

ALL WE ARE IN



Guide to Benefits

Your guide to the City of Punta Gorda employee benefits for October 2023 - September 2024.

Strength in numbers. Healthier together.



All In Protection for all of Life's What-Ifs.

When the hurricane comes, we send life jackets and rescue squads. If the power goes out, we turn the lights back on. When a family is reunited, we smile. When a baby is born, we celebrate. If we lose a loved one, we grieve change. In the wake of every moment, we adjust to what is new, our very nature dictated by the ebb and flow of perpetual life.

At Public Risk Management of Florida, we know that when one rises, we all rise. Together, we join hands in strength and stability, no matter the tribulation or triumph. Every decimal point matters, every stitch must be made. There are no shortcuts, or do-overs, or time-outs. Every day, every moment, and every individual counts. We are strong because we all contribute. We are whole because we are united. We are all-in — like the force of a tide and the break of dawn.

Just like our organization, our benefits package is all-in. They are designed for you and by you to cover everything you need — your health, your wellness, your finances, and your future. Whether you are just starting out or planning for retirement, PRM benefits have you covered, no matter what life brings.

Strength in numbers. Healthier together.



Introduction

Everyone who works with us has an impact on our success. And we know that we can't be the best possible us, unless you are the best possible version of you!

As an employee of the City of Punta Gorda, you are a part of the Public Risk Management family. It isn't the family we're born into, it's the family we've chosen as our own. Your health and well-being are important, so we offer a rich benefits package designed to support and protect you in all the areas of life that matter—your health, your finances, and your future.

We understand that your benefits are important to you and your family, and helping you understand the benefits available to you is essential. This Benefit Guide provides a description of our benefit program and summary explanations of the benefits, which include:

1. Medical Insurance. Three plan options (BlueCare HMO 55, BlueChoice PPO 0727, and BlueOptions PPO 05901) are offered to all eligible employees.
 - Employee only coverage for each plan is paid for 100% by Punta Gorda.
2. Dental Insurance. High DPPO plan through Florida Combined Life.
 - Paid for by you.
3. Vision Insurance.
 - Paid for by you.
4. Basic Life and Accidental Death & Dismemberment Insurance.
 - Paid for 100% by Punta Gorda.
5. Additional Voluntary Life Insurance for yourself, your spouse, and/or child.
 - Paid for by you.
6. Short-term and Long-term Disability Insurance through The Standard.
 - Paid for in combination by you and Punta Gorda.

You are eligible to participate in our insurance plans if you are a full-time employee. If you are a new employee, you will have a waiting period where your benefits will begin on the 1st of the next month following 30 days of employment.

This Guide is not intended to cover all provisions of all plans, but rather to give you a quick reference to help answer most of your questions. Please see the carrier benefit summaries and certificates for more details.

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COVID-19 Disclaimer

In response to the COVID-19 pandemic, Congress enacted legislation to provide temporary relief and greater access to health care services and treatment. This temporary relief included such things as requiring insurers and plans to cover COVID-19 testing with no cost share to the employee; and expanding virtual health care service by easing the rules regarding telehealth. Since those changes were implemented for a limited period of time, this Benefit Guide represents your employee benefit offerings without regard to any temporary COVID-19 relief. For changes that occurred due to COVID-19, please refer to the COVID-19 information provided by your employer.

Proprietary Information Clause

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 the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.

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Benefits Eligibility

If you are an eligible employee, there are three occasions on which you can enroll in benefits:

- As a New Hire, after satisfying a waiting period
- Annually during Open Enrollment
- Within 30 days of a Qualifying Event (explained later in this Guide).

During annual Open Enrollment, you will need to make sure that your elections for the next plan year accurately reflect your desired coverage.

Dependent Eligibility

A dependent is defined to include your legal spouse, your dependent child, or a dependent child of your legal spouse.

Dependent children will be covered for medical, dental and vision insurance through the end of the calendar year in which they turn age 26. For medical, dental, and vision insurance, the child may be covered until the end of the calendar year in which they attain age 30 if they meet the Overage Dependent requirements described below.*

A dependent child is defined as:

- A natural born child
- A stepchild
- A legally adopted child
- A child placed in your home for adoption
- A child placed in your home for foster care
- A child for whom legal guardianship or custody has been awarded to you by a court
- An unmarried child of any age who became mentally or physically disabled before reaching the age limit
- A newborn child (up to the age of 18 months) of a covered dependent

**Overage Dependents. Under Florida Statute §627.6562, medical insurance coverage can be continued for children through the end of the calendar year in which they reach age 30 if the child is:*

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

You will be required to sign and submit an Overage Dependent Verification form to Human Resources annually in order to keep your overage dependent child covered under our medical, dental and vision benefits.

Note: The Internal Revenue Code contains provisions that, if met, allow an employer to withhold premiums from your wages on a pre-tax basis to pay for certain insurances you elect. You should consult your tax advisor prior to making any elections to have premium dollars withheld from your wages on a pre-tax basis.

YOUR HEALTH



Helpful insurance terms

These terms will help you understand your benefits and coverage options.

Copay – a set 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 annually / during the calendar year for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

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



Medical Benefits

We offer medical plans with custom benefits administered by Florida Blue.

Register on the Florida Blue member site: www.FloridaBlue.com to sign up and log in.

If you haven't done so already, follow the next few steps to sign up for a Member Account.

Step 1: Go to www.FloridaBlue.com and enter your Member Number (shown on your ID card).

Step 2: Complete all the answers and click Next.

Step 3: Choose and type in a User ID.

Step 4: Choose and type in a Password, and re-enter Password second time.

Step 5: Select and answer three different security questions. Then, click Next.

Step 6: Click Continue and be taken to the member website home page.

On the Florida Blue member website you'll find lots of helpful information including Provider Directories; Cost Comparison tools; your claims activity; educational information on various health topics; various discount programs; ability to print an ID card; and lots more.

We offer you medical coverage that utilizes Florida Blue's network of physicians and facilities. You have the option to choose the benefit plan that best meets the benefit and budgetary needs of you and your family.

Before scheduling an appointment with a physician, you should confirm the provider's current participation status within the Florida Blue provider network.

Your Responsibility

- Before you enroll, make sure you understand the plans and ask questions if you don't.
- After you enroll, you should always check your first paycheck stub to make sure that the correct amount is being deducted and that all the benefits you elected are included.
- Verify that all beneficiary information is up to date.

Medical Benefits

The City of Punta Gorda provides medical coverage for all full-time employees. Below are some important details to know before enrolling in an HMO:

- Under the BlueCare HMO 55 plan, most services must be rendered by In-Network Providers in order to be covered. It is your responsibility to ensure that the provider you are using is in the Florida Blue BlueCare network.
- You must select a Primary Care Physician (PCP) for each covered family member.
- You do not need a referral to see an In-Network Specialist, but you must make sure any services you are requesting do not require prior authorization.

For more details, including limitations, restrictions and exclusions, please refer to the full Schedule of Benefits of each plan option.

	BlueCare HMO 55		BlueChoice PPO 0727		BlueOptions PPO 05901	
Network Access	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductibles						
Individual	N/A	N/A	\$500	Combined with In-Network	\$2,000	\$6,000
Family	N/A	N/A	\$1,500	Combined with In-Network	N/A	N/A
Your Benefit Plan						
Coinsurance (when applicable)	N/A	N/A	20%	40%	50%	50%
Individual Out-of-Pocket Maximum	\$1,500	N/A	\$1,500	Combined with In-Network	\$6,350	\$12,800
Family Out-of-Pocket Maximum	\$3,000	N/A	\$4,500	Combined with In-Network	\$12,700	\$25,600
Professional Services						
Primary Care Physician (PCP) Office Visits	\$10 copay	N/A	\$15 copay	Deductible + 40%	\$35 copay	50%
Specialist Office Visits	\$10 copay	N/A	\$15 copay	Deductible + 40%	\$75 copay	50%
Teladoc Visits	\$0 copay					
Preventive Care Visits	\$0 copay	N/A	\$0 copay	Deductible + 40%	\$0 copay	50%
Hospital Services						
Inpatient Hospitalization	\$250 copay	N/A	Deductible + 20%	\$300 PAD, then Deductible + 40%	Up to \$3,000 copay	Deductible + 50%
Outpatient Hospitalization	\$100 copay	N/A	Deductible + 20%	Deductible + 40%	Up to \$400 copay	Deductible + 50%
Urgent Care Center	\$10 copay	N/A	\$15 copay	\$15 copay	\$75 copay	\$75 copay
Emergency Room	\$50 copay	\$50 copay	Deductible + 20%	Deductible + 20%	Deductible + 50%	In-Network Deductible + 50%
Independent Clinical Lab (e.g. Blood Work)	\$0 copay	N/A	20%	40%	\$0 copay	Deductible + 50%
MRI, MRA, CT and PET - Facility	\$0 copay	N/A	\$15 copay	Deductible + 40%	\$200 copay	Deductible + 50%
Prescription Drugs						
Tier 1	\$5		\$5		\$10	
Tier 2	\$25		\$35		\$60	
Tier 3	\$25	N/A	\$35	50% of allowance	\$100	50% of allowance
Tier 4	N/A		N/A		\$120	
Mail Order Pharmacy (90 days)	\$10 / \$50 / \$50		\$10 / \$70 / \$70		\$30 / \$180 / \$300	

Tools and Resources to Help You Make the Best Decisions for Your Health and Your Wallet

Log into your www.FloridaBlue.com member website after you've registered to access great tools and resources, some of which are described below.

Personal Health Information When You Need It

www.FloridaBlue.com provides personal health information when you need it.

- Review your plan benefits and find out where you stand with your deductible and out-of-pocket maximum accumulators.
- Find a doctor or hospital in your plan's network.
- Compare and estimate your costs for medical care and prescription drugs.
- View claim activity, status and history.
- Create a Personal Health Record so your doctor visits and lab results are all in one secure place.
- Print a paper ID card or request a new member ID card.

Mobile App

Download the Florida Blue Mobile App (free for Android and iPhone) to access health information and tools on the go.

- Get your plan details such as deductibles, Health Equity HSA balance, and claims.
- Get a picture of your member ID card.
- Locate doctors in your plan from wherever you are.
- Compare drug prices on the spot and map the nearest pharmacy.
- Get connected to a person who can help you manage your out-of-pocket costs and find quality care.

Care Consultants (888-476-2227)

Talking to a Care Consultant can save you time and money — and make important decisions easier. Whether it's your first office visit, or a series of ongoing medical treatments or a new medication, call our Care Consultants first. You'll find out how your benefits work, what factors can affect your costs, and which programs are available to assist you. The team can help you plan your next steps and make sure you get the most value from your benefits.

24/7 Nurseline (877-789-2583)

Whether you have an immediate health concern, or a general question about your doctor's plan of treatment—the nurseline is always open so you don't have to wait for answers. You'll get answers, plus helpful resources that you can use.

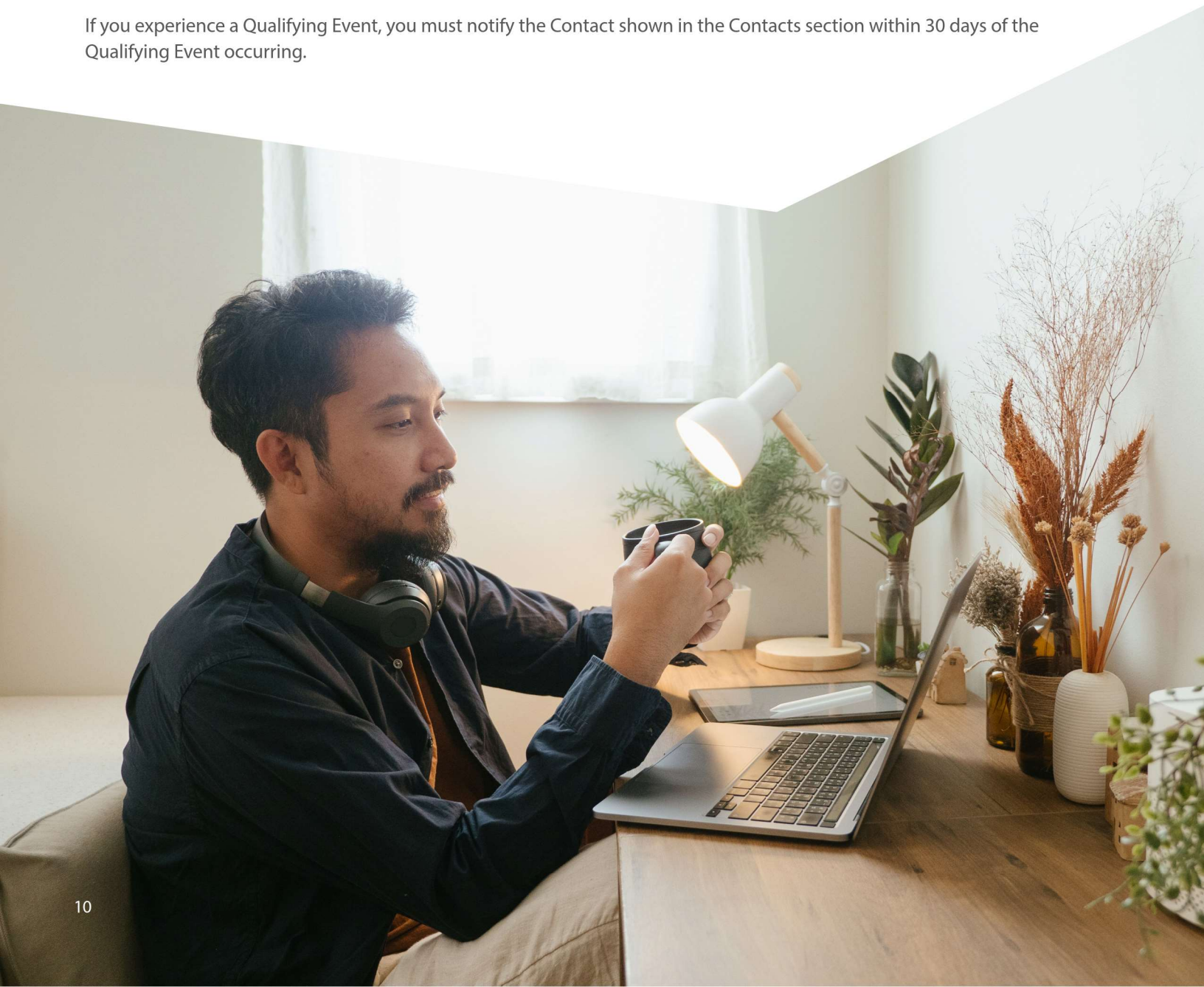
Qualifying Events

Coverage elections made during Open Enrollment may not be changed until the next annual Open Enrollment period unless you experience a Qualifying Event. If you experience a Qualifying Event that affects your eligibility for coverage under our health plan, then you are allowed to make changes to your benefit elections so long as you notify us within 30 days of the Qualifying Event. If you fail to notify us within the 30-day period, you will not be able to change your benefit elections until the next annual Open Enrollment.

Examples of Qualifying Events include, but are not limited to:

- Marriage
- Divorce
- Birth, adoption, or gaining legal custody or guardianship of a child
- Involuntary loss of other group health insurance coverage
- Death

If you experience a Qualifying Event, you must notify the Contact shown in the Contacts section within 30 days of the Qualifying Event occurring.



Choices for Care

Making smart healthcare choices helps you – and your wallet – feel healthy, secure, and supported.

Try Telehealth Visits

Do you have a smart phone or tablet? Virtual visits through Teladoc allow you to get fast, convenient care with a board-certified physician — no matter where you are or what time it is — via mobile devices and the internet.

Teladoc doctors can diagnose symptoms and prescribe medications for minor health concerns. Use it when your primary doctor is not available, if you're sick while traveling, on nights and weekends, or when it's inconvenient to leave home. Use virtual doctor visits for:

- Allergies
- Cold and flu
- Ear infections
- Fever
- Headache
- Nausea
- Rashes
- Sinus infection
- And more!

Visit teladoc.com to get started. Consider creating an account and providing your medical information now so care is available when you need it.

Independent Diagnostic Testing Facility

To save on imaging costs, consider an Independent Diagnostic Testing Facility for x-rays, ultrasounds, MRIs, CT and PET scans. Member cost share is often less at an Independent Diagnostic Testing Facility than through an Outpatient Hospital Facility.

Go Generic and Save

Generic drugs are the non-brand-name, FDA-approved versions of their brand-name counterparts. They're required to have the same active ingredients as the brand-name drug – but at a fraction of the price. Ask your doctor or pharmacist if a generic is a good option for you.

Save the Emergency Room for Emergencies

Unless loss of life or limb is imminent, consider using Urgent Care or a Virtual Visit. Emergency rooms are expensive and crowded, and it can take a long time to be seen depending on your condition. In the event of a true emergency – head injury, severe trauma, chest pain, allergic reaction, etc. – get care from your nearest emergency room. Coverage is the same in- and out-of-network for true emergencies.



We offer you access to dental insurance through Florida Combined Life (FCL).

You are not required to select a primary dental provider. Instead, you have the ability to receive services through either Participating or Non-Participating Dentists. Please keep in mind that if you choose to use a Non-Participating Dentist, you will pay a higher coinsurance amount for services and you may be subject to “balance billing” for provider fees that exceed the contracted amount allowed by FCL.

Network Access	BlueDental PPO - High	
	In-Network	Out-of-Network
Benefit Maximum / Calendar Year	\$3,000	
Individual Calendar Year Deductible	\$50	
Family Calendar Year Deductible	\$100	
Dental Description		
Preventive Services	No charge	No charge
Basic Services	20% after CYD	20% after CYD
Major Services	50% after CYD	50% after CYD
Procedures		
Routine Office Visits – 9430	No charge	No charge
Teeth Cleaning – 1110	No charge	No charge
Full Mouth / Panoramic X-Rays - 0330	No charge	No charge
Amalgam Fillings – 2140	20% after CYD	20% after CYD
Extraction - Simple Per Tooth – 7140	20% after CYD	20% after CYD
Endodontics - 3330	20% after CYD	20% after CYD
Periodontal Scaling – 4341	20% after CYD	20% after CYD
Full Or Partial Dentures – 5110	50% after CYD	50% after CYD
Crowns – 2752	50% after CYD	50% after CYD
Orthodontia		
Adults & Children Eligible		
Benefit	50%	
Lifetime Maximum	\$1,500	
Reimbursement UCR or MAC	Negotiated Fee	UCR



Regular eye exams are an important part of health maintenance, no matter your age. And if you or your family members wear glasses or contact lenses, you already know that the cost of vision care can quickly add up. Not only that, but regular eye examinations can detect general health problems at their earliest stages.

We offer comprehensive vision coverage through National Vision Administrators (NVA) which provides you and your family with access to great eye doctors, quality eyewear and affordable eye care. This plan is also voluntary; you'll need to elect it at enrollment to be covered.

When using Non-Participating Providers, you will be responsible for paying 100% of the service/material cost, and will then be reimbursed up to a stated amount depending on the service or material.

	In-Network	Out-of-Network
Eye Care Wellness Copay	\$10 copay	-
Eye Exam	No charge after copay	Reimbursement up to \$35
Exam for Type 1 or Type 2 Diabetes	Covered 100% after \$20 copay	Reimbursement up to \$13
Frequency	Once per plan year	
Materials Copay	\$15	-
Lenses		
Single Vision	No charge after \$15 copay	Reimbursement up to \$25
Bifocals	No charge after copay	Reimbursement up to \$40
Trifocals	No charge after copay	Reimbursement up to \$60
Standard Progressive	No charge after copay	Reimbursement up to \$25
Frequency	Once per plan year	
Frames		
Selected Frames	\$130 Allowance + 20% discount	Reimbursement up to \$50
Frequency	Once every two plan years	
Contacts		
Copay	In lieu of Lenses	
Elective	\$130 Allowance + 10% off overage	Reimbursement up to \$130
Medically Necessary Contacts	No charge	Reimbursement up to \$210
Frequency	Once per plan year	

YOUR MONEY



Rates and Contributions

Employer Paid - Monthly Rates	
Medical - HMO 55	
Employee Only	\$1,110.29
Employee + Spouse	\$1,630.38
Employee + Children	\$1,581.14
Employee + Family	\$1,732.03
Medical - PPO 0727	
Employee Only	\$1,086.65
Employee + Spouse	\$1,595.65
Employee + Children	\$1,547.49
Employee + Family	\$1,695.16
Medical - PPO 05901	
Employee Only	\$855.01
Employee + Spouse	\$1,255.52
Employee + Children	\$1,217.62
Employee + Family	\$1,333.83
Dental - High Plan	
Employee Only	\$31.79
Employee + Family	\$57.89

Employee Paid - Monthly Rates	
Medical - HMO 55	
Employee Only	\$0
Employee + Spouse	\$520.08
Employee + Children	\$470.83
Employee + Family	\$621.74
Medical - PPO 0727	
Employee Only	\$0
Employee + Spouse	\$508.99
Employee + Children	\$460.84
Employee + Family	\$608.49
Medical - PPO 05901	
Employee Only	\$0
Employee + Spouse	\$400.50
Employee + Children	\$362.60
Employee + Family	\$478.81
Dental - High Plan	
Employee Only	\$0
Employee + Family	\$26.10
Vision	
Employee Only	\$5.24
Employee + Spouse	\$9.83
Employee + Children	\$8.18
Employee + Family	\$16.19

YOUR LIFE





Life and AD&D Insurance

Basic Term Life

The Standard provides you with a Basic Term Life insurance benefit at no cost to you. This benefit of \$20,000 is automatic for all eligible employees working at least 30 hours per week. Be sure to elect and verify your beneficiary designation.

Accidental Death & Dismemberment

We provide you with AD&D insurance that will pay in addition to the Basic Term Life insurance benefit if death occurs because of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

Basic Dependent Term Life

In addition to Basic Term Life and AD&D insurance, The Standard offers you the opportunity to purchase Dependent Term Life Insurance at the following benefit levels:

- Spouse Term Life Insurance - New Hires can purchase voluntary life insurance in a flat amount of \$5,000 without having to go through Medical Underwriting.
- Dependent Child Term Life Insurance - Benefit amount for children birth to age 26 years: \$2,500

Voluntary Life Insurance

You can purchase additional life insurance for yourself on a voluntary basis in an amount up to \$300,000 but not to exceed 5 times your Annual Earnings. Any amount exceeding \$150,000 will be required to go through Medical Underwriting.

Voluntary Spouse Life Insurance

If you purchase Voluntary Life Insurance for yourself, then you can purchase life insurance for your spouse in an amount not to exceed 50% of the Voluntary Life Insurance you purchased for yourself. Amounts exceeding \$50,000 require Medical Underwriting.

Voluntary Dependent Child Life Insurance

If you purchase Voluntary Life Insurance for yourself, then you can also purchase life insurance for your child in a flat dollar amount of \$10,000.

Note: Voluntary Life Insurance benefits payable to a beneficiary are determined without regard to Basic Term Life Insurance benefits also payable.





Disability Insurance

Short-term Disability (STD) Insurance

Full-time employees working at least 30 hours a week are eligible to purchase short-term disability insurance as a voluntary offering through Standard Life. The STD benefit pays a percentage of your weekly earnings if you become disabled due to an illness or accident.

- **Benefit amount:** You will be paid 60% of your weekly earnings to a maximum of \$1,000 per week if your accident or injury is covered by the STD policy.
- **Benefit Waiting Period:** Depending on the type of disability, you will be required to wait a certain number of days before the benefits start, as follows:
 - 14 days for a disability caused by Accident
 - 14 days for a disability caused by Illness
- **Maximum Benefit Period:** The STD benefit will be paid to you for a maximum of 13 weeks.

For more information about short-term disability insurance, including pre-existing condition limitations, visit www.standard.com.

Long-term Disability (LTD) Insurance

Full-time employees working at least 30 hours a week are granted long-term disability insurance through Standard Life. The LTD benefit provides lasting income support if you are unable to work for an extended period of time. The LTD benefit pays a percentage of your monthly earnings if you become disabled due to an injury or accident.

- **Monthly Benefit Amount:** Your monthly benefit amount is 60% of the first \$13,333 of your insured predisability earnings reduced by deductible income, with a limit of up to \$8,000 per month.
- **Minimum Monthly Benefit Amount:** \$100 or 10% of your LTD Benefit before reduction by Deductible Income, whichever is greater.
- **Waiting Period:** 90 days
- **Payments may continue until you reach your Social Security Disability Retirement Age or 65, if you remain unable to work.**

Certain limitations and exclusions, along with pre-existing condition limitations, may apply. For more information about long-term disability insurance, visit www.standard.com.



Employee Assistance Program

The EAP provides a variety of counseling, referral and information services. These services are confidential. The EAP has counseling available for many problems such as stress, alcohol and drug abuse, and family problems. Those counseling sessions can occur face-to-face, by telephone, or by televideo. The EAP benefit is available to employees, part-time employees, retirees and all dependents. There is no cost for the EAP benefit, and enrollment is automatic.

Visit the Resources for Living website at www.mylifevalues.com. You can call Resources for Living EAP 24/7 at 800-272-3626 to talk to a licensed behavioral health professional for emotional support. Your EAP provides up to five (5) counseling sessions per issue per year with licensed network providers.

Emotional Well-Being Support

Counseling session (up to five per issue) are available face to face and virtually. We're always here to help with a wide range of issues including: anxiety, relationship support, depression, stress management, work/life balance, family issues, grief and loss, self-esteem and personal development, substance misuse, and more.

Work-Life Services:

Consultation, information and assistance with locating resources such as:

- Child care, parenting and adoption
- Summer programs for children
- School and financial aid research
- Care for elderly adults
- Caregiver support
- Special needs
- Pet Care
- Home repair and improvement
- Household services and more

Legal Services:

A free ½ hour consultation with a participating attorney for each new legal topic (each plan year) related to:

- General, family, criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions
- Mediation services

A discount of 25% of the fees for services beyond the initial consultation (excluding flat legal fees, contingency fees and plan mediator services). Services must be related to the employee and eligible household members; employment law is excluded.

Identity Theft Services:

One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

Web-Based Services:

A customized website which offers a full range of tools and resources on behavioral health and work-life balance topics. Most sections of the website are available in Spanish. Website links include:

- Articles and self-assessments
- Access to work-life service providers
- Stress Resource Center
- Free Online Will and other legal documents
- Live webinars and on-demand library
- Mobile app
- myStrength – a “health club” for your mind

Financial Consultation:

A free ½ hour consultation with a participating attorney for each new legal topic (each plan year) related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debit issues
- College funding
- Tax and IRS questions and preparation
- Discount of 25% tax preparation services

Services must be for financial matters related to the employee and eligible household members.

Discount Center:

The EAP provides discounts on brand-name products and services, including computers and electronics, theme parks, movie tickets, local attractions, travel, gifts, apparel, flowers, jewelry, fitness centers, and more.



Welcome to Talkspace

Aetna Resources For Living



Talkspace

What is Talkspace?

Talkspace is an online therapy platform that makes it easy and convenient for you to connect with a licensed behavioral therapist — from anywhere, at any time. With Talkspace, you can send unlimited text, video and audio messages to your dedicated therapist via web browser or the Talkspace mobile app. No commutes, appointments or scheduling hassles.

To get started messaging a therapist:

- Login to your member website and go to Services > Talkspace online therapy and select “Sign up for Talkspace”.
- Tell us your unique needs and preferences for therapy.
- You’ll be shown three potential providers based on your preferences.
- Choose a therapist and begin messaging the very same day.
- Remember: There’s no limit to the number of messages you can send your therapist each day.

After You Sign Up:

- Use your free sessions: One week of therapy counts as one visit.
- You’ll continue to message the same therapist unless you request to change providers.
- Your therapist will reply to you daily, during his or her business hours — five days a week.
- You’ll never need to make an appointment or reschedule it because something came up.
- Whether on the go or at home, you can access Talkspace securely via your web browser or mobile app.

Taking care of your mental health can help you live a happier, healthier and more productive life — both on and off the job.

For additional information, please visit our FAQ.

Toll-Free Number: 800-272-3626

Website: resourcesforliving.com

Username: PRM

Password: 8002723626



Important Contacts

If you have any questions about your benefits we are here to help. For general questions, please contact the company benefits department or the benefit advocacy service.

For	You Should Contact	How to Contact Them
<ul style="list-style-type: none"> Address and beneficiary changes Eligibility questions Whether particular services are covered by the benefit plan Qualifying Event Notifications, such as marriage, birth, divorce, death, child becoming ineligible 	Human Resources	Jeff Payne HR Manager JPayne@cityofpungordafl.com 941.575.3371
<ul style="list-style-type: none"> Medical plan claims questions Medical provider network questions Prior authorization Appeals 	Florida Blue	800.664.5295 www.FloridaBlue.com
<ul style="list-style-type: none"> Non-emergency medical care, such as cold and flu symptoms, sinus issues, UTI, respiratory infections 	Teladoc	800.835.2362 Teladoc.com
<ul style="list-style-type: none"> Other non-emergency medical care 	Convenient Care Center or Urgent Care Center	800.664.5295 www.FloridaBlue.com
<ul style="list-style-type: none"> Dental plan claims questions Dental provider network questions 	Florida Combined Life	888.223.4892 www.FloridaBlueDental.com
<ul style="list-style-type: none"> Vision plan claims questions Vision provider network questions 	National Vision Administrators (NVA)	800.672.7723 www.e-nva.com
<ul style="list-style-type: none"> Employee Assistance Program support including work-life services and consultations, financial and legal consultations, identity theft support 	Resources for Living	800.272.3626 www.mylifevalues.com Username: PRM Password: 8002723626
<ul style="list-style-type: none"> General or specific health concerns or questions 	24/7 Nurseline - Florida Blue	877.789.2583
<ul style="list-style-type: none"> Compare medical costs Managing health conditions 	Care Consultants - Florida Blue	888.476.2227



How to enroll in your benefits during Open Enrollment

1 Login

Returning users: Visit www.benefitsolver.com and login using your username and password.

First time users: Register your user name and password and answer a few security questions. The case-sensitive company key is PRM. Log in using your new user name and password.

Click on the [Forgot your username or password?](#) link to reset your login details.

2 Explore Your Options

Explore the site to learn about your benefits. You'll find lots of helpful information in the Reference Center. The calendar at the top of the Home page lets you know how many days you have to enroll.

3 Start Your Enrollment

Click the Start Here button to review your personal information and add or edit any dependents you wish to cover. You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.

Note: You may be required to provide documentation to prove your relationship to each dependent.

4 Enroll in Coverage

Choose to re-enroll in your current plans, or use the Next and Back buttons to review and elect options available to you. Choose or decline coverage for each option, and select which family members you want to cover. Review plan documents and use the Compare and Plan Details tools to view details and costs for the options available to you.

5 Review and Finalize your Elections

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections. To finish, click I Agree. When your enrollment is complete, you will receive a confirmation number and can print your Benefit Summary for your records.

6 After You Enroll

Return to the Home page to check for any additional tasks needed to complete your enrollment, view or download your Benefit Summary, and download the MyChoice Mobile App.

Reach out to your administrator with questions.



www.benefitsolver.com
Company Key: PRM

The information in this guide is a summary of the benefits available to you and should not be intended to take the place of an official carrier Member Certificate or Summary Plan Description (SPD). This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a full-time employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.

This guide highlights recent plan design changes, if any, and is intended to fully comply with the requirements under federal and state laws as appropriate. Public Risk Management (PRM) reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or part, any or all of the provisions of the benefit plans. No party besides Public Risk Management shall receive any right, title or interest in, or any license or right to use, the proprietary information or any patent, copyright, trademark or other intellectual property rights herein, by implication or otherwise. Any unauthorized use, distribution, modification, or duplication of the content herein is strictly prohibited without written consent from the sole proprietor: Public Risk Management.



Strength in numbers.
Healthier together.

