Instructions

Please help us provide you with excellent customer service by following these instructions. Here is a summary of the steps you need to take to be ready:

» Know your benefits. Review this benefit summary and contact Cigna’s open enrollment hotline with any questions relating to your medical and dental plan elections. The number is **1.800.564.7642**.

» Attend an Informational Session at City Hall to become informed of medical plan options.

» Bring your documentation to the Human Resources Department. If any dependents will be newly enrolled, bring those documents which are needed in order to prove dependent eligibility.

» Log in to Employee Self-Service. Please ensure that your username and password are up to date.

Cigna Tools and Resources

Cigna Treatment Cost Estimator

This personalized online tool provides information to help calculate estimated out-of-pocket expenses. The Treatment Cost Estimator through myCigna health care professional directory offers you transparent cost and quality information, which helps you make more informed decisions about your care.

You can access the estimator on the Cigna website, myCigna.com.

Cigna 24/7 Hotline

When you have an emergency, calling 911 or going to the nearest ER is your best option. But if it’s not an emergency, then what? You have a lot of different options for care. We are here to provide helpful information so you can choose the right option for you.

The health information line has a team of health professionals, who are here to help you with your health questions. We can help you with information to make the right decision, so you can get the care you need.

There’s no additional cost to call — this service is part of your Cigna health plan. So whenever a non-emergency health concern strikes, do what thousands like you do everyday — visit myCigna.com or call **800.Cigna24**.

Cigna Telehealth Connection

If you have video capability on your home computer, tablet, or smart phone, you can virtually visit a provider. Access this service from either Amwell or MDLIVE to see and speak to a doctor, and obtain a diagnosis and a prescription. Virtual providers are available in most states.

a. Amwell: AmwellforCigna.com
   Phone: 855.667.9722
   MDLIVE: MDLIVEforCigna.com
   Phone: 888.726.3171

b. Download the Amwell for Cigna App and MDLIVE for Cigna App to your smartphone or mobile device.

c. At myCigna.com
   » Log in to myCigna.com
   » Select the Cigna Telehealth Connection
   » Select either Amwell or MDLIVE

Cigna 24/7 Employee Assistance and Work-Life Program (EAP)

From the stress of everyday life to relationship issues or even work-related concerns, the EAP personal advocates are here to help you at no cost to you.

We will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more. (Refer to page 24 for more details.)
## Medical Benefits

Administered by Cigna | 800.244.6224

### Medical Benefits

<table>
<thead>
<tr>
<th>In-Network ONLY</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCP Office Visit</strong></td>
<td>$20</td>
<td>100% after BYD</td>
<td>70% after BYD</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Specialist Office Visit</strong></td>
<td>$35</td>
<td>100% after BYD</td>
<td>70% after BYD</td>
<td>$25</td>
</tr>
<tr>
<td><strong>PCP Referral Required</strong></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Rx Deductible</strong></td>
<td>None</td>
<td>100% after BYD</td>
<td>70% after BYD</td>
<td>None</td>
</tr>
<tr>
<td><strong>Rx (Tier 1/2/3)—30 DAYS</strong></td>
<td>$7/$40/$60</td>
<td>100% after BYD</td>
<td>70% after BYD</td>
<td>$10/$40/$60</td>
</tr>
<tr>
<td><strong>Benefit Year Deductible (BYD)</strong></td>
<td>$0 /$0</td>
<td>$2,500/$5,000</td>
<td>$5,000/$10,000</td>
<td>$350/$1,050</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>N/A</td>
<td>100% after BYD</td>
<td>70% after BYD</td>
<td>90% after BYD</td>
</tr>
<tr>
<td><strong>Rx Out-of-Pocket Max (Individual / Family)</strong></td>
<td>$1,500/$3,000</td>
<td>100% after BYD</td>
<td>70% after BYD</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max (Individual / Family)</strong></td>
<td>Included in medical copay out-of-pocket maximum above</td>
<td>same as BYD</td>
<td>same as BYD</td>
<td>$2,000/$6,000</td>
</tr>
<tr>
<td><strong>Emergency (Service Area/Outside)</strong></td>
<td>$200 copay waived if admitted</td>
<td>100% after BYD</td>
<td>90% after $200 copay waived if admitted</td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care Facility</strong></td>
<td>$40 copay</td>
<td>100% AFTER BYD</td>
<td>70% after BYD</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Outpatient Diagnostics</strong></td>
<td>$200 copay</td>
<td>100% after BYD</td>
<td>70% after BYD</td>
<td>90% after $100 per admission copay</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$200 copay</td>
<td>100% after BYD</td>
<td>70% after BYD</td>
<td>90% after $100 per admission copay</td>
</tr>
<tr>
<td><strong>Inpatient Care</strong></td>
<td>$250 copay per day, plan pays 100% after copay out-of-pocket maximum is met</td>
<td>100% after BYD</td>
<td>70% after BYD</td>
<td>90% after $100 per admission copay</td>
</tr>
</tbody>
</table>

### Medical Rates

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Employee</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$73.85</td>
<td>$20.00</td>
<td>$314.32</td>
</tr>
<tr>
<td><strong>Employee + 1</strong></td>
<td>$205.08</td>
<td>$62.50</td>
<td>$820.14</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$316.07</td>
<td>$175.00</td>
<td>$1,052.70</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td><strong>City</strong></td>
<td><strong>City</strong></td>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Employee Only</strong></td>
<td>$233.27</td>
<td>$255.08</td>
<td>$314.32</td>
</tr>
<tr>
<td><strong>Employee + 1</strong></td>
<td>$439.87</td>
<td>$511.01</td>
<td>$500.00</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$574.58</td>
<td>$626.90</td>
<td>$500.00</td>
</tr>
</tbody>
</table>
SAVINGS AT YOUR FINGERTIPS

Now it’s easier than ever to find and compare health care costs.

Smarter searches. Better results.

It’s true. The more you know about the cost and quality of doctors and hospitals, the easier it is to make the best choices for you and your family. After all, no one wants to pay too much for health care.

The intuitive myCigna health care professional directory has plenty to offer, starting with simplified search tools that give you the results you need. You’ll also see integrated cost and quality information throughout the directory, helping you compare doctors and control health care spending.

We’ve put everything at your fingertips, ready to help you make the most confident, cost-effective decisions about your care.

It pays to plan ahead.

Integrating cost and quality information into our online directory makes it easier for you to get the care you need.

For example, did you know that an MRI can cost anywhere from $400 to $1,400*, depending on where you go? It’s okay if you didn’t know, because we do. And we’ll tell you, even if you don’t think to ask before you start searching.

* Estimated costs are based on November 2014 Cigna analysis of claims for MRI of lower back without dye total cost during a 12-month period. Actual costs will vary.

Together, all the way.*

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

879549 12/14
Your medical plan includes telehealth services through Cigna Telehealth Connection, provided by Amwell and MDLIVE with 24/7/365 access to board-certified doctors and pediatricians by video chat or phone.

Frequently asked questions

What is telehealth?
Telehealth is the delivery of health-related services and information via telecommunications technologies, including telephones, smartphones and personal computers, for virtual consultations. Among the most significant benefits are ease of access, convenience, time savings and competitive cost.

What is Cigna Telehealth Connection?
Cigna Telehealth Connection is our telemedicine program that provides access to certain telehealth services as part of your employer’s medical plan through Cigna. It includes live appointments with board-certified doctors via secure video or phone who are able to diagnose and prescribe, when appropriate. Customers are able to choose the time and day that works best for them with medical telehealth services available 24/7/365.

Is telehealth a safe way to receive health care services?
A consultation with a telehealth doctor will be similar to the care you receive from your physician when you call him or her for medical assistance when you are unable to get to their office.

Does telehealth replace my primary care physician (PCP)?
Telehealth is not intended to replace your PCP. For common or chronic conditions, a virtual consultation can sometimes be a convenient and affordable alternative to a doctor’s office or nonurgent ER visit. Communication with your PCP is important for continuity of care.

Can telehealth handle my emergency situations?
No. Telehealth is designed to handle minor, nonemergency medical issues. You should NOT use telehealth if you are experiencing a medical emergency. If you have a medical emergency, you should dial 911 immediately or visit the nearest hospital.

Using telehealth

When should I consider using telehealth?
› When your PCP is not available
› If you’re considering an ER or an urgent care center for a nonemergency medical issue
› To request refills for most prescriptions (when appropriate)*
› When traveling and in need of medical care
› During or after normal business hours, nights, weekends and even holidays

Together, all the way.*

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

900763 a 05/17
Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help – and all at no added cost to you. Each program is easy to use and available where and when you need it. And, you can use each program online or over the phone – or both.

**Weight management**
Reach your goal of maintaining a healthy weight – all without the fad diets. Create a personal healthy-living plan that will help you build your confidence, be more active and eat healthier. And, you’ll get the support you need to stick with it.

**Tobacco**
Get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date. And, get the support you need to kick the habit for good. You’ll even get free over-the-counter nicotine replacement therapy patch or gum.*

**Stress management**
Lower your stress levels and raise your happiness levels. Learn what causes you stress in your life and develop a personal stress management plan. And, get the support you need to help you cope with stressful situations – both on and off the job.

* Depending on plan purchased.

Together, we can help you get where you want to be

**Call us for:**
› One-on-one wellness coaching
› Convenient evening and weekend hours
› Program workbooks and toolkits

**Or visit us online for:**
› Convenient support
› Personalized programs
› Educational tools and resources

**Take control of your life**
To enroll in the program, or if you have questions, call **855.246.1873**.

Or, if you want to enroll online, visit [myCigna.com](http://www.myCigna.com), select “My Health” tab, then “Programs and Resources,” then select “Health Assistant” from the drop-down menu.
Quitting tobacco is one of the best things you can do for your health. Lifestyle choices, such as tobacco use, diet and exercise are the biggest influences when it comes to a person’s quality of life. Though we can’t always control our environment, the type of health care we have or our genetics, we can control whether or not we use tobacco, what we eat and how much we move.

Most people know tobacco use and exposure to secondhand smoke causes lung cancer. But there are many other health consequences as well. These include:

- Increased risk of many types of cancer
- More frequent colds and chronic bronchitis
- Emphysema
- High blood pressure
- Stroke
- Heart disease
- Tooth decay

Smoking also causes:

- Bad breath
- Discolored teeth and fingernails
- Decreased sense of taste and smell
- Premature wrinkling of the skin
- Shortness of breath
- Financial burden

**Question:** Why is tobacco so hard to quit?

**Answer:** Habit and addiction

**Habit:** A behavior pattern acquired by frequent repetition.

**Addiction:** A physical need or dependency on nicotine, the primary agent in tobacco.

Within 10 seconds, the nicotine found in cigarettes moves from the lungs into the bloodstream and, finally, into the smoker’s brain. This triggers the release of the neurotransmitter “dopamine.” Dopamine is responsible for feelings of pleasure and well-being. Some of the pleasurable effects associated with tobacco use include heightened awareness, increased short-term memory, reduced anxiety, decreased appetite and an increased tolerance to pain. Within minutes, the acute effects of nicotine wear off. So people must continue “smoking” or “chewing” to maintain its pleasurable effects and to prevent withdrawal.

**The harmful effects of secondhand smoke**

Secondhand smoke is classified as a Group A cancer-causing agent. This means that because no level of smoke is known to be safe, federal agencies recommend reducing secondhand smoke exposure to the lowest possible level.

Secondhand smoke sticks around long after a cigarette has been finished; up to two and a half hours. The fabrics in your car and home trap its harmful chemicals as well. And fanning smoke away doesn’t help because smoke is invisible.

**Did you know?**

Tobacco use is a leading cause of cancer and of death from cancer. People who use tobacco products or who are regularly around environmental tobacco smoke (also called secondhand smoke) have an increased risk of cancer because tobacco products and secondhand smoke have many chemicals that damage DNA.¹

**Together, all the way.**
Making the decision to quit

Behavior change is rarely a single event. It is a process with stages people pass through. Living tobacco-free requires you to make a major lifestyle change.

Be forewarned: There is nothing simple about tobacco or quitting. Tobacco is not a single product or chemical. While nicotine is the most powerful addictive substance in tobacco, there are many more; over 500 substances total. Among them are acetone (a solvent), pyrene (used in dyes and pesticides) vinyl chloride (used in plastic materials), polonium 210 (a radioactive element) and DDT (an insecticide). Some of these additives enhance the experience of tobacco use. Others allow the cigarette to burn back evenly. So, failure has been built into the addiction model.

Quit plan

Step 1 – Determine how you will quit
Step 2 – Choose your quit date
Step 3 – Make plans to deal with triggers
Step 4 – Build your support system
Step 5 – Begin to take steps toward quitting
Step 6 – Celebrate your milestones and successes

Resources to help you quit

› Smokefree.gov: smokefree.gov
› BeTobaccoFree.gov
› American Heart Association: americanheart.org
› National Cancer Institute (NCI) offers free, confidential information about quitting tobacco by phone and online:
  - The NCI quitline, 1.877.44U.QUIT (1.877.448.7848) is available Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.
  - Smoking cessation counselors are available online by clicking the Quitting Smoking button in the LiveHelp pop-up, Monday through Friday, 8:00 a.m. to 11:00 p.m. ET.

What about e-cigarettes?

There is not enough research to show that e-cigarettes can help you quit smoking. The long-term health impact of using them is not yet known. And, they are not regulated by the FDA at this time. While likely less toxic than cigarette smoking, e-cigarette vapor still may contain low levels of toxic chemicals, nicotine and metals.

The benefits of living tobacco-free

20 minutes

Your blood pressure and heart rate recover from the cigarette-induced spike.

12 hours

The carbon monoxide levels in your blood return to normal.

2 weeks-3 months

Your circulation and lung function begin to improve.

1 month-9 months

Clear and deeper breathing gradually returns as coughing and shortness of breath diminishes; you regain the ability to cough productively instead of hacking, which cleans your lungs and reduce your risk of infection. One year after quitting smoking, a person’s excess risk of coronary heart disease is reduced by 50 percent.

5 years

Your risk of cancer of the mouth, throat, esophagus, and bladder are cut in half. Your risk of cervical cancer and stroke return to normal.

10 Years

You are half as likely to die from lung cancer. Your risk of larynx or pancreatic cancer decreases.

15 Years

Your risk of coronary heart disease is the same as a non-smoker’s.

2. American Heart Association, Smoking: Do you really know the risks?, Feb 2015, http://www.heart.org/HEARTORG/HealthyLiving/QuitSmoking/QuittingSmoking/Smoking-Do-you-really-know-the-risks_UCM_322718_Article.jsp#VgXk1ukCh
3. Benowitz, Neal; Glantz, Stanton; Grana, Rachel; American Heart Association, Contemporary Reviews in Cardiovascular Medicine, 2014, http://circ.ahajournals.org/content/129/19/1972.full
ARE YOU READY TO QUIT SMOKING, FEEL BETTER AND BE MORE ACTIVE?
WE WILL HELP YOU!

IMPORTANT FACTS ABOUT SMOKING:

- Tobacco smoke is a deadly mix of more than 7,000 chemicals…many are poisons. When these chemicals get deep into your body’s tissues, they cause damage. Your body must fight to heal the damage each time you smoke. Over time, the damage can lead to disease.
- Nicotine is powerfully addictive.
- Smoking can start your body on a path toward cancer. Once tobacco has damaged cells, they can grow uncontrollably as cancer. Within five years of quitting, your chance of cancer of the mouth, throat, esophagus, and bladder is cut in half.
- Smoking causes immediate damage to your arteries. It can lead to heart attack and stroke. Your risk for a heart attack drops sharply just one year after you quit smoking. After two-five years, your chances of stroke could fall to about the same as non-smokers.
- Smoking damages your lungs. If you quit you will breathe better, you will cough less than people who continue to smoke, and it will be much easier to be active.
- Smoking harms reproduction and your children’s health.
- Smoke makes diabetes harder to control. Diabetics who quit smoking have better control over their blood sugar levels.
- Secondhand smoke causes immediate harm to nonsmokers.

NOW IS THE TIME TO QUIT!!

Effective this health plan year, October 1st, all smokers will be assessed a $25 monthly ($12.50 per pay-period) surcharge. This amount is subject to increase in future years. We are working towards a smokers-free workforce. Get the help you need to quit.

Contact Natalie Tapley, our On-site Cigna Representative, at extension 6909 to get started in a smoking cessation program, at no additional cost to Cigna members. Additionally, all prescribed medications are FDA approved and at no additional cost to our members.

Go365 is an innovative and effective wellness program that incents members to achieve lifelong well-being. The program explains potential risks associated with health and lifestyle choices. Then, by utilizing behavioral economics, individualized activities, and an advanced incentive program, we motivate members toward making positive lifestyle changes.

Go365 is simply rewarding
With more ways to get started in the Go365 program, employees can choose the first step that works for them – complete a Health Assessment, log a qualifying workout, or get a biometric screening. The streamlined Points and Bucks structure makes it easier for members to earn and redeem rewards. Plus, members can earn rewards for healthy activities they may already be doing.

Go365 is uniquely personal
The Go365 program is personalized for each member, with customized goals and activities to help them reach their specific health goals. Everyone can engage with Go365 no matter where they are on their personal path to better health. Best of all, members can create their own journey, since there are more ways than ever to reach Bronze Status.

Go365 is always connected
By connecting to dozens of the most popular activity tracking apps, more than 70 fitness devices and over 40,000 participating fitness facilities, members can earn rewards for things they are already doing. Go365 makes it easy for members to participate when they want, where they want, and how they want.

Go365 is fun motivation
Getting healthier can be hard. That’s why Go365 is tailored to motivate all your employees, no matter their age or health. The Points structure is designed to motivate and reward the member at any stage of activity, whether they are tracking their first steps or running a marathon. Plus, we’ve upped the fun factor by adding more monthly games, jackpot prizes, and surprise rewards.

1. Register now
Download the Go365 App or visit Go365.com to access your secure, password-protected Go365 account and program.

2. Take the next step
Three easy ways to start earning Points and get to Bronze Status:
• Complete at least one section of your Health Assessment
• Log a verified workout
• Get your biometric screening

3. Enjoy the rewards
Keep earning Points by completing healthy activities. The more Points you earn, the more Bucks you will have to spend in the Go365 Mall.

Let’s get going… together.
It’s Go Time!
Maximize your City benefits and your Go365 rewards by activating and connecting today!

The City of Miami Beach offers quarterly wellness incentives for Cigna medical plan participants who are engaged with Go365:
Receive quarterly wellness incentives based on your Go365 status.

- Silver Status = $60.00 quarterly credit
- Gold Status = $90.00 quarterly credit
- Platinum Status = $120.00 quarterly credit

***The amounts will be based on your Go365 status at the end of each quarter.

Talk to Tina Zoeller, our on-site wellness coordinator, on any program questions or wellness initiatives that you would like to see at the City:

Kristina (Tina) Zoeller, On-site Wellness Coordinator
(305) 778-2382
kzoeller@humana.com
High Deductible Health Plan (HDHP)

An HDHP provides comprehensive health care coverage like a traditional health plan where members are responsible for paying for their medical expenses before the deductible is satisfied. After the annual deductible is met, members are not responsible for additional copayments or deductibles for in-network, eligible services. HDHP are also referred to as consumer driven health care plan because employees are able to use incentives and tools to control both health care decisions and the costs associated with them. A typical consumer-directed plan might include:

» Web-based tools that support the decisions employees make regarding their health plan choices, health savings amounts, etc.; and

» Other support features, such as nurse telephone lines, care coaches, and disease management.

What are the benefits of an HDHP?

1) Lower monthly premiums, 2) insured against serious medical conditions, 3) maintain more control and flexibility for how your dollars are spent, and 4) eligibility for a Health Savings Account (HSA) which builds savings with investment options.

What are some of the advantages to the HDHP options?

Here are a few of the advantages:

» You have access to a broad national network of providers.

» Preventive care, including annual exams, women’s health services, immunizations, and preventive blood and urine testing are covered at 100% (in-network) before you meet your deductible.

» Together with the HSA, there are significant tax advantages, as any amounts you put in your HSA and any interest that accumulates are tax-free.

» The City also contributes to your HSA if you elect the HDHP with HSA.

How can I decide which is the best choice for me?

The City is providing multiple training sessions in the Commission Chambers at a number of different times hosted by Cigna. To help you make the right decision, there will be numerous Cigna representatives and educational material distributed. Further, the IT Training room used for enrollment will have an informative presentation outlining the ranges and highlights of the HDHP.

Do I need to choose a Primary Care Physician?

You can choose any doctor or hospital. However, you may wish to find a physician that manages your overall care to ensure overall quality and coordination with any specialists.

Do I need a referral to see a specialist?

You don’t need a referral but you will save money by choosing an in-network provider. It is your responsibility to ensure that any referrals (even from network providers) to specialists and other provider types are in-network. If the provider you were referred to is not in the plan’s network, benefits will be paid at the non-network benefit level.
### Health Savings Account (HSA)

#### Types of Healthcare Expense Accounts

<table>
<thead>
<tr>
<th>Health Savings Account (HSA)</th>
<th>Full-Use Healthcare FSA</th>
<th>Limited-Purpose Healthcare FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only available if you enroll in the High Deductible HSA Plan, or the Minimum Benefit Plan.</td>
<td>Only available if you or your spouse contribute to an HSA.</td>
<td>Only available if you or your spouse contribute to an HSA.</td>
</tr>
<tr>
<td>You must actively select your payroll contribution each year (up to IRS limits: $3,437.50/individual or $6,862.50/employee + dependent(s) in 2017/18)</td>
<td>You must actively select your payroll contribution each year (up to $2,587.50 for 2017/18).</td>
<td>Can be used for eligible dental and vision expenses.</td>
</tr>
<tr>
<td>You are not eligible if you’re enrolled in Tricare or Medicare.</td>
<td>Unused account balance rolls over year after year.</td>
<td></td>
</tr>
<tr>
<td>Unused account balance rolls over year after year.</td>
<td>Account is yours to keep if you leave City of Miami Beach.</td>
<td></td>
</tr>
<tr>
<td>You are not eligible if you're enrolled in Tricare or Medicare.</td>
<td>Unused account balance rolls over year after year.</td>
<td></td>
</tr>
<tr>
<td>You are not eligible if you're enrolled in Tricare or Medicare.</td>
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</tr>
<tr>
<td>You are not eligible if you're enrolled in Tricare or Medicare.</td>
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<td></td>
</tr>
</tbody>
</table>

#### Health Savings Account (HSA)

An HSA allows you to contribute pretax dollars from your paycheck to use for eligible healthcare expenses throughout the year. It has several advantages:

- You choose how much to save each year up to annual IRS limits ($3,437.50 for individual coverage; $6,862.50 for employee + dependent(s) coverage in 2017/18)
- Money goes in tax-free, grows tax-free, and can be used tax-free for eligible expenses
- If you are age 55 or older, you can contribute an additional $1,000 per year
- Money left in your account rolls over to pay for health care today or in the future, even if you leave City of Miami Beach

You can elect to contribute funds to our HSA vendor, HSA Bank, by selecting this option during your enrollment. Unlike most other benefits, you can change your HSA contribution during the year without a qualifying life event. You must be enrolled in either the High Deductible HSA Benefit Plan to contribute to the HSA.

#### Who Is Eligible for an HSA?

An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical expenses with pretax dollars when you are enrolled in a high deductible health plan (HDHP). You are eligible to open and fund an HSA if:

- You are covered by a qualified high deductible health plan;
- You are not covered by your spouse’s non-HDHP health plan, health care flexible spending account or health reimbursement account;
- You are not eligible to be claimed as a dependent on someone else’s return; and
- You have not received Veterans Administration Benefits

#### “Seed” Money for HSAs

City of Miami Beach will provide an HSA employer contribution for eligible employees. Your account must be open with HSA Bank in order to receive “seed” money. Employees who are eligible for “seed” money will receive seed money 24 times in a year.

#### Annual Amount:

- **Employee only** $1,000
- **Employee + 1** $2,000
- **Family** $3,000

#### Setting Up An Account

An HSA account can be established through HSA Bank. HSA Bank will send you a welcome kit with instructions on how to set up an account online. HSA Bank charges a monthly service charge of $1.75 on accounts with balances of $3,000 or less. You may invest your account in the investment funds provided by HSA Bank with no minimum balance requirement. You can also rollover your existing HSA balance to HSA Bank once your account has been set up. Please contact HSA Bank at 800.357.6246 for further details.

#### Here’s how much you can contribute to your HSA in 2017/18

- **Employee Only maximum contribution** = $2,437.50 ($3,437.50 (IRS Employee Only Max) - $1,000 (Employee Only “seed” money) = $2,437.50)
- **Employee + 1 maximum contribution** = $4,862.50 ($6,862.50 (IRS Employee + 1 Max) - $2,000 (Employee+1 or More “seed” money) = $4,862.50)
- **Family maximum contribution** = $3,862.50 ($6,862.50 (IRS Family Max) - $3,000 (Family “seed” money) = $3,862.50)

* Amounts do not include “catch-up” contribution

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At the end of the year, unused HSA dollars in your account will rollover and you will be able to use it the following year. If you leave, the funds in the account are yours and may be rolled over to another HSA or used for valid medical expenses.
Flexible Spending Accounts (FSA)

An FSA allows an employee to set aside a portion of earnings to pay for qualified healthcare and dependent care expenses. Money deducted from an employee’s pay into an FSA is not subject to payroll taxes, resulting in payroll tax savings. HSA Bank administers our FSAs. When considering how much to contribute to an FSA, please keep in mind that any funds remaining in the account in excess of $500 at the end of the calendar year will be forfeited.

Medical FSA

You can contribute up to $2,587.50 to the healthcare FSA for 2017/18. Any contribution that you make will be taken through payroll deduction on a pre-tax basis thus reducing the amount of your taxable income and increasing your take home pay. The healthcare FSA can be used to pay for out-of-pocket healthcare expenses, such as deductibles, copays, coinsurance, dental expenses, vision expenses and some over-the-counter (OTC) medications. However, OTC medications require a doctor’s prescription in order for them to be eligible for reimbursement from an FSA. You may choose to participate in the healthcare FSA account whether or not you elect any other benefits.

Please note: If you are enrolled in the In-network Only and PPO plans, you can participate in the healthcare FSA. If you are enrolled in High Deductible HSA Plan, you are not eligible to enroll in the Medical FSA, but you can enroll in a Limited Purpose FSA.

Limited Purpose FSA

If you are enrolled in an HSA eligible plan you are only allowed to participate in a Limited Purpose FSA.

A Limited Purpose FSA is much like a typical, general-purpose health FSA. However, under a limited-purpose FSA, eligible expenses are limited to qualifying dental and vision expenses for you, your spouse and dependents.

You’re taking control of your life, your career, your finances — and most importantly, your health. You’re now in the position to spend more to look and feel good. You schedule annual checkups and visit the dentist twice each year for dental cleanings and X-rays. Do you go to the chiropractor? Thinking about acupuncture? Ready for laser eye surgery? Definitly want to quit smoking? The control is in your hands. Put $1,000 in your account, and you’ll save $300* when the plan year ends. That’s a pretty good return on your investment.

*Assumes that an individual or family is in the 30 percent income tax bracket.

Dependent Care FSA

Dependent Care FSAs allow you to set aside money each year to pay for out-of-pocket dependent day care expenses that are necessary for you and your spouse to work or attend school full time. The dependent must be a child, under age 13, and claimed as a dependent on your federal income tax return, or a disabled dependent that spends at least eight hours a day in your home.

The Dependent Care FSA allows you to set aside up to $3,750 per year (or $1,875 per year if you are married and file your taxes individually) through payroll deductions on a pre-tax basis. Dependent care expenses are reimbursable as long as the provider is not anyone considered your dependent for income tax purposes. In order to be reimbursed, you must provide the tax identification number or social security number of the party providing care. Reimbursement for dependent care claims is limited to the total amount that is deposited in your account at the time the claim is submitted.

Examples of eligible dependent care expenses include:

- In-home baby-sitting services (not by an individual you claim as a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before and after-school care
- Day camp
- In-house dependent care provider

Claim Submission & Reimbursement Options

If you participate in the FSA, you will automatically receive a debit Visa Card that can be used for FSA eligible expenses.

You can also file your claims online at www.hsabank.com or submit your claims via mail, web portal, or mobile app. You can contact HSA Bank about your FSA account:

- By Phone: 800.357.6246

You can also obtain account balances, view claims history, file claims, download forms and report a lost or stolen debit card at www.hsabank.com.
Dental Benefits
Administered by Cigna | 800.244.6224

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Miami Beach dental benefit plan.

**Dental (Not available to IAFF bargaining unit and part-time employees)**

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Cigna DHMO</th>
<th>Cigna DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
</tbody>
</table>

- **Benefit Description**
  - Must use participating providers. Plan pays 100% after fixed copayment for service.
  - Must use participating providers. Plan payment is based on provider’s reduced contracted fees.
  - Your choice of licensed dental healthcare providers. Plan payment is based on reasonable and customary allowances.

- **Calendar Year Maximum Benefit**
  - None
  - $2,500 per participant

- **Annual Deductible**
  - (individual/family)
  - None
  - $50 / $150

- **Preventive Care**
  - (no deductible)
  - Covered at 100%
  - Covered at 100%
  - Covered at 100%

- **Basic Services**
  - Copay schedule
  - 80% after deductible
  - 80% after deductible

- **Fillings**
  - Fixed copay—schedule
  - 80% after deductible
  - 80% after deductible

- **Periodontia**
  - Fixed copay—schedule
  - 80% after deductible
  - 80% after deductible

- **Endodontia**
  - Fixed copay—schedule
  - 80% after deductible
  - 80% after deductible

- **Major Services**
  - Fixed copay—schedule
  - 50% after deductible
  - 50% after deductible

- **Orthodontia**
  - (adults/children)
  - Fixed copay—schedule
  - 50%*
  - 50%

**Carrier Website (DHMO)**
- www.mycigna.com / 1.800.244.6224

**Carrier Website (PPO)**
- www.mycigna.com / 1.800.244.6224

*Orthodontia covered for children up to age 26

**Dental Plan**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee Only</th>
<th>Employee +1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>City</td>
<td>Employee</td>
</tr>
<tr>
<td>Cigna DPPO</td>
<td>$10.97</td>
<td>$10.97</td>
<td>$21.14</td>
</tr>
<tr>
<td>Cigna DHMO</td>
<td>$4.23</td>
<td>$4.15</td>
<td>$7.41</td>
</tr>
</tbody>
</table>

City of Miami Beach
Vision Insurance
Administered by EyeMed | 866.299.1358

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from an EyeMed Provider

<table>
<thead>
<tr>
<th>Vision—Must Participate in One of the City’s Medical Plans</th>
<th>EyeMed Select Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam (with dilation as necessary)</td>
<td>In-Network</td>
</tr>
<tr>
<td></td>
<td>$0 (limited to one examination per year)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Lenses Fit &amp; Follow-Up</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>$0</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Premium</td>
<td>10% off retail, then apply $40 allowance</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frames (limit one per year)</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$150 allowance, then 20% discount</td>
<td>Up to $38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lenses — once every 12 months</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Plastic Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>$10</td>
<td>Up to $18</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>$10</td>
<td>Up to $38</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>$10</td>
<td>Up to $56</td>
</tr>
<tr>
<td>Standard Progressives</td>
<td>$10</td>
<td>Up to $77</td>
</tr>
<tr>
<td>Premium Progressive</td>
<td>$10 then 80% of charge—less $120 allowance</td>
<td>Up to $77</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10</td>
<td>Up to $66</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>once every 12 months</td>
<td>once every 12 months</td>
</tr>
<tr>
<td>Conventional</td>
<td>$150 allowance, 15% off remaining balance</td>
<td>Up to $120</td>
</tr>
<tr>
<td>Disposables</td>
<td>$150 allowance</td>
<td>Up to $120</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>$0</td>
<td>Up to $200</td>
</tr>
</tbody>
</table>

Carrier Website: www.eyemedvisioncare.com
Carrier Toll-Free Number: 1.866.299.1358

Did you know?

EyeMed has teamed up with Amplifon—the world’s largest distributor of hearing aids and services—to provide you and your family an affordable hearing care when enrolled in vision coverage?

Visit starthere.eyemed.com for more details.
Disability Insurance
Administered by Unum | 800.421.0344

To prepare for the unexpected, the City offers the options of purchasing disability coverage. An increase in coverage is subject to underwriting, which means that it is subject to insurance carrier approval.

Short-Term Disability (not available to part-time employees)
Short-term disability insurance replaces a portion of your weekly income based on your base earnings. Should you be unable to perform the duties of your position due to an illness or injury that is not work related, the plan replaces 60% of your earnings to a maximum weekly benefit of $1,500 for an approved disability. Payments begin after you have been disabled for 14 consecutive calendar days and continue to a maximum of 26 weeks.

You are considered disabled if you have an illness, injury or pregnancy that prevents you from performing the duties of your position. You must be receiving appropriate care from a physician on a continuing basis. Your physician must certify you are unable to work and your claim must be approved by Unum, the plan carrier, in order to receive payment. The plan has a 12-month pre-existing condition exclusion for any illness or injury for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs in the 3 months prior to coverage.

Long-Term Disability (not available to part-time employees)
This plan replaces 60% of your earnings to a maximum monthly benefit of $10,000 for an approved disability. If you have been unable to work for 26 weeks or longer, the long-term disability coverage helps replace some of your income if you are still unable to work. You must be receiving appropriate care from a physician on a continuing basis and your physician must certify you are unable to work.

Coverage continues until you return to work, reach age 65, or are no longer eligible. The long-term disability plan also provides training and job placement assistance. The plan has a 12-month pre-existing condition exclusion for any illness or injury for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs in the 3 months prior to coverage.

Monthly premium rates (after taxes)

<table>
<thead>
<tr>
<th>Age</th>
<th>Short-Term Disability</th>
<th>Cost per each $10 of weekly benefits (annual salary divided by 52)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td></td>
<td>$0.37</td>
</tr>
<tr>
<td>25–29</td>
<td></td>
<td>$0.40</td>
</tr>
<tr>
<td>30–34</td>
<td></td>
<td>$0.37</td>
</tr>
<tr>
<td>35–39</td>
<td></td>
<td>$0.35</td>
</tr>
<tr>
<td>40–44</td>
<td></td>
<td>$0.38</td>
</tr>
<tr>
<td>45–49</td>
<td></td>
<td>$0.43</td>
</tr>
<tr>
<td>50–54</td>
<td></td>
<td>$0.46</td>
</tr>
<tr>
<td>55–59</td>
<td></td>
<td>$0.68</td>
</tr>
<tr>
<td>60–64</td>
<td></td>
<td>$0.87</td>
</tr>
<tr>
<td>65 and over</td>
<td></td>
<td>$0.99</td>
</tr>
</tbody>
</table>

Short-Term Disability Premium Example:
If your weekly earnings are $1,538.46 and you are 53 years old, the calculation would be $1,538.46 x 0.60 (60% benefit) = $923.07 / $10 = $92.30 x $0.46 / 2 = $21.23 biweekly premium amounts deducted with the exception of the two (2) premium holiday payroll cycles each year.

<table>
<thead>
<tr>
<th>Age</th>
<th>Long-Term Disability</th>
<th>Cost per each $100 of monthly earnings (annual salary divided by 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td></td>
<td>$0.09</td>
</tr>
<tr>
<td>25–29</td>
<td></td>
<td>$0.12</td>
</tr>
<tr>
<td>30–34</td>
<td></td>
<td>$0.19</td>
</tr>
<tr>
<td>35–39</td>
<td></td>
<td>$0.30</td>
</tr>
<tr>
<td>40–44</td>
<td></td>
<td>$0.41</td>
</tr>
<tr>
<td>45–49</td>
<td></td>
<td>$0.62</td>
</tr>
<tr>
<td>50–54</td>
<td></td>
<td>$0.85</td>
</tr>
<tr>
<td>55–59</td>
<td></td>
<td>$1.09</td>
</tr>
<tr>
<td>60–64</td>
<td></td>
<td>$1.10</td>
</tr>
<tr>
<td>65–69</td>
<td></td>
<td>$1.43</td>
</tr>
<tr>
<td>70–74</td>
<td></td>
<td>$1.71</td>
</tr>
</tbody>
</table>

Long-Term Disability Premium Example:
If your monthly earnings are $4,000, and you are 29 years old, the calculation would be $4,000 / $100 = 40 x $0.12 / 2 = $2.40 biweekly premium amounts deducted with the exception of the two (2) premium holiday payroll cycles each year.

City of Miami Beach
Life Insurance
Administered by Unum | 800.421.0344

Basic Life and AD&D:
(Not available to employees covered under the FOP bargaining unit and part-time employees)

**Basic term life:** To ensure everyone has a basic level of life insurance protection, all employees are required to carry basic life insurance and are automatically enrolled as soon as they are eligible. The plan provides a benefit equal to your annual salary rounded to the next highest thousand dollars. The City and the employee each pay 50% of the premium for this coverage.

**Accidental death and dismemberment:** This is a plan that pays additional benefits if you die as the result of a non-work-related accident. The coverage provided is in addition to that of the basic life insurance and all employees are automatically enrolled as soon as they are eligible with the City paying the entire premium. In case of a non-work-related accidental death, your beneficiary will receive the same amount equal to your basic life insurance coverage.

Supplemental Life and AD&D:
(not available to part-time employees)

**Employee coverage:** You may choose to purchase additional coverage and this plan provides term life and AD&D up to five times your annual base pay, rounded to the next highest thousand dollars. The cost of supplemental insurance depends upon the amount of coverage you select, your annual salary and your age. Coverage is subject to underwriting, which means that it is subject to insurance carrier approval. You are responsible for the entire premium which is deducted from your pay check after taxes.

**Dependent coverage:** Term life insurance is available for your spouse and dependent children and coverage is bundled, which means that the coverage you select for your spouse automatically includes coverage of $10,000 for each dependent child. Coverage for your spouse is limited to 50% of your supplemental life insurance selection. Coverage is subject to underwriting. You are responsible for the entire premium which is deducted from your pay check after taxes.

**How much life insurance do you need?**
Many financial experts recommend that you have at least five to eight times your household income in life insurance. To calculate what is sufficient to cover your needs, you must know what it costs to maintain your current standard of living and anticipate your family’s future needs. Example:

<table>
<thead>
<tr>
<th>Current Expenses</th>
<th>Future Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>» Mortgage</td>
<td>» Child Care</td>
</tr>
<tr>
<td>» Car payments</td>
<td>» College tuition</td>
</tr>
<tr>
<td>» Credit card debt</td>
<td>» Retirement</td>
</tr>
<tr>
<td>» Other debt</td>
<td>» Routine household expenses</td>
</tr>
</tbody>
</table>

**Supplemental Life Insurance**

| Monthly rates per $1,000 coverage |
| Age | Cost |
| Under 25 | $0.091 |
| 25–29 | $0.086 |
| 30–34 | $0.100 |
| 35–39 | $0.130 |
| 40–44 | $0.190 |
| 45–49 | $0.295 |
| 50–54 | $0.480 |
| 55–59 | $0.765 |
| 60–64 | $1.014 |
| 65–69 | $1.583 |
| 70 and over | $2.750 |

**Supplemental Life Insurance Premium Example:**
If an employee age 52 has an age-banded rate of $0.48 per $1,000 of volume with a salary of $50,000 and elects 2x times their salary in Supplemental coverage, the premium calculation would be $50,000 x 2 = $100,000 / $1,000 = 100 x $0.48 / 2 = $24 biweekly premium amounts deducted with the exception of the two (2) premium holiday payroll cycles each year.
Pet Insurance
Administered by Nationwide | 877.738.7874

Choose a pet health plan to fit your needs

From Nationwide®, the #1 choice in America for pet insurance

Prices include 5% discount!

| Use any vet | ✔ | ✔ | ✔ |
| Accidents, including poisonings, cuts and broken bones | ✔ | ✔ | ✔ |
| Common illnesses, including ear infections, rashes, vomiting and diarrhea | ✔ | ✔ | ✔ |
| Serious/chronic illnesses, including cancer, diabetes and allergies | ✔ | ✔ | ✔ |
| Hereditary conditions | ✔ | ✔ | ✔ |
| Procedures/services, including surgeries, Rx meds and hospitalization | ✔ | ✔ | ✔ |
| Wellness services, including exams, vaccinations and flea/heartworm preventives | ✔ | ✔ | ✔ |

Annual deductible

| Major Medical Plan comprehensive† wellness coverage | $19/paycheck* or $41/month* | $13/paycheck* or $29/month* | $9/paycheck* or $18/month* |

Sample reimbursement

When Biscuit needed emergency surgery after eating a handful of pebbles, the Major Medical plan reimbursed 100% of her vet bill (less the deductible).

Exam, X-rays, surgery, treatment

1-yr-old mixed breed, California

Vet helpline™ Members have free, 24/7 access to a veterinary professional through vet helpline ($170 value) for any pet question. Only from Nationwide.

Enroll now and receive your discount.

www.petinsurance.com/miamibeachfl • 877-738-7874

*2012 Veterinary AAU. **Premiums vary based on the age of the pet, species, size (as an adult), plan type and state of residence. Per-paycheck pricing is based on a 26 pay period per year cycle. Your pricing may vary based on your employer’s payment schedule. † Discount applies to base medical plan only. ‡ Limited hereditary condition coverage after the first year of enrollment. ◊ Wellness plans are not available in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Insurance plans are offered and administered by Veterinary Pet Insurance Company in California and DVM Insurance Agency in all other states. Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A rated company (2013); National Casualty Company (all other states), Madison, WI, an A.M. Best A rated company (2014); Nationwide, the Nationwide N and Eagle, and Nationwide In On Your Side are service marks of Nationwide Mutual Insurance Company. ©2016 Nationwide. 16GRP3763_Static
Employee Assistance and Work-Life Program (EAP)
Administered by Cigna | 877.622.4327

As an employee of City of Miami Beach, you have access to the valuable Cigna Employee Assistance Program (EAP) at no cost to you.

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more.

Take advantage of a wide range of services offered at no cost to you

› 5 face-to-face counseling sessions with a counselor in your area.
› **Legal assistance**: 30-minute consultation with an attorney face-to-face or by phone.*
› **Financial**: 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
› **Parenting**: Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
› **Eldercare**: Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
› **Pet care**: Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
› **Identity theft**: 60-minute consultation with a fraud resolution specialist.

*Employment-related legal issues are not covered.

Some work/life services offered under the Cigna Employee Assistance Program may be provided by a Cigna contracted third-party vendor.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Behavioral Health, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

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Legal Services
Administered by Preferred Legal Plan | 888.577.3476

Have your own Attorney on retainer for less than the cost of a cup of coffee a day!
The Preferred Legal Plan, a Miami-based plan, is a licensed legal expense organization providing its members with full service and representation on all types of legal services.

» Access to hundreds of attorneys in Miami-Dade and Broward Counties
» Provides assistance with all types of legal issues
» 24/7 service for entire household
» Free notary services
» Free simple Wills for member and spouse
» 40%-70% reduced legal fees for attorney representation
» Tri-lingual attorneys
» Unlimited, immediate use of membership. All pre-existing issues covered.
» No long-term contracts. You may cancel at any time. Membership is portable.
» All communications are strictly confidential.
» Free legal forms available through PLP Form Library
» Free face-to-face consultations with attorneys
» Free letters and phone calls to third parties on our behalf
Identity Theft Protection
Administered by LifeLock | 866.917.2225

Enroll in LifeLock Identity Theft Protection

WHAT IS IDENTITY THEFT
Thieves pretend to be you to take over or open new accounts, file fake tax returns, rent or buy properties, or do other criminal things in your name.

HOW LIFELOCK WORKS
LifeLock protection alerts you to suspicious activity† and helps fix ID theft issues with dedicated US-based specialists. We’ll spend up to $1M to help make things right.‡

WHY LIFELOCK
Free credit monitoring services alone aren’t enough. DIY identity monitoring isn’t realistic. Your bank only monitors transactions on existing accounts. These are just a few reasons to choose LifeLock Identity Theft Protection.

QUESTIONS TO CONSIDER

• Do I really need to worry about identity theft?
  Yes. Identity theft is America’s fastest growing crime.1 Simply put, it’s when someone uses your personal information for their gain and your loss.

• Why is restoring my identity so difficult?
  Proving that ‘you are you’ can be time-consuming and expensive. Filing paperwork, disputes, and insurance claims can take weeks, months and even years. LifeLock’s team of specialists will work with you to help clear your name, retain lawyers and other experts if needed, and pay court fees.

• Doesn’t my bank’s credit card service have me covered?
  Your bank monitors transactions on your existing account. They may not see accounts opened using your identity at another bank – or an application for a student loan, welfare check, or cellular plan in another state either.

• Can’t I just wait for identity theft before getting LifeLock® protection?
  Your identity is exposed every day. If your personal information is stolen, it may show up on the dark web months before you’re notified of a data breach. Plus, thieves may wait years before using your personal info.

† LifeLock does not monitor all transactions at all businesses. Fastest alerts require member’s current email address. Phone alerts made during normal local business hours.
‡ Service Guarantee benefits for State of New York members are provided under a Master Insurance Policy issued by State National Insurance Company. Benefits for all other members are provided under a Master Insurance Policy underwritten by United Specialty Insurance Company. Under the Service Guarantee LifeLock will spend up to $1 million to hire experts to help your recovery. Please see the policy for terms, conditions and exclusions at LifeLock.com/legal.

LIFELOCK BENEFIT SOLUTIONS

The relevant employee benefit

LIFELOCK BENEFIT SOLUTIONS
CHOOSE THE LIFELOCK SERVICE THAT’S RIGHT FOR YOU.

**LIFELOCK BENEFIT ELITE™** service searches over a trillion data points every day for potential threats to your identity. We start by looking for suspicious uses of your name, address, phone number, birth date and Social Security number to get loans, credit and services in your name. Then we help protect what might be your biggest financial assets — your 401(k) and investments accounts.

**LIFELOCK ADVANTAGE™** service provides enhanced identity theft protection including important notifications beyond financial and credit fraud. Extra protection includes bank account activity alerts.

**LIFELOCK ULTIMATE PLUS™** service provides peace of mind knowing you have the most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores.

### HOW TO ENROLL:

Enroll through your employee benefits program one of the following ways:

1. Visit the LifeLock booth at the health fair on August 12th.
2. Enroll online at: [http://cityofmiamibeach.excelsiorenroll.com](http://cityofmiamibeach.excelsiorenroll.com)
3. Call 866-917-2555 and mention you are an employee.

Your LifeLock membership will begin on your benefit effective date and you will receive welcome information via email at that time.

Please be prepared to provide the following information for enrollment: Name, Birth Date, Social Security Number, Address, Phone Number, Email and Employee ID. Dependent enrollments require Name, Birth Date and Social Security Number.

No one can prevent all identity theft.

† LifeLock does not monitor all transactions at all businesses.

** Must agree to the terms and conditions at LifeLock.com/terms.

† LifeLock will spend up to $1 million to hire experts to help your recovery. Please see the policy for terms, conditions and exclusions at LifeLock.com/legal.

### SPECIAL EMPLOYEE BENEFIT PRICING (24 Deductions)

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>LifeLock Benefit Elite</th>
<th>LifeLock Advantage</th>
<th>LifeLock Ultimate Plus</th>
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<tr>
<td>Employee Only [18 and over]</td>
<td>$4.25</td>
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<td>Employee + Spouse/Domestic</td>
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<td>Partner Employee + Children**</td>
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### SERVICE FEATURES

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<th>Plan Description</th>
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<td>Checking and Savings Account Application Alerts</td>
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<td>File-Sharing Network Searches</td>
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<td>Sex Offender Registry Reports</td>
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<tr>
<td>Priority Live Member Service Support</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Supplemental Insurance
Administered by Colonial Life | 800.325.4368

With Colonial Life products:

» Coverage is available for your spouse and eligible dependent children (with most plans).
» Benefits are paid directly to you, unless you specify otherwise.
» You can continue coverage when you retire or change jobs, with no increase in premiums (with most plans).
» You may receive benefits regardless of any insurance you may have with other companies (with most plans).

Everyone’s benefit needs are different. That’s why it’s important to choose the benefits that are right for your personal situation. Complete this page and bring it to your personal, 1-to-1 benefits counseling session. At the session, you’ll learn how these products fit into your overall benefits package and how they can help protect what you’ve worked so hard to build.

☐ Accident insurance — Helps offset unexpected medical expenses, such as emergency room fees, deductibles and copayments that can result from a fracture, dislocation or other covered accidental injury.

☐ Whole Life insurance — Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.

☐ Cancer insurance — Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don’t cover. This coverage also provides a benefit for specified cancer-screening tests.

☐ Critical illness insurance — Supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

☐ Hospital confinement indemnity insurance — Provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with copayments and deductibles that are not covered by most major medical plans.

As a benefit-eligible employee, you may choose from a variety of supplemental benefits. These benefits are meant to provide an opportunity for you to custom-design a benefit package that fits the needs of you and your family. Colonial Life counselors will help you decide what programs are most suited to your individual requirements, how they work and the costs associated with each.

Contact us at 800.325.4368 or www.coloniallife.com.
## Contact Information
If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Plan</th>
<th>Phone</th>
<th>Website/Email</th>
<th>Salary Group(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical, Rx</td>
<td>Cigna</td>
<td>800.244.6224</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
<td>General &amp; Unclassified</td>
</tr>
<tr>
<td>Medical, Vision</td>
<td>FOP HealthTrust</td>
<td>954.663.3796</td>
<td><a href="mailto:gary.kluger@miamibeachfop.org">gary.kluger@miamibeachfop.org</a></td>
<td>FOP</td>
</tr>
<tr>
<td>Medical, Dental, Vision</td>
<td>IAFF HealthTrust</td>
<td>954.683.3866</td>
<td><a href="http://www.ffitf.com">www.ffitf.com</a></td>
<td>IAFF</td>
</tr>
<tr>
<td>HSA</td>
<td>HSA Bank</td>
<td>800.357.6246</td>
<td><a href="http://www.hsabank.com">www.hsabank.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
</tr>
<tr>
<td>FSA</td>
<td>HSA Bank</td>
<td>800.357.6246</td>
<td><a href="http://www.hsabank.com">www.hsabank.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
</tr>
<tr>
<td>Dental Plan</td>
<td>Cigna DPPO &amp; DMO Dental</td>
<td>800.244.6224</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
</tr>
<tr>
<td>Basic/Supplement/Dependent Life Insurance</td>
<td>Unum</td>
<td>800.421.0344</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
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<tr>
<td>Short-Term/Long-Term Disability</td>
<td>Unum</td>
<td>800.421.0344</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
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<tr>
<td>ID Theft Protection</td>
<td>LifeLock</td>
<td>866.917.2555</td>
<td><a href="http://cityofmiamibeach.excelsiorenroll.com">http://cityofmiamibeach.excelsiorenroll.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
</tr>
<tr>
<td>Preferred Legal</td>
<td>Discount Legal Services</td>
<td>888.577.3476</td>
<td><a href="http://www.preferredlegal.com">www.preferredlegal.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
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<tr>
<td>Discount Pet Insurance</td>
<td>Nationwide</td>
<td>877.738.7874</td>
<td><a href="http://www.petinsurance.com/miamibeachfl">www.petinsurance.com/miamibeachfl</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
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<tr>
<td>Voluntary Benefits</td>
<td>Colonial Life</td>
<td>800.325.4368</td>
<td><a href="http://www.coloniallife.com">www.coloniallife.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
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<th>Retirement Solutions</th>
<th>Plan</th>
<th>Phone</th>
<th>Website/Email</th>
<th>Salary Group(s)</th>
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<td>Nationwide Retirement Solutions</td>
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<tr>
<td>457 Deferred Compensation Plan (plan code 0036817)</td>
<td>Retirement Plans</td>
<td>877.677.3678</td>
<td><a href="http://www.nrsforu.com">www.nrsforu.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
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<tr>
<td>401(a) Retirement Plan (plan code 013-02677)</td>
<td>Retirement Plans</td>
<td>800.772.2182</td>
<td><a href="http://www.nrsforu.com">www.nrsforu.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
</tr>
<tr>
<td>OBRA (plan code 003.681.7002)</td>
<td></td>
<td>954.683.3866</td>
<td><a href="http://www.nrsforu.com">www.nrsforu.com</a></td>
<td>General, Unclassified, FOP &amp; IAFF</td>
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</table>

| ICMA-RC | | | | |
|---------| | | | |
| 457 Deferred Compensation Plan (plan code 303294) | Retirement Plans | 800.326.7272 | www.icmarc.com | General, Unclassified, FOP & IAFF |
| 401(a) Retirement Plan (plan code 109219) | Retirement Plans | 800.326.7272 | www.icmarc.com | General, Unclassified, FOP & IAFF |
| Roth 401 (plan code 705588) | | | | |
| General & Unclassified Pension | Retirement Plan | 305.673.7437 | www.mberp.com | General & Unclassified Pension |
| Fire & Police Pension | Retirement Plan | 305.673.7039 | web.miamibeachfl.gov/ffpension/scroll.aspx?id=76808 | FOP & IAFF |

Human Resources Department
1700 Convention Center Drive, Miami Beach, FL 33139
Tel: 305.673.7524 / Fax: 305.673.7023
openenrollment@miamibeachfl.gov

City of Miami Beach