

EMPLOYEE BENEFITS

AT A GLANCE

EFFECTIVE 10.01.2024 THROUGH 09.30.2025



BENEFITS SUPPORT

Account Manager

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CUSTOMER SERVICE

Florida Blue
877-352-2583

Blue Options 05196/05197
(HSA)

Blue Options 05302
(10/50/80/250 Rx)

Blue Options 05771
(10/50/80/250 Rx)

In-Network Names

Blue Options

Blue Options

Blue Options

FINANCIALS

	Blue Options 05196/05197 (HSA)	Blue Options 05302 (10/50/80/250 Rx)	Blue Options 05771 (10/50/80/250 Rx)
Deductible	\$3,500 Per Individual \$7,000 Family Max	\$5,000 Per Individual \$10,000 Family Max	\$1,500 Per Individual \$4,500 Family Max
Coinsurance	20% after Deductible (Ded)	30% after Deductible (Ded)	20% after Deductible (Ded)
Maximum Out of Pocket	\$6,850 Per Individual \$7,000 Per Individual with Dependents Enrolled \$14,000 Family Max	\$6,350 Per Individual \$12,700 Family Max	\$4,500 Per Individual \$9,000 Family Max

PHYSICIAN SERVICES

	Blue Options 05196/05197 (HSA)	Blue Options 05302 (10/50/80/250 Rx)	Blue Options 05771 (10/50/80/250 Rx)
Preventive Care	No Charge	No Charge	No Charge
Primary Care	\$30 copay after Ded	\$30 copay	\$30 copay
Specialist	\$75 copay after Ded	\$55 copay	\$55 copay

HOSPITALIZATIONS

	Blue Options 05196/05197 (HSA)	Blue Options 05302 (10/50/80/250 Rx)	Blue Options 05771 (10/50/80/250 Rx)
Inpatient Hospitalization	20% after Ded	30% after Ded	20% after Ded
Outpatient Services	20% after Ded	30% after Ded	20% after Ded
Physician Services at Hospital and ER	20% after Ded	30% after Ded	20% after Ded
Urgent Care	\$100 copay after Ded	\$60 copay	\$60 copay
Emergency Room	\$350 copay after Ded	\$300 copay	\$250 copay

OUTPATIENT DIAGNOSTICS

	Blue Options 05196/05197 (HSA)	Blue Options 05302 (10/50/80/250 Rx)	Blue Options 05771 (10/50/80/250 Rx)
Routine Diagnostics (Lab & X-ray)	20% after Ded	Lab: No copay X-ray: 30% after Ded	Lab: No copay X-ray: \$50 copay
Major Diagnostics (MRI, CAT, PET, etc.)	20% after Ded	30% after Ded	\$250 copay

PRESCRIPTIONS

	Blue Options 05196/05197 (HSA)	Blue Options 05302 (10/50/80/250 Rx)	Blue Options 05771 (10/50/80/250 Rx)
Rx Deductible	Medical & Rx Deductible Combined	None	None
Tier 1	\$10 copay after Ded	\$10 copay	\$10 copay
Tier 2	\$50 copay after Ded	\$50 copay	\$50 copay
Tier 3	\$80 copay after Ded	\$80 copay	\$80 copay
Tier 4	\$250 copay after Ded	\$250 copay	\$250 copay
Mail Order	2.5 x retail copay after Ded (90 day supply)	2.5 x retail copay (90 day supply)	2.5 x retail copay (90 day supply)

OUT OF NETWORK

	Blue Options 05196/05197 (HSA)	Blue Options 05302 (10/50/80/250 Rx)	Blue Options 05771 (10/50/80/250 Rx)
Deductible	\$7,000 Per Individual \$14,000 Family Max	\$10,000 Per Individual \$30,000 Family Max	\$4,500 Per Individual \$13,500 Family Max
Coinsurance	40% after Deductible (Ded)	50% after Deductible (Ded)	50% after Deductible (Ded)
Maximum Out of Pocket	\$13,700 Per Individual \$27,400 Family Max	\$20,000 Per Individual \$40,000 Family Max	\$9,000 Per Individual \$18,000 Family Max

The City will deposit \$1,200 in to your HSA Bank Account, \$300 deposited quarterly to your HSA account. The City will open your account with HSA Bank and you will receive a debit card in the mail. If you already have an HSA Bank account, we will deposit to your current account.

DENTAL PLANS CUSTOMER SERVICE: MetLife 800-942-0854	DHMO	PPO	
	IN NETWORK ONLY	IN NETWORK	OUT OF NETWORK
	Preventive Copays Basic Expense Copays Major Expense Copays No Maximum	Preventive 100% Basic Expense 80% Major Expense 50% \$1,000 Maximum	Preventive 100% Basic Expense 80% Major Expense 50% \$1,000 Maximum

Vision	METLIFE	Exam copay \$10, lenses every 12 months; frames every 24 months; Contacts—\$100 allowance; Frames—\$100 allowance, 20% off amount over allowance; 100% employee paid
Basic Life and AD&D	METLIFE	100% Employer Paid ; Flat benefit of \$10,000
Voluntary Life and AD&D	METLIFE	Minimum \$10,000 up to \$500,000; not to exceed 7 x pay; spouse and child benefits available; 100% employee paid
Short Term Disability	METLIFE	60% of weekly pay up to \$1,000 per week; 100% employee paid
Long Term Disability	METLIFE	60% of salary up to a max of \$5,000 per month; 100% employee paid

CITY PROVIDED BENEFITS

Full-Time Permanent Employees - Annual Leave Accrual	CNPR	Up to 5 years: 12 days per year; 5 years: 13 days per year; 6 years: 14.1 days per year; 7 years: 15 days per year; 8 years: 16 days per year; 9 years: 17.1 days per year; 10+ years—18 days per year
Holidays	CNPR	12 days per year
Sick / Medical Leave	CNPR	40 hour work week - 96 working hours per year
Personal Leave (on annual anniversary date)	CNPR	1-4 years—eight hours 5+ years—sixteen hours (total)
Floating Holidays	CNPR	On Annual Anniversary date—3 days
Other Amenities	CNPR	Recreation & Aquatic Center: FREE annual membership for all city employees. Annual memberships for immediate family members are 50% off. (just need a City ID or a paystub) Library: Free library card

ENHANCED BENEFITS

Accident	METLIFE	<ul style="list-style-type: none"> Pays \$100 annually for a recognized wellness screening (1x per CY) Emergency Care Benefit pays: \$200 for Emergency Room, Physician's Office or Urgent Care Visit (combined with non-emergency initial care) Non-Emergency Initial Care Benefit pays: \$100 (1x per accident) Plus, much more! 100% Employee Paid
Critical Illness	METLIFE	<ul style="list-style-type: none"> Employees may choose a lump sum benefit of \$10,000 or \$20,000 Guaranteed Issue - \$20,000 (No medical questions) Spouse and Child(ren) will be offered 50% of the Employee benefit amount. No Pre-existing condition limitations Rates vary by age, coverage tier, and tobacco usage. 100% Employee Paid
Hospital Select	METLIFE	<ul style="list-style-type: none"> \$1,500 Initial Hospitalization Benefit (4x per calendar year) \$300 per day confinement in the hospital (up to 15 days) \$300 per day confinement in the ICU (benefit paid concurrently with the hospital confinement benefit) (up to 15 days) 100% Employee Paid

ENROLLMENT INSTRUCTIONS

You are required to go online to the GIS BenefitsConnect portal to enroll, decline, or update your benefits—even if you are keeping everything the same or declining at:

<https://www.benefitsconnect.net/cityofnpr>

What You Need To Get Started...

During the enrollment process you will be asked to provide some basic information that you should have available.

Your dependent's social security numbers and birth dates – if newly enrolling in benefits

If electing DHMO Dental – Please research Metlife website for primary dentist and enter Facility ID or a dentist will be selected on your behalf by Metlife. You can call Metlife to change primary dentist after 10/1.

Username and Password

Initially your user name and password are defaulted to a standard format. Upon completing your first login you will be prompted to change your password.

Your user name is made up of the first six letters of your last name, followed by your first initial and the last four numbers of your social security number. The initial password for the system is your social security number (without dashes).

Note: If your last name is not six letters please use your entire last name, first initial and last four of your social security number as your username.