



EMPLOYEE  
Wellness  
CITY OF LAKELAND

# FOR ALL THAT matters

your 2021 benefits



CITY OF  
**Lakeland**  
[www.lakelandgov.net](http://www.lakelandgov.net)



# BENEFIT PLANS THAT FIT YOUR BUDGET AND LIFE.



## CAREFULLY DESIGNED WITH YOU IN MIND

We're committed to making sure you get the benefits package that's right for both you and your family.

**Open Enrollment** is your chance to ensure that your benefits package is right for you. Medical coverage, dental and vision care, and life insurance options are built around you and created to keep you in great shape, physically and financially.

Please take the time to read through this booklet and understand all the options available to you. As a whole, we think we've created a benefit package that gives you outstanding support, whether you're at work, at home or even on vacation.

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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. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

This guide is meant to serve as a summary. If there are differences between this guide and the carrier contract, the contract will govern.



## SELECTING YOUR PLANS

### When You're First Hired

Your **benefit eligibility date**, when your coverage starts, is the first day of the month following your date of hire. The benefit choices you make are effective through December 31, 2021.

### If You Have A Life Change

Certain life events like marriage, divorce, birth or adoption of a child, or a change in employment status may allow you to change your coverage during the year. If this occurs, please contact Health Benefits within **30 days** of the event to update your benefits, or you will have to wait until next year's Open Enrollment.

### During Open Enrollment

Open Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.

Benefits selected at Open Enrollment are effective January 2021.



## COVERING YOUR FAMILY

### Dependent Eligibility

	Spouse	Children	
<b>Medical</b>	✓	✓	Until the end of the calendar year they turn 26 regardless of status
<b>Dental</b>	✓	✓	Until age 26
<b>Vision</b>	✓	✓	Until age 26
<b>Life Insurance</b>	✓	✓	Until age 25 if enrolled in an accredited school

**Please note: you will be asked to verify dependent eligibility during your enrollment by providing their Social Security number and date of birth.**

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## HELP WHEN YOU NEED IT

Sometimes balancing work, home, family, finances, health, and wellbeing can seem challenging, and we want to make sure that you have access to the advice and support that you need. Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

You and anyone living in your home have access to these services.

### Confidential Emotional Support

Highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress;
- Grief, loss and life adjustments; and
- Relationship/marital conflicts.

You can receive **ten** counseling sessions per person, per issue, per year as part of this service.

### Work-Life Solutions

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care;
- Hiring movers or home repair contractors; and
- Planning events, locating pet care.

### Legal Guidance

Talk to attorneys for practical assistance with your most pressing legal issues, including divorce, adoption, family law, wills, trusts and more.

#### **Need representation?**

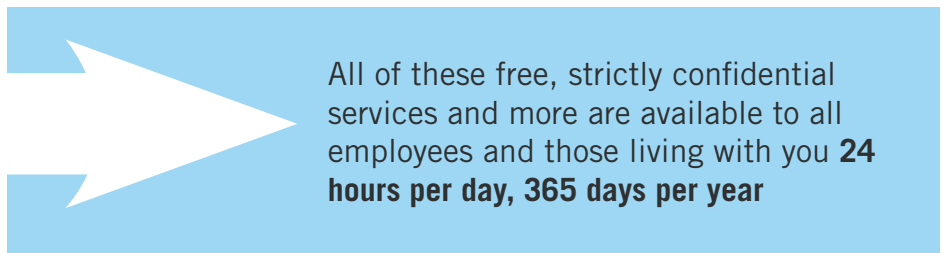
**Get a free 30-minute consultation and a 25% reduction in fees.**

### Financial Resources

Financial experts can assist with a wide range of issues.

Contact ComPsych about:

- Retirement planning, taxes;
- Relocation, mortgages, insurance; and
- Budgeting, debt, bankruptcy.



All of these free, strictly confidential services and more are available to all employees and those living with you **24 hours per day, 365 days per year**

**COMPSTYCH**

**Group:** City of Lakeland

**Website:** [www.guidanceresources.com](http://www.guidanceresources.com)

**Phone:** 1.888.882.0797

For more information on the EAP benefits with ComPsych.



# FIND THE MEDICAL PLAN THAT'S BEST FOR YOU

## COMPARE YOUR OPTIONS

	Plans A, C, and D	EPO
<b>Doctor Choice</b>	<p><b>Use Network Providers to save dollars and receive better benefits</b></p> <p>Out-of-Network Providers are available but at higher cost to you.</p>	<p><b>In-Network care only</b></p> <p>Except in the case of a true emergency, the EPO only covers care through in-network providers.</p>
<b>Paying for Care</b>	<p><b>Deductible then Coinsurance</b></p> <p>Most care is subject to the deductible. You pay the pharmacy deductible and then copays. Your pharmacy deductible and copays DO NOT go towards the medical deductible or out-of-pocket maximum. Some care (hospitalization, emergency room) has an additional copay as well.</p>	<p><b>Copays</b></p> <p>You pay a copay for most services until your expenses meet the out-of-pocket maximum.</p>
<b>Prescriptions</b>	<p><b>RX Deductible</b></p> <p>You pay the pharmacy deductible and then copays. Your pharmacy deductible and copays DO NOT go towards the medical deductible or out-of-pocket maximum.</p>	<p><b>Deductible then Copay</b></p> <p>You pay the pharmacy deductible and then copays. Your pharmacy deductible and copays go towards the out-of-pocket maximum.</p>
<b>Healthstat</b>	<p><b>Eligible!</b> Visit the Healthstat Wellness Clinic for health and wellness care at no cost to you! Follow the program prescribed by your clinician and receive a discount on your insurance benefit cost. A healthier you leads to a healthier wallet.</p>	

## Important Terms

**Copay** – a flat fee you pay whenever you use certain medical services, like a doctor visit.

**Deductible** – the dollar amount you pay before your medical insurance begins paying deductible-eligible claims.

**Coinsurance** – the percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out-of-pocket maximum.

**Out-of-pocket maximum** – the most you will pay during the **calendar year** for covered expenses. This includes copays, deductibles, and coinsurance.

**Balance billing** – the amount you are billed to make up the difference between what your out-of-network provider charges and what insurance reimburses. **This amount is in addition to, and does not count toward your out-of-pocket maximum.**

## Answer the Call!

There are times during the year when you may receive a call from **United Healthcare**: if you've been in the hospital, have received certain diagnoses, or have received certain prescription medications.

Calls from United Healthcare are **confidential** and designed to help you stay healthy and make the most of your health plan. We encourage you to **answer the call**. It's your health, embrace it!

Download United Healthcare's mobile app for claims information, to access your ID card, find a doctor, and more!



**UNITED  
HEALTHCARE**

**Group:** 702586

**Website:** [www.MyUHC.com](http://www.MyUHC.com)

**Phone:** 1.866.633.2477

# MEDICAL PLAN COVERAGE SUMMARY

	Plan A	Plan C	Plan D	EPO
<b>In-Network Coverage</b>				
Deductible <b>DED</b>	\$300 per person \$500 family max	\$750 per person \$1,500 family max	\$1,500 per person \$3,000 family max	No deductible
Out-of-Pocket Maximum	\$2,800 per person \$4,500 family max	\$3,250 per person \$5,500 family max	\$4,000 per person \$7,000 family max	\$2,500 per person \$5,000 family max
Primary Doctor Visit	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	\$30
<b>Healthstat Clinic Visit</b>	<b>No cost</b>	<b>No cost</b>	<b>No cost</b>	<b>No cost</b>
Specialist Doctor Visit	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	\$50
Independent Labs	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	\$50
X-Rays	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	\$50
Imaging: MRI / CT / PET	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	\$300 per service
Chiropractic (18 visits)	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	\$50 per visit
Urgent Care Center	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	\$50
Ambulance (Emergency)	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	\$100
Emergency Room (waived if admitted)	\$300 copay plus <b>DED</b> then 20%	\$300 copay plus <b>DED</b> then 20%	\$300 copay plus <b>DED</b> then 20%	\$300
Inpatient Hospitalization	\$500 copay plus <b>DED</b> then 20%	\$500 copay plus <b>DED</b> then 20%	\$500 copay plus <b>DED</b> then 20%	\$1,000 per admit
Outpatient Surgery	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then 20%	\$300 then 10%
<b>Out-of-Network Coverage (plus balance billing)</b>				
Deductible	In- and out-of-network deductibles are combined			Not covered
Coinsurance	40% after deductible	40% after deductible	40% after deductible	Not covered
Out-of-Pocket Maximum	\$5,300 per person \$10,500 family max	\$5,750 per person \$11,500 family max	\$6,500 per person \$13,000 family max	Not covered

## Pharmacy Coverage

PHARMACY DEDUCTIBLE <b>DED</b>	\$100 single coverage \$300 family coverage	\$100 single coverage \$300 family coverage	\$100 single coverage \$300 family coverage	\$100 single coverage \$300 family coverage
<b>Retail Prescriptions (up to 30 days)</b>				
Generic	then \$12.50	<b>DED</b> then \$12.50	<b>DED</b> then \$12.50	<b>DED</b> then \$12.50
Preferred Brand	<b>DED</b> then \$31.25	<b>DED</b> then \$31.25	<b>DED</b> then \$31.25	<b>DED</b> then \$31.25
Non-Preferred	<b>DED</b> then \$62.50	<b>DED</b> then \$62.50	<b>DED</b> then \$62.50	<b>DED</b> then \$62.50
<b>Mail Order Prescriptions (90 days)</b>				
Generic	<b>DED</b> then \$37.50	<b>DED</b> then \$37.50	<b>DED</b> then \$37.50	<b>DED</b> then \$37.50
Preferred Brand	<b>DED</b> then \$93.75	<b>DED</b> then \$93.75	<b>DED</b> then \$93.75	<b>DED</b> then \$93.75
Non-Preferred	<b>DED</b> then \$187.50	<b>DED</b> then \$187.50	<b>DED</b> then \$187.50	<b>DED</b> then \$187.50

## Your Cost for Coverage (deducted 26 times per year)

Healthstat Participant	Plan A	Plan C	Plan D	EPO
<b>Employee Only</b>	\$114.05	\$25.84	\$6.61	\$98.41
<b>Employee + Family</b>	\$479.43	\$268.03	\$220.42	\$432.99
Non-Healthstat Participant	Plan A	Plan C	Plan D	EPO
<b>Employee Only</b>	\$136.86	\$31.01	\$7.93	\$118.09
<b>Employee + Family</b>	\$502.24	\$273.20	\$221.74	\$452.67

# DENTAL INSURANCE

## DENTAL CARE THAT MAKES YOU SMILE

### DHMO or Advantage

### PPO Mid or Indemnity

<b>Dentist Choice</b>	<b>In-Network care only</b> The DHMO and Advantage plans require you to choose a Humana dentist as your primary dentist.	<b>Use Network Providers to save dollars and receive better benefits.</b> Out-of-Network Providers are available but at a higher cost to you.
<b>Paying for Care</b>	<b>Copays</b> You pay a set copay for each service you receive. See the copay schedule for details.	<b>Deductible then Coinsurance</b> Basic and Major care is subject to the deductible, and then you pay a portion of the cost.

### Check out the benefits for 2021!

#### PPO Mid

#### Indemnity

Annual Maximum Benefit	\$1,000 per person	\$1,250 per person
<b>In-Network Care</b>	(you pay)	(you pay)
<b>Deductible</b> <span style="background-color: #f4a460; padding: 2px;">DED</span>	\$50 per person, \$150 family maximum	\$25 per person, \$75 family maximum
<b>Type 1: Preventive Care</b> 3 Routine Cleanings per year	100% covered (no deductible)	100% covered (no deductible)
<b>Type 2: Basic Services</b> Composite (White) Fillings	<span style="background-color: #f4a460; padding: 2px;">DED</span> then 20%	<span style="background-color: #f4a460; padding: 2px;">DED</span> then 20%
<b>Type 3: Major Services</b> Includes 4 Periodontal Cleanings per year	<span style="background-color: #f4a460; padding: 2px;">DED</span> then 50%	<span style="background-color: #f4a460; padding: 2px;">DED</span> then 50%, includes implant coverage
<b>Type 4: Orthodontics (child to age 18)</b>	50%, \$1,000 lifetime maximum	50%, \$1,000 lifetime maximum
<b>Out-of-Network Care</b> (plus balance billing)	(you pay)	(you pay)
<b>Deductible</b> <span style="background-color: #f4a460; padding: 2px;">DED</span>	\$50 per person, \$150 family maximum	\$50 per person, \$150 family maximum
<b>Type 1: Preventive Care</b>	20% (no deductible)	10% (no deductible)
<b>Type 2: Basic Services</b>	<span style="background-color: #f4a460; padding: 2px;">DED</span> then 40%	<span style="background-color: #f4a460; padding: 2px;">DED</span> then 30%
<b>Type 3: Major Services</b>	<span style="background-color: #f4a460; padding: 2px;">DED</span> then 60%	<span style="background-color: #f4a460; padding: 2px;">DED</span> then 60%
<b>Type 4: Orthodontics (child to age 18)</b>	60%, \$1,000 lifetime maximum	60%, \$1,000 lifetime maximum

Amounts shown are what you pay for care.

### Your Cost for Coverage (deducted 24 times per year)

	DHMO	Advantage	PPO Mid	Indemnity
Employee Only	\$5.87	\$8.93	\$11.62	\$16.58
Employee + One	\$11.06	\$17.42	\$20.48	\$29.23
Employee + Two or More	\$14.97	\$29.65	\$31.92	\$45.52

# HUMANA

Group: 326

Website: [www.humanadental.com](http://www.humanadental.com)

Phone: 1.800.342.5209

For more information on the dental benefits through Humana.



# VISION INSURANCE



## FOCUS ON YOUR VISION

### ENHANCED "HEALTHY EYES ADVANCED AND FRAME ALLOWANCE

- Full coverage for diagnostic testing for type 1 & 2 diabetics every 6 months.
- Extra eye exam for dependents under 19 every 6 months.
- Frame allowance increased from \$110 to \$120

		In-Network	Out-of-Network
Exam	Eye Examination	\$10 copay	Up to \$45 reimbursement
	Retinal Imaging	\$15 copay (NEW)	Up to \$20 reimbursement
Glasses	Lenses - Single	\$15 copay	Up to \$30 reimbursement
	Lenses - Bifocal	\$15 copay	Up to \$50 reimbursement
	Lenses - Trifocal	\$15 copay	Up to \$65 reimbursement
	Frames	\$120 allowance; (NEW) 20% discount off balance	Up to \$84 reimbursement
Contacts	Elective Contact Lenses	\$105 allowance (no copay)	Up to \$105 reimbursement
	Standard Contact Fit & Follow-up	\$40 copay	N/A

Elective contact lenses are available in lieu of eyeglass lenses. You are not eligible for glasses for 12 months after you receive elective contacts, and vice-versa.

### Your Cost for Coverage (deducted 24 times per year)

	Vision Plan
Employee Only	\$2.75
Employee + One	\$5.48
Employee + Two or More	\$7.69

**EYEMED**

Group: 1018498

Website: [www.eyemed.com](http://www.eyemed.com)

Phone: 1.866.939.3633

Download EyeMed's mobile app to locate a provider, store your prescription, schedule appointments, and more!





# FLEXIBLE SPENDING ACCOUNTS (FSA)

## TAX-FREE DOLLARS FOR LIFE'S EXPENSES

Pay for qualifying health care and dependent care expenses with tax-free money using a Flexible Spending Account (FSA). You may generally enroll in one or both accounts depending on your needs. You must make a new election amount for the 2021 plan year even if you want your amount to remain the same as the previous year.

Either use your FSA debit card to pay for eligible expenses, or pay out of your pocket and then file for reimbursement using the claim forms on [www.myuhc.com](http://www.myuhc.com).

### HEALTH CARE FSA

Pay for qualifying medical, pharmacy, dental, and vision expenses using pre-tax funds with a Health Care FSA.

<b>Contribution Maximum</b>	\$2,750 (\$114.58 deducted 24 times per year)
<b>Time period for claims</b> (within calendar year January - December 2021)	January through December 2021
<b>Time period to submit claims</b> (within calendar year January - December 2021)	Through March 31, 2022
<b>Carry Over</b> (amount allowed to carry over to the next plan year)	To qualify for a Carry Over (\$550 maximum) you must enroll in the Flexible Spending Account during the 2022 Open Enrollment period with an effective date of January 1, 2022 plan year. The unspent Carry Over dollars must be used by December 31, 2022.

### DEPENDENT CARE FSA

Pay for qualifying dependent care on behalf of an eligible individual with pre-tax funds. Eligible individuals are typically defined as a dependent child under the age of 13 or other tax dependent such as a spouse who is physically or mentally incapable of self-care

<b>Contribution Maximum</b>	\$5,000 (\$208.33 deducted 24 times per year)   \$2,500 if married filing separately (\$104.17 deducted 24 times per year)
<b>Time period for claims</b>	January through December 2021
<b>Time period to submit claims</b>	March 31, 2022
<b>Grace Period</b>	Grace Period allows any unspent dollars to be used in the following year with no limit on the amount. The dollars must be spent by March 31, 2022.

### GOOD TO KNOW:

- To be reimbursable, eligible expenses must be necessary for you and your spouse (if applicable) to work, attend school, or look for work.
- Only the amount you've contributed year to date is available at any one time.
- You may change your election amount to your Dependent Care, if you have a qualifying event such as marriage, divorce, death, loss of job, change in the number of dependents, change in your dependent care provider, significant increase or decrease in the cost of the dependent care, but only if the dependent care provider that imposes the cost change is not related to you.

Download United Healthcare's mobile app for claims information, to access your ID card, find a doctor, and more!

**UNITED  
HEALTHCARE**

**Group:** 702586

**Website:** [www.MyUHC.com](http://www.MyUHC.com)

**Phone:** 1.866.633.2477



# LIFE AND AD&D INSURANCE

## COVERAGE FOR THE UNEXPECTED

### Basic Life Insurance (City-Paid)

As an employee of the City of Lakeland, you are provided with life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you through Unum in the amount of your salary **up to \$50,000**. AD&D coverage is equal to your life insurance and may pay your beneficiary if your death is due to an accident, or may pay a partial benefit due to loss of specified functions.

**IMPORTANT! CONFIRM your beneficiary information is up to date and correct**

#### INTRODUCING AD&D

AD&D coverage can pay a benefit in one of two ways, death or dismemberment.

1. **Death:** If your death is caused due to an accident, the AD&D benefit pays in addition to your life insurance. This is sometimes called a “double indemnity” because your beneficiary receives both the life insurance amount and the AD&D amount.
2. **Dismemberment:** If, as the result of an accident, you either lose a covered body part (such as a limb) or lose the function of a covered body part, you may receive a percentage of the total AD&D benefit depending on the functions that have been lost.

### Additional Life Insurance

To supplement the life insurance coverage provided by the City, you have the option to purchase additional life insurance and AD&D coverage for yourself and your dependents through Unum.

#### FOR YOU

Available Increments	\$10,000
Maximum Coverage	\$600,000
New Hire Up to Guaranteed Issue Amount	\$350,000
Open Enrollment Increase	\$10,000

#### YOUR COST (deducted 24 times per year):

\$0.12 per \$1,000 in coverage

As a newly hired employee, you may elect up to the **guaranteed issue amount of \$350,000** with no medical questions required.

If you are currently enrolled in additional life insurance coverage and your coverage amount is less than \$350,000 you may increase your policy amount by **\$10,000** at Open Enrollment with no medical questions required.

**If you are required to answer medical questions for coverage NEW— Electronic Filing on Evidence of Insurability (EOI) for Life Insurance request over the guaranteed issue amount. This year it is done all online instead of paper applications.**

Visit: [SecureHealth.UNUM.com/EOIAccess](https://SecureHealth.UNUM.com/EOIAccess). Then enter the access code: 2N6VX4A

#### FOR YOUR DEPENDENTS

You have three life insurance options for your dependents:

	For your Spouse	For your Child(ren)	YOUR COST PER PAYCHECK
Option A	\$5,000	\$2,000	<b>\$0.20</b>
Option B	\$10,000	\$5,000	<b>\$0.40</b>
Option C	\$15,000	\$7,500	<b>\$0.60</b>

Children under 6 months of age: \$1,000 coverage

If you are currently enrolled in options A or B, you may be able to increase one level with no medical questions required

Life Insurance: In order to remain compliant with the Internal Revenue Service, any amount the employee pays for life insurance coverage will be accounted for on an after-tax basis on their paycheck.

**UNUM**

**Group:** City of Lakeland

**Website:** [www.UNUM.com](http://www.UNUM.com)

**Phone:** 1.800.421.0344

# BENEFICIARY CONFIRMATION ASSISTANCE

## LIFE INSURANCE – UNUM

- Beneficiary Form in (PeopleSoft)
- City Provided Benefit
- Supplemental & Dependent Benefit (if applicable)

## VOLUNTARY BENEFITS – METLIFE

- Beneficiary Form on file with Carrier
- Accident Policy (if applicable)
- Critical Illness Policy (if applicable)

## STATUTORY AD&D

- Beneficiary Form in (PeopleSoft)
- All employees “in line of duty” benefit

Call Employee Benefits at [863.834.6797](tel:863.834.6797) to verify beneficiaries

## General Pension Plan

- Pension Plan Beneficiary Form
- Final Pay Beneficiary Form (for pension plans A & B)
- Deferred Comp (VOYA) Beneficiary Form (if applicable)
- Retirement Health Savings Beneficiary Form (if hired before 1/1/2003)
- CMA Survivor Form (if hired 1/1/2003 or after)

## Police Pension Plan

- Pension Plan Beneficiary Form (call Foster & Foster – [239.333.4872](tel:239.333.4872) or email [ferrell.jenne@foster-foster.com](mailto:ferrell.jenne@foster-foster.com))
- Final Pay Beneficiary Form
- Deferred Comp (VOYA) Beneficiary Form (if applicable)
- Retirement Health Savings Beneficiary Form (if hired before 1/1/2003)
- ICMA Survivor Form (if hired 1/1/2003 or after)

## Fire Pension Plan

- Pension Plan Beneficiary Form (call Foster & Foster – [239.333.4872](tel:239.333.4872) or email [ferrell.jenne@foster-foster.com](mailto:ferrell.jenne@foster-foster.com))
- Final Pay Beneficiary Form
- Deferred Comp (VOYA) Beneficiary Form (if applicable)
- Retirement Health Savings Beneficiary Form (if hired before 1/1/2003)
- ICMA Survivor Form (if hired 1/1/2003 or after)

Call Retirement Services at [863.834.8797](tel:863.834.8797) to verify beneficiaries

# DISABILITY INSURANCE

## PROTECTING YOUR INCOME

### Long-Term Disability Insurance

The City provides you with **free** Long-Term Disability Insurance through Lincoln Financial as a continuing source of income protection in the event you are unable to work.

<b>When you are eligible to begin disability benefits</b>	1 year from your date of hire for all full- and part-time regular employees
<b>When benefits begin</b>	After <b>180</b> days of inability to work
<b>How much it pays</b>	If you are a <b>full-time</b> regular employee: 60% of your income up to \$5,000 per month If you are a <b>part-time</b> regular employee: 60% of your income up to \$3,000 per month
<b>How long benefits last</b>	Up to two years if you are unable to perform the duties of your current occupation to age 65 if you are unable to perform the duties of any occupation, then 24 months. If you become disabled after age 65, the benefit duration depends on your age at disability.



**LINCOLN  
FINANCIAL**

**Group:** City of Lakeland

**Website:** [www.lfg.com](http://www.lfg.com)

**Phone:** 1.800.423.2765

# VOLUNTARY BENEFITS

## CRITICAL ILLNESS COVERAGE

### PROTECTION FOR UNEXPECTED DIAGNOSES

You have the opportunity to purchase a Voluntary Critical Illness Policy through MetLife. Many major illnesses can be financially devastating. While comprehensive medical insurance is designed to assist with the cost of treatment, MetLife's Critical Illness policy pays you directly to assist with out-of-pocket expenses by providing a lump sum benefit that can be used at your discretion.

#### Features

- Coverage available for the entire family (spouse and child)
- Pays direct to you assist with out-of-pocket expenses;
- Pays in addition to medical insurance benefits
- **Total Benefit Amount:** 300% of the initial benefit amount elected. MetLife will pay benefits for each covered person until the Total Benefit Amount for that person is reached.
- Added bonus: Will Preparation Services, MetLife VisionAccess (this is a discount program and does not replace the core vision insurance plan), and Digital Legacy

#### Illnesses Covered

This critical illness policy is designed to pay a lump sum benefit per covered illness for:

- Heart attack
  - Stroke
  - Renal (kidney) failure
  - Transplant of a major organ
  - Coronary Artery Bypass Graft )
  - Cancer (Full: 100% / Partial: 25%)
- A 25% benefit may be paid for diagnoses including:
- ALS (Lou Gehrig's disease)
  - Huntington's disease
  - Multiple sclerosis
  - Muscular dystrophy
  - Addison's disease

#### Coverage Options:

Available Increments	\$5,000
Minimum Coverage	\$5,000
Maximum Coverage	\$50,000

Your premium for this coverage will be deducted on an after-tax basis.

Please consult the actual policy underwritten by MetLife Insurance Company for exclusions, provisions, and the Schedule of Benefits for benefit amounts and covered conditions.

Download MetLife's mobile app for more information!

**METLIFE**

Website: [www.MetLife.com](http://www.MetLife.com)

Phone: 1.800.GET.MET8 (438.6388)



# VOLUNTARY BENEFITS

## ACCIDENT COVERAGE

### COVERING EXPENSES OF UNEXPECTED ACCIDENTS

You have the opportunity to purchase a Voluntary Accident Policy through MetLife. Emergency costs can add up quickly. One trip to the ER due to an accident may involve many services – an ambulance ride, X-rays, medicines and physician fees. While comprehensive medical insurance is designed to assist with the cost of treatment, MetLife's Accident policy pays you directly to assist with out-of-pocket expenses by paying benefits based on treatment and diagnoses that can be used at your discretion.

### Features

- Guaranteed Issue – There are no medical questions you'll have to answer, but your spouse or domestic partner must answer a disability question.
- Pays directly to you to assist with out-of-pocket expenses.
- Pays in addition to medical insurance benefits.
- Family Coverage – Apply for your spouse, children and dependent grandchildren.
- **Added bonus:** Will Preparation Services, MetLife VisionAccess (this is a discount program and does not replace the core vision insurance plan), and Digital Legacy

### What's Covered

This policy pays benefits depending on the care received due to a covered non-occupational (off-the-job) accident:

- **Initial Care Benefits:** Physician visit, ambulance, emergency room treatment, hospital benefits, lodging, blood, surgery, emergency dental
- **Injury Benefits:** Burn; concussion; dislocation; eye injury; fracture; herniated disc; laceration; loss of finger, toe, hand, foot, sight; tendon, ligament, rotator cuff injury; torn knee cartilage
- **Follow-up Care Benefits:** Physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation
- **Health Screening Benefit:** Pays \$100 per person per calendar year when you receive an approved wellness screening.

Your premium for this coverage will be deducted on an after-tax basis.

Please consult the actual policy underwritten by MetLife Insurance Company for exclusions, provisions, and the Schedule of Benefits for benefit amounts and covered conditions.

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# VOLUNTARY BENEFITS

## HOSPITAL INDEMNITY COVERAGE

### COVERING EXPENSES OF UNEXPECTED ACCIDENTS

You have the opportunity to purchase a Voluntary Hospital Indemnity policy through MetLife. You can receive benefits when you're admitted to the hospital for a covered accident or illness. The money is paid directly to you – not to a hospital or care provider. It can complement your health insurance to help you pay for the costs of a hospital stay. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays and deductibles.

### Features

- Pays direct to you assist with out-of-pocket expenses;
- Pays in addition to medical insurance benefits
- Family Coverage – Apply for your spouse and children
- Portable - you can take this plan with you if you leave the City of Lakeland
- **Added bonus:** Will Preparation Services, MetLife VisionAccess (this is a discount program and does not replace the core vision insurance plan), and Digital Legacy

### What's Covered

You have two plan options: Plan A or Plan B. Each plan covers the same services; the difference is the hospital admission benefit.

Service	Plan A Benefit	Plan B Benefit	Time Limitation
Covered Hospital Admission	\$500 per admission	\$1,000 per admission	One admission benefit pays per year: regular or ICU
Covered Icu Supplemental Admission	\$1,000 per admission	\$1,500 per admission	
Covered Hospital Stay	\$100 per day		Up to 15 days, once per year
Icu Hospital Stay	\$200 per day		Up to 15 days, once per year
Emergency Room Treatment (For a Covered Accident)	\$150		Once per year
Ambulance Transportation (For a Covered Accident)	Ground: \$100   Air: \$500		Once per year

The ICU Supplemental Admission Benefit is paid in addition to the Admission Benefit if you are admitted to an Intensive Care Unit.

Your premium for this coverage will be deducted on an after-tax basis.

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*This benefit summary prepared by*



**Gallagher**

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