

# 2024 RETIREE BENEFIT HIGHLIGHTS

Medical

Dental

Vision

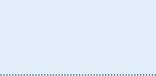
EAP

Life &  
Disability

FSA



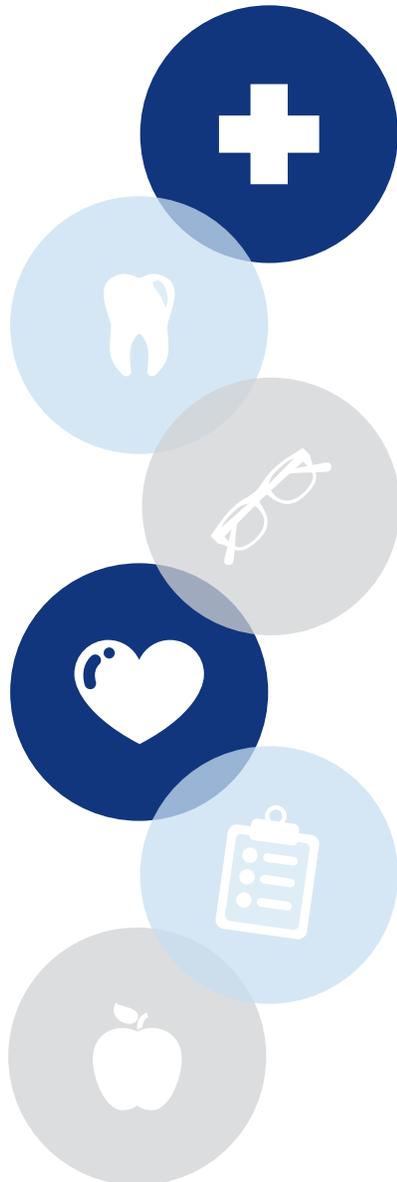
## Contact Information

	<b>City of Palm Bay</b>	Human Resources	Phone: (321) 952-3421 Email: <a href="mailto:human.resources@pbfl.org">human.resources@pbfl.org</a>
	<b>Online Benefit Enrollment</b>	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) Email: <a href="mailto:support@mybentek.com">support@mybentek.com</a> <a href="http://www.mybentek.com/palmbayflorida">www.mybentek.com/palmbayflorida</a>
	<b>Medical Insurance</b>	Cigna Healthcare	Customer Service: (800) 244-6224 <a href="http://www.mycigna.com">www.mycigna.com</a>
	<b>Prescription Drug Coverage Mail-Order Program</b>	Cigna/Express Scripts Pharmacy	Customer Service: (800) 835-3784 <a href="http://www.mycigna.com">www.mycigna.com</a>
	<b>Telehealth</b>	MDLIVE through Cigna	Customer Service: (888) 726-3171 <a href="http://www.mycigna.com">www.mycigna.com</a>
	<b>Dental Insurance</b>	Cigna Healthcare	Customer Service: (800) 244-6224 <a href="http://www.mycigna.com">www.mycigna.com</a>
	<b>Vision Insurance</b>	EyeMed	Customer Service: (866) 939-3633 <a href="http://www.eyemed.com">www.eyemed.com</a>
	<b>Basic Life Insurance</b>	Securian Financial, Administered by Ochs	Customer Service: (800) 392-7295 <a href="http://www.ochsinc.com">www.ochsinc.com</a>



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This booklet is merely a summary of benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The City of Palm Bay reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



## Introduction

The City of Palm Bay provides group insurance benefits to eligible retirees. The Retiree Benefit Highlights Booklet provides a general summary of these benefit options as a convenient reference. Please refer to the City's Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available retiree benefit programs and stipulations therein. If a retiree requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact the Human Resources Department for further information.

## Online Benefit Enrollment

The City provides retirees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC).

Accessible 24 hours a day, throughout the year, retiree may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for retiree and dependent(s). Retiree also has access to important forms and carrier links, and can review and make changes to Life insurance beneficiary designations.



### To Access the Employee Benefits Center:

- ✓ Log on to [www.mybentek.com/palmbayflorida](http://www.mybentek.com/palmbayflorida)  
*Please Note: Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.*
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If retiree has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

For technical issues directly related to using the EBC, please call (888) 5-Bentek (523-6835) or email Bentek Support at [support@mybentek.com](mailto:support@mybentek.com), Monday through Friday during regular business hours 8:30am - 5:00pm.



To access Bentek using a mobile device, scan code.





## Group Insurance Eligibility



The City's group insurance plan year is January 1 through December 31.

### Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. The term "child" includes any of the following:

- A natural child
- A legally adopted child
- A stepchild
- A newborn child (up to the age of 18 months old) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

### Dependent Age Requirements

**Medical Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

**Dental Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 30.

**Vision Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 30.

### Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment; and
- Primarily dependent upon the retiree for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured

Proof of disability will be required upon request. Please contact the Human Resources Department if further clarification is needed.

### Available Benefits

Retirees eligible for retirement, will be allowed to continue policies that are in effect at the time of retirement. Eligible policies may include health, dental, vision, and basic life insurance. Basic Life insurance policy with Securian Financial, Administered by Ochs can be converted to a Whole Life policy. If applicable, voluntary life insurance is eligible for portability. Retirees over age 55 may elect to enroll in a \$2,500 Group Life Policy upon retirement. There are options available for continuation of supplemental insurance, if elected prior to retirement.

### Payment of Premiums

Retirees continuing their insurance benefits under the provisions of this policy are responsible for paying the monthly premiums, in full, at the group rate. Such payments are to be made directly to the City of Palm Bay Human Resources Department by the 5th of each month. Failure to remit payment by the due date will result in cancellation of coverage.

### Changes to Coverages

Benefit changes may be made on a limited basis during the City's annual open enrollment period. Changes are limited to discontinuing coverage and/or removing dependents. Retirees cannot elect to add coverage that they did not have upon retirement. Retirees who voluntarily discontinue coverage for themselves and/or dependents will not be eligible to re-enroll in the group plans at a later date. Upon reaching Medicare eligibility, retirees will no longer be eligible to continue medical coverage under the City's plan. If changes are needed outside of open enrollment, contact Human Resources for assistance.



## Medical Insurance

The City offers medical insurance through Cigna Healthcare to benefit-eligible retirees. The monthly costs for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to Cigna's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

### Medical Insurance

#### Cigna Open Access High Deductible Health Plan (HDHP)

Monthly Premium (1/1/24 - 12/31/24)

Tier of Coverage	Retiree Cost
Retiree Only	\$726.66
Retiree + Spouse	\$1,528.56
Retiree + Child(ren)	\$1,382.76
Retiree + Family	\$2,184.64

### Medical Insurance

#### Cigna Open Access Plus (In-Network Only) Plan

Monthly Premium (1/1/24 - 12/31/24)

Tier of Coverage	Retiree Cost
Retiree Only	\$941.76
Retiree + Spouse	\$1,980.96
Retiree + Child(ren)	\$1,792.02
Retiree + Family	\$2,831.26

### Medical Insurance

#### Cigna Open Access Plus Plan

Monthly Premium (1/1/24 - 12/31/24)

Tier of Coverage	Retiree Cost
Retiree Only	\$1,050.24
Retiree + Spouse	\$2,209.06
Retiree + Child(ren)	\$1,998.32
Retiree + Family	\$3,157.14

Cigna Healthcare | Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)

## Other Available Plan Resources

Cigna offers all enrolled members and dependent(s) additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the Summary of Benefits and Coverage (SBC).

### Summary of Benefits and Coverage

A Summary of Benefits & Coverage (SBC) for the medical plan is provided as a supplement to this booklet is being distributed to retirees during the Open Enrollment period. The summary is an important item in understanding retiree benefit options. A free paper copy of the SBC document may be requested by contacting:

**From:** The Human Resources Department  
**Address:** 120 Malabar Road, SE.  
 Palm Bay, FL 32907  
**Phone:** (321) 952-3421  
**Email:** [human.resources@pbfl.org](mailto:human.resources@pbfl.org)  
**Website:** [www.mybentek.com/palmbayflorida](http://www.mybentek.com/palmbayflorida)

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage.

## Telehealth

Cigna provides access to telehealth services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions 24 hours a day, seven (7) days a week. Based on medical plan, a copay or plan cost will apply.

Registration is suggested and should be completed prior to receiving services. Telehealth should be considered when retiree's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth, such as:

- ✓ Sore Throat
- ✓ Headache
- ✓ Stomachache
- ✓ Fever
- ✓ Cold And Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTIs And More

Telehealth doctors do not replace retiree's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact MDLIVE through Cigna.

### Cigna Healthcare

MDLIVE | Customer Service: (888) 726-3171 | [www.mycigna.com](http://www.mycigna.com)



## Cigna Open Access Plus (HDHP) Plan At-A-Glance

Network	Open Access Plus
<b>Calendar Year Deductible (CYD)</b>	
Single	\$2,000
Family	\$4,000
<b>Coinsurance</b>	
Member Responsibility	20%
<b>Calendar Year Out-of-Pocket Limit</b>	
Single	\$4,000
Family	\$8,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, and Rx
<b>Physician Services</b>	
Primary Care Physician (PCP) Office Visit	20% After CYD
Specialist Office Visit	20% After CYD
Telehealth Services	20% After CYD
<b>Preventive Care</b>	
Adult/Child Wellness Visits*	No Charge
<b>Non-Hospital Services; Freestanding Facility</b>	
Clinical Lab (Bloodwork)**	20% After CYD
X-rays	20% After CYD
Advanced Imaging (MRI, PET, CT) - Per Scan	20% After CYD
Outpatient Surgery in Surgical Center	20% After CYD
Physician Services at Surgical Center	20% After CYD
Urgent Care (Per Visit)	20% After CYD
<b>Hospital Services</b>	
Inpatient Hospital (Per Admission)	20% After CYD
Outpatient Hospital (Per Visit)	20% After CYD
Physician Services at Hospital	20% After CYD
Emergency Room (Per Visit; Waived if Admitted)	20% After CYD
<b>Mental Health/Alcohol &amp; Substance Abuse</b>	
Inpatient Hospitalization (Per Admission)	20% After CYD
Outpatient Services (Per Visit)	20% After CYD
Physician Office Visit	20% After CYD
<b>Prescription Drugs (Rx)</b>	
Generic	20% After CYD
Preferred Brand Name	20% After CYD
Non-Preferred Brand Name	20% After CYD
Mail Order Drug (90-Day Supply)	20% After CYD



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Open Access Plus network.



### Plan References

\*Charges are based on the provider coding as a preventive visit not a diagnostic visit (wellness visit only, not for any illness or injury). Please check the carrier's Summary of Benefits and Coverage (SBC) document. Contact Cigna for a list of preventive exams and for information regarding age and plan requirements.

\*\*Labcorp and Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna's Open Access Plus network prior to receiving services.



### Important Notes

- Services received by providers or facilities **NOT** in the Open Access Plus network, will not be covered.



## Cigna Open Access Plus (In-Network Only) Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Open Access Plus network.



### Plan References

*\*Charges are based on the provider coding as a preventive visit not a diagnostic visit (wellness visit only, not for any illness or injury). Please check the carrier's Summary of Benefits and Coverage (SBC) document. Contact Cigna for a list of preventive exams and for information regarding age and plan requirements.*

*\*\*Labcorp and Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna's Open Access Plus Network prior to receiving services.*



### Important Notes

- Services received by providers or facilities **NOT** in the Open Access Plus network, will not be covered.
- *This summary has been provided as a convenient reference. For a full list of covered services, please see the Summary of Benefits and Coverage (SBC) or contact customer service.*

Network	Open Access Plus
<b>Calendar Year Deductible (CYD)</b>	
Single	\$1,250
Family	\$2,500
<b>Coinsurance</b>	
Member Responsibility	20%
<b>Calendar Year Out-of-Pocket Limit</b>	
Single	\$3,000
Family	\$6,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx
<b>Physician Services</b>	
Primary Care Physician (PCP) Office Visit	\$30 Copay
Specialist Office Visit	\$40 Copay
Telehealth Services	\$30 Copay
<b>Preventive Care</b>	
Adult/Child Wellness Visits*	No Charge
<b>Non-Hospital Services; Freestanding Facility</b>	
Clinical Lab (Bloodwork)**	No Charge
X-rays	20% Coinsurance Only
Advanced Imaging (MRI, PET, CT) - Per Scan	20% After CYD
Outpatient Surgery in Surgical Center	20% After CYD
Physician Services at Surgical Center	20% After CYD
Urgent Care (Per Visit)	\$30 Copay
<b>Hospital Services</b>	
Inpatient Hospital (Per Admission)	20% After CYD
Outpatient Hospital (Per Visit)	20% After CYD
Physician Services at Hospital	20% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>	
Inpatient Hospitalization (Per Admission)	20% After CYD
Outpatient Hospitalization (Per Visit)	20% After CYD
Outpatient Services (Per Visit)	20% After CYD
Physician Office Visit	\$40 Copay
<b>Prescription Drugs (Rx)</b>	
Generic	\$10 Copay
Preferred Brand Name	\$30 Copay
Non-Preferred Brand Name	\$50 Copay
Mail Order Drug (90-Day Supply)	\$20 / \$60 / \$100 Copay



# Cigna Open Access Plus Plan At-A-Glance

Network	Open Access Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out-of-Network***</b>
Single	\$750	\$1,500
Family	\$1,500	\$3,000
<b>Coinsurance</b>		
Member Responsibility	10%	30%
<b>Calendar Year Out-of-Pocket Limit</b>		
Single	\$2,500	\$5,000
Family	\$5,000	\$10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$20 Copay	30% After CYD
Specialist Office Visit (No Referral Required)	\$30 Copay	30% After CYD
Telehealth Services	\$20 Copay	Not Covered
<b>Preventive Care</b>		
Adult/Child Wellness Visits*	No Charge	
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork)*	Covered at 100%	30% After CYD
X-rays	10% Coinsurance Only	30% After CYD
Advanced Imaging (MRI, PET, CT) - Per Scan	10% After CYD	30% After CYD
Outpatient Surgery in Surgical Center	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care (Per Visit)	\$30 Copay	\$30 Copay
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	10% After CYD	30% After CYD
Outpatient Hospital (Per Visit)	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay	\$150 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospitalization (Per Admission)	10% After CYD	30% After CYD
Outpatient Services (Per Visit)	10% After CYD	30% After CYD
Physician Office Visit	\$30 Copay	30% After CYD
<b>Prescription Drugs (Rx)</b>		
Generic	\$10 Copay	40% Coinsurance
Preferred Brand Name	\$30 Copay	
Non-Preferred Brand Name	\$50 Copay	
Mail Order Drug (90-Day Supply)	\$20 / \$60 / \$100 Copay	Not Covered



## Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Open Access Plus network.



## Plan References

\*Charges are based on the provider coding as a preventive visit not a diagnostic visit (wellness visit only, not for any illness or injury). Please check the carrier's Summary of Benefits and Coverage (SBC) document. Contact Cigna for a list of preventive exams and for information regarding age and plan requirements.

\*\*\*Labcorp and Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna's Open Access Plus Network prior to receiving services.

\*\*\***Out-Of-Network Balance Billing:** For information regarding Out-of-Network balance billing that may be charged by an out-of-network provider, please refer to the Summary of Benefits and Coverage (SBC)



## Important Notes

• This summary has been provided as a convenient reference. For a full list of covered services, please see the Summary of Benefits and Coverage (SBC) or contact customer service.



## Dental Insurance

### Cigna Dental DHMO Plan

The City offers dental insurance through Cigna Healthcare to benefit-eligible retirees. The monthly costs for coverage for the Cigna Dental DHMO plan are listed in the premium table below and a brief summary of benefits is provided on the following page. For more information about the dental plans, including exclusions and stipulations, please refer to the Cigna's summary plan document or contact Cigna's customer service.

#### Dental Insurance – Cigna Dental DHMO Plan

Monthly Premium (1/1/24 - 12/31/24)

Tier of Coverage	Retiree Cost
Retiree Only	\$19.25
Retiree + 1	\$36.57
Retiree + Family	\$49.84

#### In-Network Benefits

The DHMO dental plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Retiree and dependent(s) must select a participating dentist within the Cigna Dental Care HMO network to receive covered services. There is no coverage for services received out-of-network.

The DHMO plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the next page. Please refer to the plan's summary of coverage document for a detailed listing of charges and coverage.

#### Out-of-Network Benefits

The DHMO plan does not cover any services rendered by out-of-network facilities or providers.

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Benefit Maximum

There is no benefit maximum.



#### IMPORTANT NOTES

- Each member may receive up to two (2) routine cleanings in-network per calendar year covered under the preventive benefit. Members may also receive two (2) additional cleanings annually for a \$45 copay for adults and a \$35 copay for children.
- Referrals are **required** for specialty care services, except Pediatrics, Orthodontics and Endodontics services.
- Pediatric Dental benefits are available for child(ren) up to age 13. Child(ren) age 13 or older must be seen by a general dentist.
- Procedures not listed on the schedule are not covered by the dental plan, therefore the member is subject to the full cost of that service.

Cigna Healthcare | Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)



## Cigna Dental DHMO Plan At-A-Glance

Network		Cigna Dental Care Access	
<b>Calendar Year Deductible (CYD)</b>		<b>In-Network Only</b>	
Per Member		Does Not Apply	
Per Family		Does Not Apply	
Waived for Class I Services?		Does Not Apply	
<b>Calendar Year Benefit Maximum</b>			
Per Member		Does Not Apply	
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		<b>Code</b>	<b>In-Network</b>
Routine Oral Exam (4 Per Year)		0120/0150	\$0
Routine Cleanings (2 Per Year)		1110/1120	\$0
Bitewing X-rays (4 Films; 2 Per Year)		0274	\$0
Complete X-rays (1 Set Every 3 Years)		0210	\$0
Fluoride Treatments (2 Per Year)		1208	\$0
Emergency Care to Relieve Pain (During Regular Hours)		9110	\$5
<b>Class II Services: Basic Restorative Care</b>			
Fillings (Amalgam; 1/2/3 Surface)		2140/50/60	\$0
Fillings (Composite; 3 Surface, Anterior)		2332	\$0
Fillings (Composite; 3 Surface, Posterior)		2393	\$75
Deep Cleaning (1 Per Lifetime)		4355	\$40
<b>Class III Services: Major Restorative Care</b>			
General Anesthesia (When Medically Necessary; First 30 Minutes)		9220	\$160
Bridges*		6240	\$185
Crowns (Porcelain Fused to High Noble Metal)*		6750	\$185
Dentures*		5110/5120	\$150
Simple Extractions		7140	\$5
Endodontics (Root Canal Therapy — Molar)**		3330	\$250
Periodontal Maintenance (4 Per Year)		4910	\$30
Surgical Extractions (Oral Surgery)		7240	\$90
<b>Class IV Services: Orthodontia***</b>			
Benefit — Child (Up to Age 19)		8670/8080	\$1,744
Benefit — Adult		8670/8080	\$2,344
Retention		8680	\$275



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Cigna Dental Care Access network.



### Plan References

\*Additional fees, up to \$150 per procedure, apply to noble, high noble and titanium metal. There is a \$75 Copay per crown/bridge unit in addition to regular co-payments for porcelain on molars. Additional fees may apply.

\*\*Excluding Final Restoration.

\*\*\*Final cost will vary depending on treatment recommended for individual by provider.



## Dental Insurance

### Cigna Dental PPO Low Plan

The City offers dental insurance through Cigna Healthcare to benefit-eligible retirees. The monthly costs for coverage for the Cigna Dental PPO Low plan are listed in the premium table below and a brief summary of benefits is provided on the following page. For more information about the dental plans, including exclusions and stipulations, please refer to the Cigna's Summary Plan document or contact Cigna's customer service.

#### Dental Insurance – Cigna Dental PPO Low Plan

Monthly Premium (1/1/24 - 12/31/24)

Tier of Coverage	Retiree Cost
Retiree Only	\$27.03
Retiree + 1	\$46.18
Retiree + Family	\$66.28

#### In-Network Benefits

The Dental PPO Low plan provides benefits for services received from in-network and out-of-network providers. It is also an open access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Total Cigna DPPO network. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

*Please Note: Total DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.*

#### Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Total Cigna DPPO network provider. Cigna reimburses out-of-network services based on what it determines is the Maximum Allowable Charge (MAC). The MAC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member will pay the out-of-network benefit plus the difference between the amount that Cigna reimburses (MAC) for such services and the amount charged by the dentist. This is known as balance billing. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

The Dental PPO Low plan benefits begin once each covered member satisfies a \$50 deductible (waived for Class I services). The deductible is applied collectively for either in-network or out-of-network services or any combination of both. Once any three (3) covered members in a family each satisfy the \$50 deductible, the deductible will then be considered met for all covered members in that family.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO Low plan will pay for each covered member is \$1,000 for in-network or out-of-network services combined. All services including preventive, will accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

**Cigna Healthcare | Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)**



## Cigna Dental PPO Low Plan At-A-Glance

Network	Total Cigna DPP0	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
<b>Calendar Year Benefit Maximum</b>		
Per Member (Includes Class I Services)		\$1,000
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam (2 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Year)		
Bitewing X-rays (2 Per Year)		
<b>Class II Services: Basic Restorative Care</b>		
Fillings (Amalgam or Composite)	Plan Pays: 60% After CYD	Plan Pays: 60% After CYD (Subject to Balance Billing)
Complete X-rays (1 Set Every 3 Years)		
Simple Extractions		
<b>Class III Services: Major Restorative Care</b>		
Oral Surgery	Plan Pays: 40% After CYD	Plan Pays: 40% After CYD (Subject to Balance Billing)
Crowns		
Bridges		
Dentures		
Deep Cleaning		
Endodontics - Root Canal Therapy		
Periodontal Services		
General Anesthesia		
<b>Class IV Services: Orthodontia</b>		
Benefit Maximum - Child (To Age 19)		\$1,000
Benefit	50% Coinsurance; No Deductible	50% Coinsurance; No Deductible (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select **Total Cigna DPP0** network.



### Plan References

**\*Out-Of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.



### Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Treatment Review" upon the request from the dental provider.
- Teeth missing prior to coverage under the Cigna Dental plan are not covered.
- Service frequencies and age limitations may apply for some services.



## Dental Insurance

### Cigna Dental PPO High Plan

The City offers dental insurance through Cigna Healthcare to benefit-eligible retirees. The monthly costs for coverage for the Cigna Dental PPO High plan are listed in the premium table below and a brief summary of benefits is provided on the following page. For more information about the dental plans, including exclusions and stipulations, please refer to the Cigna's summary plan document or contact Cigna's customer service.

#### Dental Insurance – Cigna Dental PPO High Plan

Monthly Premium (1/1/24 - 12/31/24)

Tier of Coverage	Retiree Cost
Retiree Only	\$37.19
Retiree + 1	\$63.51
Retiree + Family	\$91.17

#### In-Network Benefits

The Dental PPO High plan provides benefits for services received from in-network and out-of-network providers. It is also an open access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Total Cigna DPPO network. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

*Please Note: Total DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.*

#### Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Total Cigna DPPO network provider. Cigna reimburses out-of-network services based on what it determines is the Maximum Allowable Charge (MAC). The MAC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member will pay the out-of-network benefit plus the difference between the amount that Cigna reimburses (MAC) for such services and the amount charged by the dentist. This is known as balance billing. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

The Dental PPO High plan benefits begin once each covered member satisfies a \$50 deductible (waived for Class I services). The deductible is applied collectively for either in-network or out-of-network services or any combination of both. Once any three (3) covered members in a family each satisfy the \$50 deductible, the deductible will then be considered met for all covered members in that family.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO High plan will pay for each covered member is \$1,500 for in-network or out-of-network services combined. All services including preventive, will accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

**Cigna Healthcare | Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)**



## Cigna Dental PPO High Plan At-A-Glance

Network	Total Cigna DPPO	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
<b>Calendar Year Benefit Maximum</b>		
Per Member (Includes Class I Services)		\$1,500
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam (2 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Year)		
Bitewing X-rays (2 Per Year)		
<b>Class II Services: Basic Restorative Care</b>		
Fillings (Amalgam or Composite)	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Complete X-rays (1 Set Every 3 Years)		
Simple Extractions		
Oral Surgery		
Endodontics - Root Canal Therapy		
Periodontal Services		
General Anesthesia		
<b>Class III Services: Major Restorative Care</b>		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
Deep Cleaning		
<b>Class IV Services: Orthodontia</b>		
Benefit Maximum - Child (To Age 19)		\$1,000
Benefit	50% Coinsurance; No Deductible	50% Coinsurance; No Deductible (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Total Cigna DPPO network.



### Plan References

**\*Out-Of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.



### Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Treatment Review" upon the request from the dental provider.
- Teeth missing prior to coverage under the Cigna Dental plan are not covered.
- Service frequencies and age limitations may apply for some services.



## Vision Insurance

### EyeMed Vision Care Plan

The City offers vision insurance through EyeMed to benefit-eligible retirees. The monthly costs for coverage for the EyeMed Vision Care Plan are listed in the premium table below and a summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to EyeMed's summary plan document or contact EyeMed's customer service.

#### Vision Insurance – EyeMed Vision Care Plan

Monthly Premium (1/1/24 - 12/31/24)

Tier of Coverage	Retiree Cost
Retiree Only	\$6.30
Retiree + 1	\$11.97
Retiree + Family	\$17.58

#### In-Network Benefits

The vision plan offers retiree and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered retiree and dependent(s) can select any network provider who participates in the EyeMed Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

#### Out-of-Network Benefits

Retiree and covered dependent(s) may also choose to receive services from vision providers who do not participate in the EyeMed Insight Network. When going out of network, the provider will require payment at the time of appointment. EyeMed will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services per calendar year.

EyeMed | Customer Service: (866) 939-3633 | [www.eyemed.com](http://www.eyemed.com)



## EyeMed Vision Care Plan At-A-Glance

Network		Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$10 copay	Up to \$40 Reimbursement
Contact Lens Fit & Follow-Up	Standard Lens	Up to \$40 Allowance	Not Covered
	Premium Lens	10% Off Retail Price	Not Covered
<b>Frequency of Services</b>			
Examination			12 Months
Lenses			12 Months
Frames			12 Months
Contact Lenses			12 Months
<b>Lenses</b>			
Single		\$10 Copay	Up to \$30 Reimbursement
Bifocal		\$10 Copay	Up to \$50 Reimbursement
Trifocal		\$10 Copay	Up to \$70 Reimbursement
<b>Frames</b>			
Allowance		\$120 Retail Allowance; Then 20% Off Balance Over \$120	Up to \$84 Reimbursement
<b>Contact Lenses*</b>			
Non-Elective (Medically Necessary)		No Charge	Up to \$210 Reimbursement
Elective (Fitting, Follow-up & Lenses)	Conventional	\$120 Allowance; Then 15% Off Balance Over \$120	Up to \$120 Reimbursement
	Disposable	\$120 Allowance	Up to \$120 Reimbursement



### Locate a Provider

To search for a participating provider, contact EyeMed's customer service or visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). When completing the necessary search criteria, select Insight network.



### Plan References

\*Contact lenses are in lieu of spectacle lenses and a frame.



### Important Notes

Members who utilize PLUS Providers will have a \$0 copay for Eye Exams and an additional \$50 added to their frame allowance.

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

Benefits are available on a rolling 12 month schedule.

Hearing Health Care from Amplifon Hearing Network has a 40% discount off of hearing exams and a low price guarantee on discounted hearing aids. Please contact EyeMed for more details.







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