ADDENDUM NO. 1
MAY 3, 2019

Solicitation Title: Agent of Record for Employee Benefit Programs
Solicitation No.: RFP 35-18-19 Due Date: Monday, May 20, 2019 By 3:30 PM

Attention all potential bidders:

☒ MUST Addendum: Read carefully and follow all instructions. Information included in this Addendum will have a material impact on the submittal for this solicitation. All "MUST" addenda are considered a matter of responsiveness. “MUST” addenda must be acknowledged on Form "A-5". Failure of a Submitter to acknowledge the addenda shall be cause for rejection of the bid.

Note: Please be advised that the opportunity to submit questions and/or requests for clarifications regarding this Solicitation is solely for the purpose of clarifying the scope of services, eligibility criteria, performance requirements and procedural matters related to the selection, award, and expectations of the City for this contract.

To all prospective bidders, please note the following questions and/or requests for clarifications:

Q.1 Please provide the Medical Loss Ratio (MLR) for the trailing three years for your medical plan?
A.1 The Medical Loss Ratio (MLR) are as follow:
2018: 79%
2017: 61.1%
2016: 97%

Q.2 What is your annualized medical premium spend?
A.2 $4,846,308.

Q.3 What percentage of your overall medical spend is on prescription drug costs?
A.3 Not applicable, we are currently fully-funded.

Q.4 What percentage of your overall medical spend is on hospitalization?
A.4 Not applicable, we are currently fully-funded.

Q.5 What percentage of your overall medical spend is on ambulatory surgical?
A.5 Not applicable, we are currently fully-funded.

Q.6 Are any of your non-medical plans (Dental, Vision or Short Term Disability) self-funded?
A.6 No.
Q.7 Please provide a copy of your benefits guide or plan summaries.
A.7 See “Attachment A”.

Q.8 What is the current benefits administration platform being utilized and is your current broker covering the cost of this solution?
A.8 PlanSource. The current broker pays for the platform and maintenance.

Q.9 What platform are you currently utilizing for ACA reporting and is your current broker covering the cost of this solution?
A.9 PlanSource. The current broker pays for the platform and maintenance.

Q.10 How frequently is your current broker partner on site for face-to-face support with your benefits team or your employees?
A.10 At least once a month for new employee orientation, once a year for Open Enrollment, and quarterly usage updates.

Q.11 What are the hours of operation of the current call center being provided by your broker to support employees questions and issues relating to benefits?
A.11 Hours of availability are regular business hours from Monday to Friday.

Q.12 How many call center representatives are available to support the City employees?
A.12 Currently, the call center has three (3) dedicated agents.

Q.13 What is the average resolution time of issues being resolved by your call center?
A.13 The average resolution time is five (5) business days. Depends on the issue.

Q.14 Do you obtain reporting and analytics to show you the types of issues being handled by your benefits call center?
A.14 No. We only receive information on issues as needed and that do not violate HIPPA.

Q.15 Who is the current [Broker/Agent] of Record? Are they included in the [RFP/RFQ] process?
A.15 The current agent is Sapoznik Insurance & Associates LLC. They were not involved in the preparation of this Solicitation, but they are not prohibited from applying for this new contract.

Q.16 How is the current [Broker/Agent] of Record compensated; i.e. fees, commissions, or a combination of both? Are there additional fees paid to the [Broker/Agent] of Record?
A.16 The rate of commission is 3.5% paid by the vendor.

Q.17 Are commissions currently built into the products?
A.17 Yes.

Q.18 Is it your expectation that the awarded consultant will receive compensation via commission?
A.18 Yes.

Q.19 Is your current broker providing the same services as listed in the Scope of Services of this [RFP/RFQ]?
A.19 Yes.
Q.20 Are there key drivers to this [RFP/RFQ] other than what you have outlined, such as significant benefit changes or major benefit initiatives?
A.20 No.

Q.21 Is the plan currently fully funded or self-funded?
A.21 Fully Funded.

Q.22 What is the effective date for the insurance plans?

Q.23 Please confirm the plan year for all types of insurance.
A.23 Calendar year.

Q.24 Are any retirees included in these services? If so, please provide the number and explain how the premiums are collected.
A.24 This information was included on page 13 of the RFP. Premiums are paid to the city from retirees.

Q.25 Are you currently using any type of web-based or online enrollment system? If so, what system is currently in place and how is the cost covered?
A.25 PlanSource. The current broker pays for the platform and maintenance.

Q.26 Please describe your current enrollment process and timeframe?
A.26 Our Open Enrollment Event is in October or November every year for benefits going into effect January 1st of the following year. We invite all employees and retirees to attend the event to see the changes, if any, to the benefits plans. Employees and retirees have 30 days to make elections and/or changes. If no change is made in PlanSource their plan rolls over.

Q.27 Please provide a participation census as follows:
A.27

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Carrier</th>
<th>Commission percentage</th>
<th>Number Enrolled</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Aetna</td>
<td>3.5%</td>
<td>484</td>
<td>$4,156,096.80</td>
</tr>
<tr>
<td>Vision</td>
<td>Aetna</td>
<td>3.5%</td>
<td>349</td>
<td>$46,838.88</td>
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<tr>
<td>Dental</td>
<td>Aetna</td>
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<tr>
<td>Life &amp; AD&amp;D</td>
<td>Lincoln Financial</td>
<td>3.5%</td>
<td>618</td>
<td>$245,534.04</td>
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<tr>
<td>(Basic and Voluntary)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability (STD/LTD)</td>
<td>Lincoln Financial</td>
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<td>359</td>
<td>$122,933.16</td>
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<tr>
<td>Cancer</td>
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</tr>
<tr>
<td>Hearing</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Q.28 Since private companies are not required to have audited financials, as this is an SEC requirement for publicly traded corporations; if a proposer is a privately-held corporation and does not possess audited financial statements, can a management-prepared balance sheet and income statement signed by the company’s Chief Financial Officer satisfy this requirement? If not, please indicate what alternative documentation can be provided to satisfy this requirement.
A.28 Yes, a management-prepared balance sheet and income statements will satisfy this requirement.

Q.29 Pages 14 and 15 Section 2.7 INSURANCE – Please confirm if the City is willing to accept the Auto Liability based on Auto limits on any one accident or loss?
A.29 Yes.

Q.30 Pages 14 and 15 Section 2.7 INSURANCE – Please confirm if the City is willing to accept that our professional liability limits are each wrongful act/annual aggregate and our policy has a $5 million retention. Our annual report is available online for the City to review.
A.30 Yes.

Q.31 Pages 14 and 15 Section 2.7 INSURANCE – With regards to WOS we would request that the waiver of the insurer’s subrogation rights with WC, EL, GL, and AI be removed or if not, will the City allow mutual waivers under the other party’s policies?
A.31 The “Waiver of Subrogation” in favor of the City of North Miami shall remain. We can discuss allowing mutual waivers under the other party’s policies.

Q.32 Pages 14 and 15 Section 2.7 INSURANCE – Please confirm if the City would allow the Awardee to advise that a canceled, or non-renewed policy would be replaced with no coverage gap and a current COI would be provided and not provide a cancellation notice since coverage will be replaced with no gap.
A.32 The City must be notified in writing either by awardee or carrier of any intended policy changes such as a change in carrier, prior to submittal of the replacement policy, showing no gap.

Q.33 Page 15 - Section 2.7.5 - Our primary policy limits are sufficient to meet the limits requirements in the agreement. We do not track claims that erode policy limits, if necessary we have Umbrella or Excess policy limits if primary limits are exhausted. Is this acceptable to the City?
A.33 Yes.

Q.34 Pages 14 and 15 – Indemnification: Please confirm if the City is willing to accept the indemnification be limited to losses and damages as a result of our negligence and covered under the terms of our general liability policy; any wrongful acts solely in rendering or failing to render professional services and covered under our professional liability policy; or, any claim alleging a security failure, privacy event or wrongful act and covered under our cyber liability policy (misappropriation of trade secret or, infringement of patent are exclusions in our cyber policy).
A.34 Indemnification of loss and damage due to your negligence is acceptable.

Q.35 Scope of Services – Item 5 – Are you requesting the Broker/Consultant pay for these services or just assist in the review of the process and current vendor?
A.35 To pay for the platform and maintenance.

Q.36 Scope of Services – Item 10 – How is the call center handled today, are these services outsourced or handled internally by the current consultant? What has been the utilization of these services (i.e. how many calls per month for the past 12 months)?
A.36 The broker is to pay for the online enrollment system. Currently, the City uses PlanSource. The cost of the system is unknown to the City. The current broker pays for it. The City is open to changing systems.
Q.37  Scope of Services – Item 10 – How is the call center handled today, are these services outsourced or handled internally by the current consultant? What has been the utilization of these services (i.e. how many calls per month for the past 12 months)?
A.37  Handled internally by the current consultant.

Q.38  Scope of Services – Item 17 - Clarify is “dedicated” agent can work on other clients or just the City?
A.38  They can work with other clients; however, the City does need an assigned agent.

Q.39  Scope of Services – Item 18 - Does the City currently have a wellness program in place? If so, what programs/services are being offered through the wellness program. Does the City have an established Wellness Committee?
A.39  Yes the City has a Wellness Program and Wellness Committee. The City currently, has fitness programs multiple times a week and vary quarterly.

Q.40  Scope of Services – Item 21 - Is the request for the broker/consultant to find a provider for these services or pay for these services?
A.40  Both.

Q.41  Scope of Services – Item 30 – Is this currently performed under the current agreement?
A.41  Yes.

Q.42  Can you provide the current agreement and annual compensation of the incumbent insurance broker?
A.42  Please see “Attachment B” for current agreement. The annual compensation rate of commission is 3.5% paid by the vendor.

Q.43  This RFP was out the middle of 2018, why is the RFP again so soon?
A.43  The previous RFP was canceled by the City.

Q.44  RFP Due Date: Would the City consider extending the closing date?
A.44  No.

All other terms, conditions, and specifications remain unchanged for this Solicitation.

End of Addendum.
Attachment A
2019 EMPLOYEE BENEFITS HIGHLIGHTS
Welcome to your new benefit year.

### CONTENTS

**2019**

#### IMPORTANT INFORMATION

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<td>Benefit Highlights</td>
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#### FEATURED PLANS

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<td>Health Insurance</td>
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<td>Aetna Digital ID &amp; Aetna TelaDoc</td>
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<tr>
<td>Dental Insurance</td>
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<tr>
<td>Vision Insurance</td>
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<td>Life and AD&amp;D Insurance</td>
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<tr>
<td>Short-Term and Long-Term Disability</td>
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<td>Employee Assistance Program (EAP)</td>
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<td>Supplemental Insurance</td>
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<td>Legal Insurance</td>
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#### FEDERAL LAWS AND DISCLOSURES

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<td>Section 125</td>
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<td>Women’s Health</td>
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#### EDUCATION AND WELLNESS

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<tr>
<td>Prescription discounts</td>
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<tr>
<td>Where to go for care</td>
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<tr>
<td>Financial Wellness</td>
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<tr>
<td>Knowing your numbers</td>
</tr>
<tr>
<td>Notes</td>
</tr>
<tr>
<td>Plan Source</td>
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</tbody>
</table>
Personnel Administration Department

Babette Friedman
Employment & Benefits Manager
Telephone: (305) 895-9863
Fax: (305) 891-9375
bfriedman@northmiamifl.gov

Aetna
Telephone Number: (866) 253-0656
www.aetna.com

DENTAL
Aetna
Telephone Number: (877) 238-6200
www.aetna.com

VISION
Aetna
Telephone Number: (877) 973-3238
www.aetnavision.com

LIFE | AD&D | DISABILITY
Lincoln Financial Group
Telephone Number: (800) 423-2765
www.lincoln4benefits.com

EMPLOYEE ASSISTANCE PROGRAM
Lincoln Financial Group
Telephone Number: (800) 423-2765
www.lincoln4benefits.com

SUPPLEMENTAL INSURANCE
Aflac
Telephone Number: (800) 992-3522
www.aflac.com

Shelly Thompson
Telephone Number: (561) 762-6205

LEGAL INSURANCE
Legal Shield
Telephone Number: (800) 654-7757
www.legalsheild.com

Representative: Mitchell Summer
summerbenefitsgroup@gmail.com

PLEASE NOTE: This Benefit Highlight Booklet is solely intended as a high-level overview and general reference guide on your employee benefits. This booklet is NOT your Summary of Benefits and Coverage (SBC) document required by the Affordable Care Act of 2010. As an enrollee, your actual SBC will be provided under separate cover, by your health carrier.
Open enrollment is your annual opportunity to review and change or update current coverage. You can also add, change and/or drop dependents.

Who is eligible?
If you’re a full-time employee, you’re eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week.

Covering your family members
Some plans allow for dependents to be enrolled for coverage. Eligible dependents include:

- Your spouse.
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.

How to Make Changes
You must notify HR within 30 days from loss of eligible coverage. Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child’s dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

SPECIAL ENROLLMENT NOTICE
This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

- Loss of Coverage
- Marriage, Birth or Adoption
- Medicaid or CHIP

Please see federal laws and disclosures for more details on special enrollment.

Annual open enrollment effective:
January 1, 2019

New hire enrollment effective:
The first of the month following 30 day of day of hire

Must notify HR within 30 days of loss of eligible coverage or life-changing qualifying event
AVAILABLE BENEFITS

- Medical
- Dental
- Vision
- Employer Paid Basic Life
- Voluntary Life
- Voluntary Short Term Disability
- Voluntary Long Term Disability
- Employee Assistance Program (EAP)
- Supplemental Insurance
- Legal Insurance

Sniff out savings on vet bills with pet insurance

If you have pets, you know how quickly vet bills can add up. Fortunately, as a City of North Miami employee/member, you’re eligible for a discount on pet insurance from Nationwide®.

We offer coverage for your pet's injuries, illnesses and preventive care. Plus, you're free to use any vet, anywhere. Plans are available for dogs, cats, birds and exotic pets.

Rest easy with 24/7 veterinary help

All Nationwide pet insurance members receive free, 24/7 access to vet helpline® ($150 value) for guidance on any pet health concern. This service is available exclusively from Nationwide.

As a City of North Miami employee, you're eligible for preferred pricing on coverage for your pets.*

Visit [http://www.petinsurance.com/northmiamimfl](http://www.petinsurance.com/northmiamimfl) or call 877-738-7874 for more information or to get a no-obligation quote.

Terms to know

- **DEDUCTIBLE**: The amount you pay for covered health care services before your insurance plan starts to pay.

- **COINSURANCE**: The percentage of costs of a covered health care service you pay (20 percent, for example) after you've paid your deductible.

- **PREMIUM**: The amount you pay for a health plan in exchange for coverage.

- **OUT-OF-POCKET MAXIMUM (OPM)**: The highest out-of-pocket amount paid for covered services during a benefit period.

- **OUT-OF-NETWORK SERVICE**: Health care you receive without a physician referral, or services received by a non-network service provider.
Provider Network: Aetna Health Network Only<sup>sm</sup> (Open Access)

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>HNOnly OA $2,500 Plan</th>
<th>HNOnly OA $250 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Access</td>
<td>In Network Only</td>
<td>In Network Only</td>
</tr>
</tbody>
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**Deductible: The city will reimburse $125 for Employee Only / $250 Dependent Coverage**

<table>
<thead>
<tr>
<th>Deductible</th>
<th>HNOnly OA $2,500 Plan</th>
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<tr>
<td>Deductible</td>
<td>$2,500 / $5,000</td>
<td>$250 / $500</td>
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<tr>
<td>Member Co-Insurance</td>
<td>10%</td>
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**Max Benefits**

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<tr>
<th>Out of Pocket Maximum</th>
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<tr>
<td>Life time max</td>
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<td>Unlimited</td>
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**Physician Office Services**

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<th>Physician</th>
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<td>$25</td>
<td>$15</td>
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<table>
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<tr>
<th>Specialist</th>
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<table>
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<th>Preventive Care</th>
<th>HNOnly OA $2,500 Plan</th>
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<tbody>
<tr>
<td>Covered 100%</td>
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**Diagnostic Services**

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<th>Independent Clinical Lab (Quest Diagnostics)</th>
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<table>
<thead>
<tr>
<th>MRI, MRA, CT &amp; PET Scans</th>
<th>HNOnly OA $2,500 Plan</th>
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<tr>
<td>10% After Ded</td>
<td>$200</td>
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**ER and Urgent Care**

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<th>Emergency Room</th>
<th>HNOnly OA $2,500 Plan</th>
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<tr>
<td>$350</td>
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<table>
<thead>
<tr>
<th>Urgent Care</th>
<th>HNOnly OA $2,500 Plan</th>
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<td>$75</td>
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**Outpatient & Inpatient Services**

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<tr>
<th>Outpatient Surgery</th>
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<tbody>
<tr>
<td>Ambulatory Surgical Center/Hospital</td>
<td>10% After Ded</td>
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<table>
<thead>
<tr>
<th>Inpatient Hospital</th>
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<tbody>
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<td>10% After Ded</td>
<td>$500 Per Admit</td>
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<table>
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<th>Provider Services Inpatient Hospital</th>
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<tr>
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<td>0% After Ded</td>
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**Pharmacy Services**

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<th>Prescription</th>
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<tr>
<td>$10 / $45 / $70</td>
<td>$10 / $45 / $70</td>
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</table>

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.
**Provider Network: Aetna Health Network Option℠ (Open Access)**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>HNOptions OA $1,500 Plan (Retirees moving out of State)</th>
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<tbody>
<tr>
<td><strong>Network Access</strong></td>
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<tr>
<td><strong>Deductible</strong></td>
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<tr>
<td>Deductible</td>
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<tr>
<td>Member Co-Insurance</td>
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<tr>
<td><strong>Max Benefits</strong></td>
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<tr>
<td>Out of Pocket Maximum</td>
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<tr>
<td>Lifetime max</td>
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<tr>
<td><strong>Physician Office Services</strong></td>
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</tr>
<tr>
<td>Physician</td>
<td>$15</td>
</tr>
<tr>
<td>Specialist</td>
<td>$30</td>
</tr>
<tr>
<td>Preventive Care</td>
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<td><strong>Diagnostic Services</strong></td>
<td></td>
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<tr>
<td>Independent Clinical Lab (Quest Diagnostics)</td>
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<tr>
<td>MRI, MRA, CT &amp; PET Scans</td>
<td>$250</td>
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<tr>
<td><strong>ER and Urgent Care</strong></td>
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<tr>
<td>Emergency Room</td>
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<td>Urgent Care</td>
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<td><strong>Outpatient &amp; Inpatient Services</strong></td>
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<tr>
<td>Outpatient Surgery</td>
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<tr>
<td>Ambulatory Surgical Center/Hospital</td>
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<td>Inpatient Hospital</td>
<td>$500 After Ded</td>
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<td>Provider Services Inpatient Hospital</td>
<td>0% After Ded</td>
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<tr>
<td><strong>Pharmacy Services</strong></td>
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<tr>
<td>Prescription</td>
<td>$10 / $30 / $50</td>
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</tbody>
</table>

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Aetna Mobile
You never know when you’ll need it … but you’ll always know where to find it
www.aetna.com

Features of Aetna Mobile

Find a doctor — it’s easy to search for doctors, dentists and specialists in your area.
Check benefits and coverage information — just clear, accurate details when you click.
Pull up your medical and/or dental ID card information — if you left your ID card at home, it’s no problem.
Use the Urgent Care Finder — it’s for immediate help in an emergency - because every minute counts.

Search claims — no more guesswork when you don’t have the paperwork with you.
Track your health and claims — with your Personal Health Record.
View your disability or leave information — reference your existing claims, leaves and payments while you’re on the go.
Contact Us — for fast answers to your plan questions.

Two ways to download your FREE Aetna Mobile app:

- Text Apps to 44040 to download now*
- Scan the code with your mobile device

Learn more, visit us at www.aetna.com/mobile

* Standard text messaging rate may apply
Need a Member ID Card? Get a Digital ID Card

Here's how to get one

It's easy to get an ID card through your member website. And you can get whichever works better for you — paper or electronic.

To print a paper ID card from your computer:
• Log in to your member website at www.aetna.com.
• Choose “Get an ID Card.”
• Follow the steps to print your card.

To display an electronic ID card on your smartphone or tablet:
• Log in to the mobile member website by typing www.aetna.com in your browser.
• Choose “ID Card Information.”
• Show your ID card when you visit the doctor or dentist.

Not signed up yet?
There’s no time like the present. Visit www.aetna.com to sign up for your member website today.

Forgot whether you already signed up?
Maybe you can’t remember if you’ve used your member website before. That’s okay. You can recover a user name and reset a password at www.aetna.com.

Here’s a tip: You need to have your user name before you can reset your password.

If you’ve tried everything and still can’t log in — that’s okay, too. Tech support is at your service. Call toll-free at 1-800-225-3375.

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.

Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>DHMO Plan</th>
<th>PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Network</td>
<td>DMO® / DNO</td>
<td>Dental PPO/PDN with PPO II</td>
</tr>
<tr>
<td>Network Access</td>
<td>In Network Only <em>(Primary Dentist Election Required)</em></td>
<td>In Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Out of Network</td>
</tr>
<tr>
<td>Deductible</td>
<td>No Ded $0 Office Visits</td>
<td>$25/$75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$50/$150</td>
</tr>
<tr>
<td>Ded waived for Preventive</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Preventive</td>
<td>Some procedures Covered 100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Basic</td>
<td>Co-Pays Apply</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td>Major</td>
<td>Co-Pays Apply</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>Periodontics / Endodontics</td>
<td>Co-Pays Apply</td>
<td>Basic</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>None</td>
<td>$2,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2,500</td>
</tr>
<tr>
<td>Out of Network Reimbursement Level</td>
<td>In Network Only</td>
<td>Fee</td>
</tr>
<tr>
<td>Orthodontic</td>
<td>Co-Pays Apply</td>
<td></td>
</tr>
<tr>
<td>Orthodontic Eligibility</td>
<td>Adult &amp; Child</td>
<td>Adult &amp; Child(ren)</td>
</tr>
<tr>
<td>Orthodontic Maximum</td>
<td>None</td>
<td>$2,500</td>
</tr>
<tr>
<td>Dependent Child / Student Age</td>
<td></td>
<td>Up to Age 26</td>
</tr>
<tr>
<td></td>
<td>Benefit will Terminate at the end of month of Birth Date</td>
<td></td>
</tr>
</tbody>
</table>

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.
### Plan Name: Vision Plan

<table>
<thead>
<tr>
<th></th>
<th>In Network Allowance</th>
<th>Out of Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network Access</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eye Care Co-pay</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Exam</td>
<td>$10</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td>12 Months</td>
</tr>
<tr>
<td>Materials Co-pay</td>
<td>$10</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$0 After Co-pay</td>
<td>Up to $20</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$0 After Co-pay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$0 After Co-pay</td>
<td>Up to $65</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$0 After Co-pay</td>
<td>Up to $65</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td>12 Months</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Up to $130 + 20% off Balance</td>
<td>Up to $65</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td>12 Months</td>
</tr>
<tr>
<td><strong>Contact Lens Co-pay</strong></td>
<td></td>
<td>In lieu of any other eyewear benefits</td>
</tr>
<tr>
<td>Elective</td>
<td>Up to $115</td>
<td>Up to $80</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered 100%</td>
<td>Up to $200</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td>12 Months</td>
</tr>
<tr>
<td><strong>Dependent Child / Student Age</strong></td>
<td>Up to Age 26</td>
<td>Benefit will Terminate at the end of the month of Birth Date</td>
</tr>
</tbody>
</table>

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.
EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

The City of North Miami provides Employer Paid Life Insurance to all Full-Time Employees eligible for benefits. For complete details on your specific level of Life Insurance benefit, please consult the Personnel Department or refer to your Plan Description.

Your benefits will reduce:

- 35% at age 65
- An additional 15% of original amount at age 70;
- An additional 15% of original amount at age 75;
- Benefits will terminate at retirement, unless eligible for retiree benefits

VOLUNTARY LIFE & AD&D

Employee Benefit Amount

<table>
<thead>
<tr>
<th>Benefit Amount:</th>
<th>Other Benefits Included:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Choice of $10,000 Increments</td>
<td>• Living Care/ Accelerated Death Benefit</td>
</tr>
<tr>
<td>• Not to exceed 5 times your annual salary</td>
<td>• Waiver of Premium</td>
</tr>
<tr>
<td>• Maximum Amount $250,000</td>
<td>• Portability</td>
</tr>
<tr>
<td></td>
<td>• Conversion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guarantee Issue:</th>
<th>Benefit Reduction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Up to $100,000 at initial enrollment</td>
<td>• 35% at age 65</td>
</tr>
<tr>
<td></td>
<td>• An additional 15% of original amount at age 70;</td>
</tr>
<tr>
<td></td>
<td>• An additional 15% of original amount at age 75</td>
</tr>
<tr>
<td></td>
<td>• Benefits terminate at age 80 or retirement, unless eligible for retiree benefits</td>
</tr>
</tbody>
</table>

You or your Spouse may elect or increase insurance coverage equal to 2 benefit level on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined, withdrawn, or pending for coverage.

Dependent Children Benefit Amount

<table>
<thead>
<tr>
<th>Benefit Amount:</th>
<th>Dependent Children Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Choice of $5,000 Increments</td>
<td>• $250 child: 14 days to 6 months</td>
</tr>
<tr>
<td>• Not to exceed 50% of Employee’s elected amount</td>
<td>• $10,000 Child: 6 months to age 19</td>
</tr>
<tr>
<td></td>
<td>(to age 25 if full-time student)</td>
</tr>
<tr>
<td>• Optional Life Benefit up to $100,000</td>
<td>• Employee must elect coverage in order to enroll children</td>
</tr>
<tr>
<td>• Employee must elect coverage in order to enroll spouse</td>
<td></td>
</tr>
</tbody>
</table>

| Guarantee Issue: | |
|------------------| |
| • Up to $30,000 at initial enrollment | |

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum Amount paid for Loss of Life due to an accident or loss of 2 or more members (Hand, Foot, Eye)

1/2 Principal Sum Amount paid for Loss of One Member (Hand, Foot, Eye)

Accidental Death and Dismemberment benefit amount will match your Life Benefit amount. Please see your benefit booklet for full schedule of benefits.

DEFINITIONS & REQUIREMENTS

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period for new hires. Late entrants are required to complete satisfactory Evidence of Insurability.

Eligibility Requirements: You must be a full-time active employee working at least 30 hours per week. You must also be a permanent employee and be actively at work* on the coverage effective date. *Actively at work means the full-time performance of all customary duties of your occupation.

If Spouses and Dependent Children are in a ‘Period of Limited Activity’ their effective date will not take effect until the day after: (1) his or her final discharge from the health care facility; or (2) resuming the normal activities of a healthy person of the same age and sex.

*Period of Limited Activity means a period when a spouse or child is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.

**Please see your enrollment kit for rate information

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.
<table>
<thead>
<tr>
<th><strong>Voluntary Short-Term Disability</strong></th>
<th><strong>Voluntary Long-Term Disability</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum Weekly Benefit</strong></td>
<td><strong>Maximum Monthly Benefit</strong></td>
</tr>
<tr>
<td>60% Of Your Salary To $1,500</td>
<td>To 60% Of Your Salary Up To $7,000</td>
</tr>
<tr>
<td><em>This is the amount of benefit you will receive when you are disabled.</em></td>
<td><em>This is the amount of benefit you will receive when you are disabled.</em></td>
</tr>
<tr>
<td><strong>Elimination Period</strong></td>
<td><strong>Elimination Period of 90 Days</strong></td>
</tr>
<tr>
<td>30 Days Accident &amp; 30 Days Sickness</td>
<td><em>This is the number of days you must be disabled before benefit payments start.</em></td>
</tr>
<tr>
<td><em>This is the number of days you must be disabled before benefit payments start.</em></td>
<td><strong>Benefit Duration</strong></td>
</tr>
<tr>
<td><strong>Benefit Duration of 9 Weeks</strong></td>
<td>To Age 65 Or Social Security Normal Retirement Age</td>
</tr>
<tr>
<td><em>This is the period of time that benefits will continue to be paid to you during a period of disability.</em></td>
<td><strong>Own Occupation 2 years</strong></td>
</tr>
<tr>
<td><em>pre-existing 3/6</em></td>
<td><em>This is the period of time that the employee need only be disabled from his/her own occupation.</em></td>
</tr>
<tr>
<td><em>pre-existing 3/12</em></td>
<td><strong>DEFINITIONS &amp; REQUIREMENTS</strong></td>
</tr>
</tbody>
</table>

**Definition of Disability:** Disability means you are unable to perform the main duties of your occupation on a full-time basis due to a non-work related injury or sickness. Please see the summary of benefits for more detail.

**Eligibility Requirements:** You must be a permanent employee regularly scheduled to work at least 30 hours per week; be actively at work* on the coverage effective date.

* Actively at work means the full-time performance of all customary duties of your occupation.

**Program Effective Date:** The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.
EmployeeConnect™
Practical Help For Life’s Challenges
(888) 628-4824
There are times in all of our lives when we need a little help. No matter what the issue is, Employee Connect is available 24 hours a day, seven days a week with support, guidance and resources. Employee Connect Includes:

- Assistance for you or an immediate household family member
- 24/7 telephone and Web access
- Telephone access to legal counsel
- A 25% discount for services resulting from an attorney referral
- Confidentiality

LifeKeys™ Added benefits to insured, beneficiaries and dependents
(855) 891-3684
LifeKeys™ services are provided at no additional cost with our term life and AD&D policies. These services provide assistance not just to beneficiaries but also to insured employees and their dependents. Many of these new services can be used as soon as the plan is in-force — not just when the insured passes away. Services include:

- Free online will preparation
- ID theft information
- Unlimited phone contact with grief counselors and legal and financial specialists
- A combination totaling six in-person sessions for grief counseling, or legal or financial information
- Memorial planning assistance

LifeKeys™ services, together with TravelConnect™ services, provide a full range of valuable assistance and guidance to insured employees, their dependents and beneficiaries.

TravelConnect™ Services A “no-cost benefit” providing you valuable services while traveling.
(800) 527-0218 - Provider I.D. Number 322541
Traveling just got easier.
As part of your employee benefits package, your Lincoln Financial Group life insurance coverage now includes our TravelConnect program, an employee benefit that includes travel, medical, and safety-related services while traveling.

Business or leisure travel – it’s covered.
The TravelConnect benefit is provided at no cost to you and includes a wealth of services when traveling just 100 miles or more from home. These services are provided regardless if you’re traveling for business or leisure. Whether you simply want the weather forecast for your travel destination or you need emergency medical assistance halfway around the world, UnitedHealthcare Global has the professional staff and resources to provide support, 24 hours a day, seven days a week.
ACCIDENT A35275

Coverage 24 hours a day – For Accidents On or Off-the-Job- Worldwide

HOSPITAL INDEMNITY PLAN

Coverage for Hospital Confinement due to Sickness, Surgery, Maternity or Injury

- Benefits payable for Hospital Confinement
- For surgery performed In-Patient or Out-Patient
- Wellness Benefit payable every anniversary for a check up

CANCER INDEMNITY PLAN

Coverage for Cancer Treatment

- First Occurrence Benefit for initial diagnosis of Internal Cancer
- Hospital Confinement benefit for Hospitalization due to Cancer
- Radiation, chemotherapy and experimental treatment benefits
- Surgery and Anesthesia benefits
- Cancer screening benefit for each covered person for each calendar year

CRITICAL CARE AND RECOVERY

Coverage for the treatment of specified health events including Heart Attack, Stroke, Coronary Artery Bypass Surgery and Third Degree Burns

- First occurrence benefit for the initial diagnosis
- Hospital confinement for a covered illness
- CU confinement benefit for illness and injury
- Continuing Care benefits including physical therapy, speech therapy, home health care and doctor visits

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.
Legal Shield

The City of North Miami’s employees may elect to purchase Legal Insurance through LegalShield Pre-paid Legal on a voluntary basis through payroll deduction. Legal Insurance may be purchased to cover yourself, spouse and children. LegalShield offers several insurance plan options. Rates and brochures may be obtained from Personnel Department.

Examples of Available Services: Traffic Ticket Defense Nationwide; Attorney Letters; Contract and Document Review Consultation for Divorce; Child Custody, Support, Probate, Bankruptcies - Chapter 7, 11 and 13; Immigration; Credit card liability resolution, credit and asset protection and much more; 24/7 on call in an emergency situation, i.e. accident or mistaken identity etc.

Contact: Mitch Summer
Cell: (954) 562-2823

Deferred Compensation

The City currently offers two deferred compensation programs through ICMA and VALIC. Representatives visit the City monthly.

Deferred compensation is a voluntary, pre-income tax payroll reduction plan available to all full-time employees. You choose an amount of money to be deferred from each paycheck which can be used at retirement to supplement your City pension and Social Security. For income tax purposes, the deferrals are not considered taxable income until withdrawn. Deferrals are considered taxable income for social security purposes. If you will need these funds do not put them in a deferred compensation account. It is not a savings account; it is a pension plan.

HOW MUCH MAY I CONTRIBUTE?

The amount changes from year to year. As of October 2015, the maximum you may defer, according to the IRS is $19,000 per calendar year except as amended by federal law or regulation. If Age 50 or older, you can defer $24,000 per year using the Age 50 or older catch-up provision. If you will be retiring within 3 years you have the option of enrolling in the Catch-Up provision and contributing up to $36,000 in unused deferrals.
**DEFINITION OF DEPENDENT**

**Dependent** - the Subscriber's legal spouse or a dependent child of the Subscriber or the Subscriber's spouse or a newborn child of an Enrolled Dependent. All references to the spouse of a Subscriber shall include a Domestic Partner. The term child includes any of the following:

- A natural child.
- A stepchild.
- A legally adopted child.
- A child placed for adoption.
- A child placed for foster care.
- A child for whom legal guardianship has been awarded to the Subscriber or the Subscriber's spouse.
- A newborn child of an Enrolled Dependent. The newborn child may be covered from birth to 18 months of age.

To be eligible for coverage under the Contract, a Dependent must reside within the Service Area or reside with the Subscriber who works within the Service Area. **Note:** This does not apply to your Dependents who reside or work outside the Service Area if your Dependents have agreed to receive Covered Health Services from those providers who participate in our national network of preferred providers. Refer to the definition of "Network Benefits" below.

The definition of Dependent is subject to the following conditions and limitations:

- Under the Patient Protection and Affordable Care Act (PPACA), a Dependent includes any dependent child under 26 years of age.

- A Child's eligibility for dependent coverage under the PPACA is based solely on the child's age and his or her relationship to the participant. The plan or issuer may **not** deny or restrict coverage for a child who is under age 26 based on whether the Child is of the following:
  - The child is financially dependent on the participant; or
  - The Child resides with the participant or with any other person; or
  - The Child is a student or employed.

- A Child can join or remain on your plan even if they are:
  - Married
  - Not living with you
  - Attending School
  - Not financially dependent on you
  - Eligible to enroll in their employer’s plan

- In the event that the Subscriber has a Dependent who meets the following requirements, extended coverage may be available for that Dependent to the end of the calendar year in which the Dependent reaches age 30. Contact your Enrolling Group for details. To be eligible for extended coverage, a Dependent must satisfy the following:

  **COC.DEF.H.09.FL.KA 65**
  - Is unmarried and does not have dependent of his or her own;
  - Is a resident of Florida or a Student, and
  - Does not have coverage as a named subscriber, insured, enrollee or covered person under any other group, blanket or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

If such a Dependent's coverage is terminated after the end of the calendar year in which the Dependent reached age 25, the child is not eligible to be covered under the Contract unless the Dependent was continuously covered by Creditable Coverage without a gap in coverage of more than 63 days.

A child who is covered under extended coverage provisions set forth above ceases to be eligible as a Dependent on the last day of the calendar year following the child's attainment of the limiting age or when the child no longer meets the requirements.

**The Subscriber must reimburse us for any Benefits that we pay for a child at a time when the child did not satisfy these conditions.**

A Dependent also includes a child for whom health care coverage is required through a *Qualified Medical Child Support Order* or other court or administrative order. The Enrolling Group is responsible for determining if an order meets the criteria of a *Qualified Medical Child Support Order.*
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The City of North Miami Aetna plans and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The City of North Miami has determined that the prescription drug coverage offered by the Aetna plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

For more info:

On Medicare Part D, you can read the "Medicare & You" Handbook which will be mailed to you during October

visit www.medicare.gov on the web
or call 1-800 MEDICARE (633-4227)

TTY users should call 1-877-846-2048

If you are Medicare eligible please review the above notice and put it with your other important insurance papers. If you have any questions, please feel free to contact your Human Resources Department.
SECTION 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event, only if the event affects your own, your spouse’s or your dependent’s coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity’s eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

HIPAA SPECIAL ENROLLMENT NOTICE

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children’s Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

For More Information or Assistance
To request special enrollment or obtain more information, please contact your local Human Resources Department.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called ‘continuation coverage’) at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity’s group health plan has the right to choose this continuation coverage if coverage is lost for any of the following reasons provided below.

<table>
<thead>
<tr>
<th>Employee:</th>
<th>Reduction in hours of employment (that disqualifies group insurance participation eligibility); or Termination of employment (for reasons other than gross misconduct).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse of Employee:</td>
<td>The death of your spouse; or A termination of your spouse’s employment (for reasons other than gross misconduct) or a reduction in your spouse’s hours of employment; or Divorce or legal separation from your spouse; or Your spouse becomes entitled to Medicare</td>
</tr>
<tr>
<td>Dependent Child of Employee:</td>
<td>The death of a parent; or A termination of the parent’s employment (for reasons other than gross misconduct) or a reduction in the parent’s hours of employment with the Entity; or Parent’s divorce or legal separation; or A parent becomes entitled to Medicare; or The dependent child ceases to be a “dependent child” under the Entity’s group health-plan.</td>
</tr>
</tbody>
</table>

Under the law, the employee or a family member has the responsibility to inform the entity group health plan Administrator of a divorce, legal separation or a child losing dependent status under the entity group health plan within 30 days of the date in which coverage would end under the plan because of the event, whichever is later. The Entity has the responsibility to notify the Plan Administrator of the employee’s death, termination, reduction of hours of employment or Medicare entitlement.

Examples of a Qualifying Life Event

- The birth/adoption/legal custody of a child
- A marriage
- A divorce
- A covered dependent is no longer eligible for coverage
- A dependent returns to full-time student status
- A spouse or dependent child dies
- An increase in your work hours from part-time to full-time
- A decrease in your work hours
- A spouse obtains employment
- A spouse’s employment is terminated
- A child gains or loses coverage with an ex-spouse (responsibility for health coverage changes)
**WOMEN’S HEALTH AND CANCER RIGHTS ACT**

**Enrollment Notice**
If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

<table>
<thead>
<tr>
<th>AETNA</th>
<th>HNONLY OA $2500</th>
<th>HNONLY OA $250</th>
<th>HNOPTIONS OA $1500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$2,500</td>
<td>$250</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$5,000</td>
<td>$500</td>
<td>$3,000</td>
</tr>
<tr>
<td>Co-Insurance</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

If you would like more information on WHCRA benefits, call your plan administrator.

**Annual Notice**
Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

**NEWBORNS’ AND MOTHER’S HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).
REDEUCE YOUR PRESCRIPTION DRUG COSTS
If you take prescription medication, you can cut costs up to 90 percent by becoming an informed consumer and using the same buying techniques that you use when shopping for other goods and services. As more individuals comparison shop for drugs, more retailers will compete to win their business, which will drive prices lower. These strategies can help you become a savvy prescription drug consumer.

- Price comparison
- Drug substitution
- Bulk buying
- Generic medications
- Generic medications
- Pharmaceutical company assistance programs
- Over the counter drug substitutes (OTC)
- Discount prescription cards

PHARMACY CONVENIENCE STARTS HERE
Having access to a discount prescription program can be an enormous benefit to anyone who has a chronic condition. When you have to buy the same medications regularly, it makes a huge difference to save as much money as possible each and every time.

We encourage you to use local pharmacy discount programs available through your local pharmacy. When you do, it’s important to remind the pharmacist NOT to process your prescription through your medical plan.

Visit your nearest drugstore to start saving on your generic prescriptions today.

Looking for ways to save money on your prescription medications? Check out these great tips and start saving today!

www.goodrx.com
- Type your drug name (like Lipitor, Gabapentin, etc.)
- Set your location
- Compare prices, print coupons, save up to 80%

GoodRx is the #1 medical app for iOS and Android. Get prescription drug prices on-the-go, with coupons built unto the app.
Deciding where to go for care...
Telemedicine, Doctor, Urgent Care or Emergency Room?

**URGENT CARE CENTER OR FREESTANDING ER**

Knowing the difference can save your money

Urgent Care Center and Freestanding Emergency Rooms (ERs) can be hard to tell apart. Freestanding ERs often look a lot like Urgent Care Centers, but costs are higher, just as if you went to the ER at a hospital. Here are some ways to know if you are at a freestanding ER.

**Freestanding ERs:**
- Look like Urgent Care Center, but include Emergency in facility names.
- Are open 24-hours a day, seven days a week
- Are physically separate from a hospital
- Are subject to the same co-pay as hospital ER
- Are staffed by ER physicians

<table>
<thead>
<tr>
<th>Who Provides Care</th>
<th>Telemedicine</th>
<th>Primary Care Physician</th>
<th>Urgent Care</th>
<th>Freestanding ER</th>
<th>Hospital Based ER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprains, Strains</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>Sudden or unexplained loss or consciousness</td>
</tr>
<tr>
<td>Animal bites</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>Chest pain; numbness in the face, arm or leg; difficulty speaking</td>
</tr>
<tr>
<td>X-rays</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>Major injuries</td>
</tr>
<tr>
<td>Stitches</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>Severe shortness of breath</td>
</tr>
<tr>
<td>Mild Asthma</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>High fever with stiff neck, mental confusion or difficulty breathing</td>
</tr>
<tr>
<td>Minor Headaches</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>Coughing up or vomiting blood</td>
</tr>
<tr>
<td>Back Pain</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>Cut or wound that won’t stop bleeding</td>
</tr>
<tr>
<td>Nausea, vomiting, diarrhea</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>Possible broken bones</td>
</tr>
<tr>
<td>Minor allergic reactions</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>Any life threatening or disabling conditions</td>
</tr>
<tr>
<td>Coughs, sore throat</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Bumps, cuts, scrapes</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Rashes, minor burns</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Minor fevers, colds</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Ear and sinus pain</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Burning with urination</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Eye swelling, irritation, redness or pain</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Vaccinations</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

Deciding where to go for care...
Telemedicine, Doctor, Urgent Care or Emergency Room?
What about Financial Wellness?
Get out of debt and save for the future.
Many Americans are consumed with anxiety and frustration over the debt that they owe, and the lack of funds to pay it off. Furthermore, most people struggle to save a cushion of three to six months’ worth of living expenses in case of an emergency - much less invest for the future. So, what is a hard worker like you supposed to do to stay above water and put some money away at the same time?
You could make some major strides in your financial status in as little as six months, if you take these proactive steps toward greater financial standing.

1. Track Your Spending
Create a balance sheet and list your debts in order from highest to lowest interest rate. Keep track of your typical expenses for each month, while also accounting for unexpected expenses for the entire year. Then, add up your liquid assets, including money in savings and investment accounts. Also list any major purchases that you will need to make in the next year. Subtract this amount from your liquid assets. The remainder will be what you have available to pay off your debts. If you have a deficit, you will need to trim your expenses.

2. Build Money in Savings
- Link your savings and checking account with an ATM card. Then, set up three savings accounts – one for emergencies, one for unexpected expenses (car repairs, medical bills, etc.) and one for investments.
- Carry your ATM card only when it is absolutely necessary, and withdraw only what you need for the week.
- When you receive a paycheck, place only what you need for the month into your checking account. The rest of the funds should be placed into your three savings accounts.
- If possible, put money equaling one month’s expenses into the savings account for unexpected expenses. Then, if you need new brakes unexpectedly, you will have the money saved already, and will be less likely to charge the expense.
- Place “found” money into your investments savings account, such as money from birthdays, holidays, bonuses, profits from a garage sale, etc.

3. Reduce Your Debt
- Pay off your highest interest credit card debt first. Pay as much as you can each month— avoid paying just the minimum payment. Since credit card companies make their money from interest payments, the minimum balance payments are set extremely low on purpose. If you can afford to pay more than the minimum, you will pay far less in the long run.
- Transfer outstanding balances to credit cards with lower interest rates. Or, contact your credit card company and see if they will match the interest rate of another company so that they won’t lose you as a customer.
- Cancel old credit cards so you are not tempted to use them. Only keep two and store them at home for emergencies.
- Contact the National Foundation for Credit Counseling to develop a structured debt payment plan at 800-388-2227 or at www.nfcc.org.

Your debt problem will not go away immediately, but you do have the power to make it better over time. If you combine these debt reducing and savings strategies, you will be more financially secure in the future and well on your way to becoming financially strong.
Knowing your four health numbers is key to a healthier you.

At your annual check-up, ask your doctor for your four health numbers (Blood Pressure, Cholesterol, Blood Sugar and BMI - Body Mass Index).

- **Blood pressure:**
  A telltale sign for possible heart disease, stroke and kidney disease. Understanding your blood pressure numbers is key to controlling high blood pressure. The American Heart Association recommends a normal Blood Pressure range of Systolic mm Hg (upper number) Less than 120 and Diastolic mm HG (lower number) Less than 80 (120/80)

- **Cholesterol**
  HDL is good. LDL is bad. Keeping both in check is essential. The American Heart Association (AHA) recommends that all adults age 20 or older have their cholesterol and other traditional risk factors checked every four to six years, and work with their healthcare providers to determine their risk for cardiovascular disease and stroke.

- **Blood Sugar**
  A leading determinant for the onset of diabetes. What is a normal blood sugar level? And how can you achieve normal blood sugar? For someone without diabetes, a fasting blood sugar on awakening should be under 100 mg/dl. Before-meal normal sugars are 70–99 mg/dl. “Postprandial” sugars taken two hours after meals should be less than 140 mg/dl.

- **Body Mass Index (BMI)**
  The measure of body fat based on height and weight that applies to adult men and women. In general, BMI is an inexpensive and easy-to-perform method of screening for weight category, for example underweight, normal or healthy weight, overweight, and obesity. There are many calculators online to assist you with obtaining your BMI. [https://www.cdc.gov/healthyweight/assessing/bmi/english_bmi_calculator/bmi_calculator.html](https://www.cdc.gov/healthyweight/assessing/bmi/english_bmi_calculator/bmi_calculator.html)

Do you know your financial health numbers?

Knowing them is just as important as knowing your overall health numbers. Your financial health comes down to a series of ratios. Here’s where you should start:

1. **Credit Score:** Your FICO credit score—a ratio determined independently by three credit bureaus and based primarily on your track record of paying bills on time— is about far more than just being approved for loans.

2. **Retirement Savings Rate:** There is no single, correct dollar amount to put aside for retirement, which is why most projections rely on percentages. The most important one is how much of your salary you should put aside for retirement, which experts peg at 15%.

3. **Emergency Fund:** The number you need to know: How many months could you survive on your savings? The key is to achieve an overall balance in your finances, with about half your income going toward fixed expenses like rent and utilities, 20% for financial goals like savings, and 30% for day-to-day expenses like groceries and gas, advises Vera Gibbons, personal finance consultant - mint.com

4. **Net Worth:** People tend to think of this number as their “wealth,” says LearnVest’s von Tobel, but it’s not really about how much you have at any given point. Rather, people should use net worth as a starting point to see how they are doing down the road.
ONLINE ENROLLMENT INSTRUCTIONS

1. Login

ENROLLMENT URL: https://benefits.plansource.com

USERNAME
- Your user name is the following: the first initial of your first name, up to the first six characters of your last name, and the last four of your SSN. For example: If your name is Jane Anderson and the last four of your SSN is 1234, your user name would be janders1234

PASSWORD
- Your birthdate in YYYYMMDD format. For example: If your birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password.

2. Launch Enrollment
- Click on “Enroll in Benefits” picture or “Benefit Elections” link to begin your enrollment
- Click on “Enroll in Benefits – Open” link at the left of the screen to begin your enrollment
3. Enroll

- Use the links on the left to make your selection
- Follow the enrollment through each step of the enrollment process from top to bottom
- In making your elections, choose the plan option of choice or select the “Decline” option and then select “Continue” after each election has been made

4. Confirm Enrollment Selections

- Once you complete all coverage elections, you will land on the Confirmation Statement. Click the “Confirm Enrollment” button at the bottom of the page to complete your enrollment process.
CITY OF NORTH MIAMI
FIFTH OPTION TO RENEW
PROFESSIONAL SERVICES AGREEMENT EXTENSION
(RFQ18-07-08 AGENT OF RECORD)

THIS FIFTH OPTION TO RENEW PROFESSIONAL SERVICES AGREEMENT ("Fifth Option Agreement") is made and entered into this ____ day of September, 2018, by and between the City of North Miami, a Florida municipal corporation, located at 776 NE 125th Street, North Miami, FL ("City") and Sapoznik Insurance & Associates, LLC, a limited liability company organized and existing under the laws of the State of Florida, having its principal office at 1100 NE 163rd Street, 2nd Floor, North Miami Beach, FL 33162 ("Contractor"). The City and Contractor shall collectively be referred to as the "Parties".

RECITALS

WHEREAS, on January 13, 2009, the City entered into an agreement with Contractor ("Agreement") for the provision of Agent of Record Insurance Services for City employee’s benefits plan ("Services"), in accordance with the terms, conditions and specifications contained in the City’s Request for Qualifications # 18-07-08, Agent of Record Services for City’s Employee Benefits Plans ("RFQ"); and

WHEREAS, the initial term of the Agreement was five (5) years from the date specified in the City’s Notice to Proceed; and

WHEREAS, upon completion of the initial term, the City had the option to renew the Agreement for five (5) additional one-year terms, with the written consent of the Parties.

WHEREAS, the fourth one (1) year renewal term expires on December 31, 2018; and

WHEREAS, the City did not exercise the fifth and final option to renew the Agreement for one (1) year, opting to issue a solicitation for the agent of record services; and

WHEREAS, on May 25, 2018, the City issued "RFP No. 54-17-18 Agent of Record for Employee Benefits Program" seeking proposals from experienced and qualified firms.

WHEREAS, at the August 28, 2018 City Council Meeting, the Mayor and Council voted 5-0 to reject staff’s recommendation presented for RFP No 54-17-18 , issue a new solicitation and extend the existing contract with Sapoznik for an additional one (1) year term, commencing on January 1, 2019 and concluding on December 31, 2019; and

WHEREAS, the Mayor and City Council determined that it was in the best interest of the City of North Miami for staff to proceed with a new RFP for the January 1, 2020 to December 31, 2020 term;

NOW THEREFORE, in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the Parties hereto agree as follows:
1. The City hereby extends the Agreement for Agent of Record Services for the Employee Benefits Plans for the one (1) year term commencing January 1, 2019, through December 31, 2019.

2. The Contractor hereby accepts the City’s option to extend this Agreement for the provision of Services, for the one (1) year term commencing January 1, 2019, through December 31, 2019.

3. The City shall have no options to renew the Agreement remaining.

4. The Contractor agrees to provide Services in accordance with the terms, conditions and specifications contained in the Contract Documents at the reduced commission rate of 3.5%. Additionally, both parties mutually agree that the City shall have the option to administer and exercise full control of all wellness dollars appropriated by the City’s insurance provider, if it so chooses at a later date.

5. The Parties agree that this Fifth one (1) year Option Agreement shall be made part of the Agreement previously executed by the Parties, attached hereto as Exhibit “A”.

6. No modification or amendment hereto shall be valid unless in writing and executed by properly authorized representatives of the Parties.

7. This Fifth one (1) year Option Agreement shall be binding upon the Parties hereto, their successors in interest, heirs, executors, assigns and personal representatives.

8. All other terms of the Agreement, which have not been modified by this Fifth one (1) year Option Agreement, shall remain in full force and effect.

[The remainder of this page is intentionally left blank.]
IN WITNESS WHEREOF, the Parties have executed this Agreement by their respective proper officers duly authorized the day and year first written above.

ATTEST:

Corporate Secretary or Witness:
By: Kenneth Nahman
Print Name: Kenneth Nahman
Title: CFO
Date: 9/17/18

ATTEST:

By: Michael A. Etienne, Esq.
City Clerk

Sapoznik Insurance & Associates, LLC, a Florida limited liability company:

“Contractor”
By: Andrew Goodman
Print Name: Andrew Goodman
Title: VP
Date: 9/17/18

City of North Miami, a Florida municipal Corporation: “City”

By: Larry M. Sping, Jr.
City Manager

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:

By: Jeff P.H. Cazeau, Esq.
City Attorney