

A nighttime photograph of Miami Beach. On the left is a tall, modern glass skyscraper with many lit windows. In the foreground, there's a road with palm trees and a traffic light. To the right, a multi-lane highway interchange curves over a body of water, with long-exposure light trails from cars. In the background, the city skyline is visible across the water under a twilight sky.

MIAMI BEACH

2024-2025 BENEFITS GUIDE

BENEFITS OVERVIEW

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CITY OF MIAMI BEACH is dedicated to offering a comprehensive benefits program as part of your overall compensation package. We hope this will aid in your financial planning now and in the future. We encourage you to familiarize yourself with your benefits to choose the best plans for you and your family.

BENEFITS GUIDE OVERVIEW

This benefits guide offers a comprehensive overview of our benefits and instructions on how to enroll in or access them. Receipt of this guide does not guarantee your eligibility for any benefits described within. The information in this guide supersedes all previous summaries. As this guide is only a summary, it does not cover every detail of the benefit programs. More detailed information can be found in the Summary Plan Description (SPD) and the applicable plan document, which often serves as the SPD. In case of a discrepancy between this guide and the plan document, the plan document will prevail. No rights will accrue to you or your dependents due to any statement, error, or omission in this guide. While reasonable efforts are made to inform employees of any changes to benefit plans, the City reserves the right to amend, replace, or terminate any benefit plans described in this booklet without prior notice to employees.

If you have questions regarding any of the benefits, contact our dedicated **BenefitsVIP team at 866.286.5354** or email answers@benefitsvip.com. Monday—Friday, 8:30am—8:00pm (EST).

For questions about our Cigna plans (medical, dental or vision) contact our On Site Cigna representative:

Alexandra Alvarado

Client Account Support Specialist for The City Of Miami Beach

Office Phone: 305-673-7000 Ext: 26909 City

Email: AlexandraAlvarado@miamibeachfl.gov

Office Hours: Monday-Friday 8:30 am – 5 pm

WELCOME

MIAMI BEACH



Dear Employees,

As we approach the end of another fiscal year, I want to express my sincere gratitude to every employee for your dedication and invaluable service to the City. The City's operations thrive because of the collective efforts of each and every one of you. I am honored to step into the role of City Manager and to continue the important work of leading our City forward.

I am pleased to announce that, due to our healthier employee population resulting from a substantial uptick in employees doing their preventative care and attending their annual health check-ups, along with your active participation in our wellness and Employee Assistance Programs (EAP), we will be providing a 1-month premium holiday for medical and dental coverage in December 2024. This initiative is a result of the savings the City has realized in claims, and we are thrilled to pass some of those savings on to you. This premium holiday will save the average employee hundreds of dollars in health and dental premiums, easing your financial burden and allowing you to enjoy the holiday season with a little more peace of mind.

Our Employee Benefits team has been working tirelessly to prioritize your overall well-being by focusing on your mental, financial, and physical health through multiple initiatives. Their commitment to providing resources and support has been instrumental in promoting healthier lifestyles among our employees. If you need any help or support, including benefit selection, EAP assistance, and retirement planning, our Employee Benefits team is available and eager to assist.

As you review your health benefit options for the upcoming plan year, I encourage you to make choices that best suit your and your family's needs. **There are no changes to the benefit plans or employee premiums this year.** This is the 6th year that health and dental premiums have remained static for the employees.

This year, our Open Enrollment process will continue to be fully remote, allowing you to conveniently make your benefit selections from your desks or the comfort of your homes. You can access the Munis Employee Self-Service portal from August 12th through August 26th, **only if you need to make any changes to your health benefits.**

Should you have any questions or concerns not addressed in this booklet, our Human Resources Department Benefits Division staff is available to assist you at openenrollment@miamibeachfl.gov.

Thank you for your continued commitment to the City. Let us embrace all the available resources to cultivate healthier lifestyles and continue to support each other in our journey toward better health and well-being.

Be well,

Eric Carpenter

Eric Carpenter
City Manager

ANNUAL ENROLLMENT

ENROLLING IN BENEFITS FOR THE 10/1/2024 PLAN YEAR

From August 12th through August 26th, you can log in to the Munis Employee Self Service (ESS) to complete your open enrollment selections. You can access ESS from your workstation or home computer. If you need assistance with your open enrollment selections, please contact our team at 305.673.7524 or email openenrollment@miamibeachfl.gov.

MUNIS:

Test your Munis ESS login and password to ensure you can complete your online enrollment session. If you cannot log in to Munis ESS, open a support ticket online by clicking on MBASSIST on the home page of the City's intranet.

ELIGIBILITY TIPS

Here are some tips to ensure a smooth and efficient enrollment process:

- If you are newly adding a dependent to your medical or dental plan, please e-mail or mail proof of dependency to the Human Resources Department (i.e., marriage certificate for a spouse and birth certificate for a child) as it will be required. Proof of dependency documents are due by **August 30, 2024**.

The following dependents are eligible for the City's health or dental plans:

- Your lawful spouse or registered domestic partner.
- Your child who is under 26 years old
- Your child who is 26 years old and the end of the calendar year when they turn 30 who meets the following criteria:
 - unmarried
 - does not have a dependent of their own
 - is either a Florida resident or a student
 - is not covered under a plan of their own or entitled to benefits under Title XVIII of the Social Security Act.
- Your child who is 26 years or older, primarily supported by you, and incapable of self-sustaining employment due to a mental or physical handicap. Proof of the child's condition and dependence may be required as a condition of coverage after the child ceases to qualify under the above criteria.

MIAMI BEACH

No CHANGES ?

IF YOU ARE NOT MAKING CHANGES

If you are satisfied with your current benefit elections and do not want to make any changes, no action is needed.

However, if you are enrolled in an **FSA** and you would like to continue your participation, you are **required** to re-enroll.

Open enrollment runs August 12th through August 26th, 2024.

All of your benefit elections will take effect on October 1, 2024.

Cigna no longer provides ID cards. They are available electronically through the Cigna portal: www.Cigna.com
Or, via the MyCigna app.



MEDICAL



CIGNA OPEN ACCESS

FIND AN IN-NETWORK PROVIDER:

STEP 1: Go to www.Cigna.com

STEP 2: Click "Find a Doctor" at the top of the screen

STEP 3: Under "How are you Covered?" click "Employer or School"

STEP 4: Enter search criteria

STEP 5: If you are already registered then log in, otherwise click "Continue as guest", then "Continue"

STEP 6: Under "Select a Plan" choose "Open Access Plus, OA plus, Choice Fund OA Plus"

Or

Call Cigna's open enrollment hotline 24/7 with questions about your medical and dental plan elections. The hotline phone number is **800.564.7642**

Remember, your covered dependents also have 100% coverage for preventative care!



(This applies to all medical plans.)

BENEFIT	IN-NETWORK ONLY
Coinsurance	100% / 0%
Plan Year Deductible	Individual: \$0.00 Family: \$0.00
Medical Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000
RX Out-of-Pocket Maximum	Individual: \$2,500 Family: \$5,000
Preventive Care Adult & Child Preventive Care	Covered at 100%
Outpatient Care Primary Care Physician Office Visits Specialist Office Visits	\$20 Copay \$50 Copay
Outpatient Surgery	\$200 Copay
Lab & X-Ray at Independent Facility Blood Work X-Ray Advanced Imaging	No Charge No Charge \$200 Copay
Emergency Care Ambulance when medically necessary At hospital emergency room Urgent Care (Walk-In Clinic)	No Charge \$250 Copay \$40 Copay
Inpatient Hospitalization	\$250 Copay/Day
Mental Health Inpatient Outpatient	\$250 Copay/Day \$50 Copay
Prescription Drugs Retail Pharmacy (30 day supply) Generic / Preferred Brand / Non-Preferred Mail Order (90 day supply) Generic/ Preferred Brand / Non-Preferred	\$15 / \$50 /\$75 Copay \$30 / \$100 / \$150 Copay
Semi-Monthly Contributions Employee Only Employee + 1 Family	\$85.00 \$236.00 \$364.00

This guide is for information purposes only. The plan documents, insurance certificates and policies will serve as the governing document for eligibility, benefits and premiums for the plans offered. In case of conflict between information in this guidebook and the official plan documents, the plan documents, policies and insurance certificates will prevail.

CIGNA OPEN ACCESS HDHP



BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Coinsurance	90% / 10%	70% / 30%
Plan Year Deductible	Individual: \$2,500 Family: \$5,000	Individual: \$ 5,000 Family: \$10,000
Out-of-Pocket Maximum	Individual: \$4,000 Family: \$8,000	Individual: \$ 8,000 Family: \$16,000
Adult Preventive Care Child Preventive Care	Covered at 100%	Deductible, then 30% 30%, No Deductible
Outpatient Care Primary Care Physician Office Visits Specialist Office Visits	Deductible, then 10% Deductible, then 10%	Deductible, then 30% Deductible, then 30%
Outpatient Surgery	Deductible, then 10%	Deductible, then 30%
Lab & X-Ray at Independent Facility Blood Work X-Ray Advanced Imaging	Deductible, then 10% Deductible, then 10% Deductible, then 10%	Deductible, then 30% Deductible, then 30% Deductible, then 30%
Emergency Care Ambulance when medically necessary At hospital emergency room Urgent Care (Walk-In Clinic)	Deductible, then 10% Deductible, then 10% Deductible, then 10%	Deductible, then 10% Deductible, then 10% Deductible, then 30%
Inpatient Hospitalization	Deductible, then 10%	Deductible, then 30%
Mental Health Inpatient Outpatient	Deductible, then 10% Deductible, then 10%	Deductible, then 30% Deductible, then 30%
Prescription Drugs Retail Pharmacy (30 day supply) Generic / Preferred / Non-Preferred Mail Order (90 day supply) Generic / Preferred / Non-Preferred	Deductible, then 10% Deductible, then 10%	Deductible, then 30% Not Covered
Semi-Monthly Contributions Employee Only Employee + 1 Family	 \$25.00 \$75.00 \$200.00	

UNDERSTANDING YOUR DEDUCTIBLE

Your deductible is the amount you pay out of pocket before the plan's coinsurance applies. Coinsurance is 10% for in-network services and 30% for out-of-network services.

For Individual (Employee Only) coverage:

- Deductible: \$2,500 (in-network) or \$5,000 (out-of-network)
- Out-of-pocket maximum: \$4,000 (in-network) or \$8,000 (out-of-network)

For Family coverage:

- Family deductible: \$5,000 (in-network) or \$10,000 (out-of-network)
- Family out-of-pocket maximum: \$8,000 (in-network) or \$16,000 (out-of-network)
- The overall family deductible must be met before the plan begins to pay.

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HEALTH SAVING ACCOUNT (HSA)



An HSA saves you money:

- Contributions are tax-free.
- Interest and investment earnings grow tax-free.
- Withdrawals are not taxed if the funds are used for qualified medical expenses.

EXAMPLES OF QUALIFIED EXPENSES

- Chiropractor
- Contact lenses
- Dental treatment
- Eyeglasses
- Hearing aids
- Hospital services
- Laboratory fees
- Weight-loss programs
- Wheelchair

EXAMPLES OF NON-QUALIFIED EXPENSES

- Childcare
- Cosmetic surgery
- Electrolysis or hair removal
- Household help
- Teeth whitening
- Funeral expenses
- Health club dues
- Nutritional Supplements

For a complete list of eligible expenses visit: [2023 Publication 502 \(irs.gov\)](https://www.irs.gov/publications/p502)

Contact HSA Bank at
800.357.6246 for more details.

CITY OF MIAMI BEACH Employees who enroll in the Cigna HDHP Plan will also be enrolled in a Health Savings Account, or HSA, through HSA Bank.

An HSA is a tax-favored savings account that is combined with an HDHP insurance plan. Funds in the savings account can be used to pay for the deductible, coinsurance and other qualified medical expenses. The account earns interest over time and all funds remains yours to keep, even if you leave employment with the City.

CONTRIBUTION RULES

The IRS determines how much you can deposit into your HSA each year, and limits are set on a calendar/tax year basis. The 2024 IRS contribution schedule is below:

2024 ANNUAL CONTRIBUTIONS AND EMPLOYER SEED MONEY

The City of Miami Beach has partnered with Virgin Pulse. In January 2025, Human Resources will provide details on how to earn the additional employer seed money.

EMPLOYER CONTRIBUTION	EMPLOYEE ONLY: \$500
	EMPLOYEE + 1: \$1,000
	FAMILY: \$1,500
EMPLOYEE ONLY COVERAGE	\$3,650 (maximum contribution of \$4,150)
EMPLOYEE + 1 COVERAGE	\$7,300 (maximum contribution of \$8,300)
FAMILY COVERAGE	\$6,800 (maximum contribution of \$8,300)

ADDITIONAL “CATCH UP” CONTRIBUTIONS

Those age 55+ and not enrolled in Medicare, can fund an additional **\$1,000/** year. A Spouse age 55+ or older can make a separate \$1,000 catch-up contribution to an account in their own name.

OPEN YOUR ACCOUNT!

- When you open a new HSA account, HSA Bank will send a welcome kits that includes instructions for accessing you account online.
- HSA Bank charges a \$1.75 monthly service fee when an account has a balance of \$3,000 or less.
- There is no minimum balance required for you to invest in the investment funds provided by HSA Bank. Once your account is set up, you can also roll over an existing HSA balance to HSA Bank.
- You must open an account with HSA Bank to receive seed money. The City's contributions are deposited are made semi-monthly throughout the year.
- If an employee leaves the City, the funds are theirs to take with them.

CIGNA OPEN ACCESS PPO (CLOSED ENROLLMENT AS OF 10/1/2019)

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Coinsurance	80% / 20%	60% / 40%
Plan Year Deductible	Individual: \$500 Family: \$1,500	Individual: \$750 Family: \$1,750
Medical Out-of-Pocket Maximum	Individual: \$2,000 Family: \$6,000	Individual: \$2,000 Family: \$6,000
Rx Out-of-Pocket Maximum	Individual: \$2,500 Family: \$5,000	Individual: \$2,500 Family: \$5,000
Adult Preventive Care Child Preventive Care	Covered at 100%	Deductible, then 40% 40%, No Deductible
Outpatient Care Primary Care Physician Office Visits Specialist Office Visits	\$20 Copay \$50 Copay	Deductible, then 40% Deductible, then 40%
Outpatient Surgery	\$100 per Visit Copay + DED, then 20%	\$500 per Visit Copay + DED, then 40%
Lab & X-Ray at Independent Facility Blood Work X-Ray Advanced Imaging	Covered at 100% Covered at 100% Deductible, then 20%	Deductible, then 40% Deductible, then 40% Deductible, then 40%
Emergency Care Ambulance when medically necessary At hospital emergency room Urgent Care (Walk-In Clinic)	Deductible, then 20% \$200 Copay, then 20% \$40 Copay	Deductible, then 20% \$200 Copay then 20% Deductible, then 40%
Inpatient Hospitalization	\$100 per Admission Copay + DED, then 20%	\$500 per Admission Copay + DED, then 40%
Mental Health Inpatient Outpatient	\$100 per Admission Copay + DED, then 20% \$50 Copay	\$500 per Admission Copay + DED, then 40% Deductible, then 40%
Prescription Drugs Retail Pharmacy (30 day supply) Generic/ Preferred /Non-Preferred Mail Order (90 day supply) Generic/Preferred Brand/Non-Preferred	\$15 / \$50 / \$75 Copay \$45 / \$150 / \$225 Copay	30% Coinsurance Not Covered
Semi-Monthly Contributions Employee Only Employee + 1 Family	\$362.00 \$944.00 \$1,211.00	



“Price a Medication” Tool

Cigna offers the Price a Medication tool on the myCigna® App or website, allowing you to easily compare the cost of a medication before you reach the pharmacy counter or even before you leave the doctor’s office.

With the Price a Medication tool, you can:

- Compare medication prices at retail pharmacies in your plan’s network and through Express Scripts Pharmacy®, our home delivery service.
- View lower-cost alternatives, if available.
- See which medications your plan covers.
- Check the costs for a 30-day and 90-day supply, based on your plan.
- Find out if your medication needs pre-approval for coverage under your plan.

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MYCIGNA MOBILE APP



Download the myCigna App for your Mobile Device.



DON'T FORGET! MYCIGNA APP USERS LOG IN WITH JUST ONE TOUCH!

When you download the myCigna App you can access your account with just a fingerprint on any compatible device.

YOUR HEALTH HAS MET ITS APP - ACCESS YOUR HEALTH PLAN ANYTIME FROM JUST ABOUT ANYWHERE.

Life can be busy and complicated. So, we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The MyCigna App helps you personalize, organize and access your important plan information on your phone or tablet. The app has a new look and feel and it's available in Spanish too! Use the myCigna app, to log in anytime, just about anywhere to:

- **MANAGE** and track claims
- **VIEW**, fax or email ID card information
- **FIND** in-network doctors and compare cost and quality information
- **REVIEW** your coverage
- **TRACK** your account balances and deductibles
- **ORDER** your Cigna Home Delivery Pharmacy
- **COMPARE** prescription drug prices for Retail and Home Delivery pharmacies

FEEL BETTER PROTECTED.

Cigna is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

KNOW WHICH MEDICATIONS YOUR PLAN COVERS

It's important to know which medications your plan covers. Cigna makes it easy by providing up-to-date drug lists online.

Follow these simple steps to find out how your plan covers medications.

STEP 1: Go to [Cigna.com/druglist](https://www.cigna.com/druglist)

STEP 2: Select **Standard 3** Tier drug list from the drop down menu

STEP 3: Choose a search method: Type in your medication name and click Search, or look for your medication name in the in the alphabetical list.

VIRTUAL VISITS



HEAD-TO-TOE VIRTUAL CARE FROM MDLIVE

It's not always easy to find time for the health care you need. The time and travel involved can lead to putting off care. That's why Cigna has partnered with MDLIVE

MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.



Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost to identify conditions early.
- Routine care visits help you to build a relationship with a Primary Care Provider to help manage conditions.
- Prescriptions available through home delivery or local pharmacies, if appropriate.
- Receive orders for biometrics, blood work and screenings at local facilities.



Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists.
- Schedule an appointment that works for you.
- Option to select the same provider for every session.
- Care for issues such as anxiety, stress, life changes, grief and depression.



Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays.
- Care for hundreds of minor medical conditions.
- A convenient and affordable alternative to urgent care centers and the emergency room.
- Prescriptions available, if appropriate.



Dermatology

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate.
- Care for common skin, hair and nail conditions: acne, eczema, psoriasis, rosacea, suspicious spots and more.
- Diagnosis and customized treatment plan, usually within 24 hours.

Three Steps to Connect:

1. Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)
- ⇒ 2. Select the type of care you need: medical care or counseling; cost will be displayed on both MyCigna.com and MDLIVE.
- ⇒ 3. Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care.

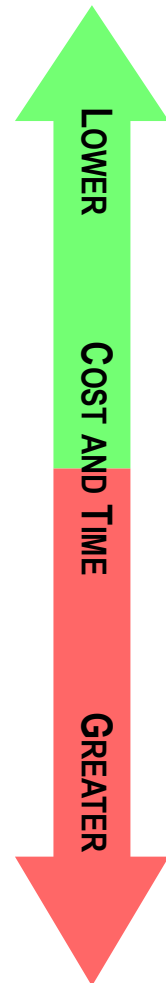
KNOW BEFORE YOU GO!

GETTING THE RIGHT CARE

With so many options for getting care, sometimes it's difficult to make the right choice. The chart below can help you decide where to go and how you can save time and money.



WHERE TO GO	WHAT IT IS	TYPE OF CARE	
Cigna Telehealth Connection	Connect with a board-certified doctor via video or phone when where and how it works best for you.	<ul style="list-style-type: none"> • Colds and flu • Rashes • Sore throats 	<ul style="list-style-type: none"> • Stomachaches • Fever • Allergies
Convenience Care Clinic	Treats minor medical concerns. Staffed by Nurse Practitioners and Physician Assistants. Located in retail stores and pharmacies. Often open nights and weekends.	<ul style="list-style-type: none"> • Colds and flu • Rashes or skin conditions • Sore throat, earaches 	<ul style="list-style-type: none"> • Minor cuts or burns • Pregnancy testing • Vaccines • Sinus pain
Primary Care Physician	The best place to go for routine or preventive care, to keep track of medications, or for a referral to a specialist.	<ul style="list-style-type: none"> • General health issues • Routine Checkups 	<ul style="list-style-type: none"> • Preventive care • Immunizations and screenings
Urgent Care	For conditions that aren't life threatening. Staffed by nurses and doctors; usually have extended hours.	<ul style="list-style-type: none"> • Sprains • Minor cuts • Burns 	<ul style="list-style-type: none"> • Minor respiratory symptoms • Urinary tract infections
Emergency Room	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening call 911 or go to the nearest emergency room.	<ul style="list-style-type: none"> • Sudden numbness, weakness • Uncontrolled bleeding • Seizure / loss of consciousness 	<ul style="list-style-type: none"> • Chest pain • Shortness of breath • Head injury/major trauma • Blurry or loss of vision • Overdose



VIRGIN PULSE WILL BECOME PERSONIFY HEALTH ON JANUARY 1, 2025



Build a better you

VIRGIN PULSE WELLBEING PROGRAM

Quarterly earning opportunities

	Points	Pulse Cash
BRONZE	1,000	\$10
SILVER	5,000	\$20
GOLD	12,000	\$30
PLATINUM	20,000	\$40
Total rewards per quarter		\$100
Total rewards per year		up to \$400

Getting started

You've joined and signed in—now what? Begin by completing your profile and telling us a little bit about yourself. Then start building healthier habits one day at a time. Here are a few options to help you get started.

Personalize your experience

Go to the **More** tab and discover the many ways you can customize your wellbeing program. Connect your activity tracker or another wellbeing app and set your topics of interest to make your experience focus in on what matters to you most.

Complete the Health Check

The Health Check asks questions about your current health status and wellbeing habits. Once completed, you'll see your health score, learn about possible health risks and get practical tips to help you maintain and improve your wellbeing. You'll find the survey under the **Health** tab.

Track your Healthy Habits

Healthy Habits offer you bite-sized ways to build a healthy routine and improve your wellbeing. Over time, these small steps add up to big changes that'll make you successful. Your Healthy Habits will be customized based on your Health Check results and the interests you set in your profile. Go to **Healthy Habits** to change up the habits you try over time.

MIAMIBEACH

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VIRGIN PULSE WILL BECOME PERSONIFY HEALTH ON JANUARY 1, 2025

Sign up and get started



Step 1

Visit join.virginpulse.com/cityofmiamibeach or open the app and select **Create Account**.

Follow the progress bar as you complete these easy steps:



Identity

Tell us who you are. We'll ask for a few details about you and your sponsor organization to check your eligibility. Some of the fields may already be filled.



Agree

Legal and privacy. Review and agree to the rules, data collection and privacy policy.



Create

Create your account. Add your email, make a password and give us some additional details to customize your experience.



Finish

You're all set. Your account is ready. Click **Take Me There** to sign in.

Step 2

Connect a device or app to get credit for your wellbeing activities like steps, nutrition and sleep. We sync with many trackers, such as Max Buzz, Apple Watch, Fitbit and MyFitnessPal, just to name a few.

Step 3

Upload a profile picture and add some friends.

Step 4

Set your interests to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well and more!

Step 5

Download the Virgin Pulse mobile app for iOS or Android. Access your account and track your activity anywhere, anytime. Turn on your notifications to stay motivated and get friendly reminders.



Syncing is the simple process of uploading information from your fitness tracker to the mobile app, so it's all in one place.

Be sure to sign in to your Virgin Pulse app **at least once every 14 days** so your data syncs and counts toward your activity goals. Activity tracking varies by device. Please consult your device instructions to learn more about available tracking features.

Scan the QR code to download the app.



PRE-TAX SPENDING ACCOUNTS



Your FSA deductions cannot be changed or discontinued during the plan year unless you experience a qualifying event.



You must enroll or re-enroll every year to participate.

City of Miami Beach offers employees the option of making deposits into separate spending accounts for eligible healthcare (including Medical, Dental and Vision) expenses and dependent care (including child care) expenses.

An FSA allows employees to set aside pre-taxed dollars for healthcare and dependent care expenses. When planning how much to contribute to an FSA, keep in mind that all funds remaining in the account in excess of **\$640 at the end of the calendar year will be forfeited.**

GENERAL PURPOSE HEALTHCARE FSA:

NOT available if you are enrolled in the HDHP Medical Plan.

In addition to using this account to make copays, coinsurance payments or deductible payments this program lets employees pay for certain IRS approved medical care expenses. The 2024 annual maximum is **\$3,200** and a minimum **\$250** annual election is required.

Some examples of reimbursable expenses include:

- Hearing exams, hearing aids
- Vision expenses such as: contact lenses, eye examinations, and eyeglasses
- Orthodontia
- Chiropractic services
- Acupuncture
- Physical therapy
- Diabetic Supplies



www.FSAStore.com is the only one-stop-shop stocked exclusively with FSA-eligible products and services so there are no guessing games as to what is and isn't reimbursable which is what consumers face every time they walk into a drugstore.

LIMITED PURPOSE FSA:

A Limited Purpose FSA is similar to a general purpose health FSA except eligible expenses are **limited to qualifying dental and vision expenses only.**

The 2024 annual maximum is **\$3,200** and a minimum **\$250** annual election is required.

Examples of reimbursable expenses include:

- Costs for dental and vision services
- Orthodontia
- Eye exams
- Contact lens materials
- Lasik eye surgery
- Cataract surgery
- Prescription eyeglasses
- Reading glasses and more

The Limited Purpose FSA can be used in conjunction with the HDHP Medical Plan.

PRE-TAX SPENDING ACCOUNTS

DEPENDENT CARE FSA

The Dependent Care FSA enables employees to use pre-tax dollars to pay for eligible dependent care expenses that are necessary for you (and your spouse) to work, actively look for work, or attend school full time. Dependent care FSA can be used for the caring of children under the age of 13 or dependent elders who live with you. The annual maximum contribution to the Dependent Care FSA is **\$5,000 (\$2,500** if married and filing separately).

Examples of eligible expenses include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

You should only contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan year. If you do not use the money within the plan year it will NOT be refunded to you or carried forward to a future plan year. **This is a use it or lose it benefit.**

CLAIM SUBMISSION & REIMBURSEMENT OPTIONS

If you participate in the FSA, you will automatically receive a debit Visa Card that can be used for FSA eligible expenses.

You can also file your claims online at www.hsabank.com or submit your claims via mail, web portal, or mobile app. You can contact HSA Bank about your FSA account:

By Phone: **800.357.6246**

You can also obtain account balances, view claims history, file claims, download forms and report a lost or stolen debit card at www.hsabank.com.



EXAMPLES OF QUALIFIED DEPENDENT CARE FSA EXPENSES:

- Licensed nursery schools
- Qualified childcare centers
- Adult daycare facilities
- After school programs
- Summer camps for dependent children under age 13
- Preschool tuition

EXAMPLES OF NON-QUALIFIED DEPENDENT CARE FSA EXPENSES

- Dance lessons
- Educational, learning or study skills services
- Field trips
- Kindergarten tuition
- Language classes
- Private school tuition

To see a list of all eligible expenses visit: [irs.gov/forms-pubs/about-publication502](https://www.irs.gov/forms-pubs/about-publication502)



IN-NETWORK PROVIDERS:

Follow these steps to locate a participating dental provider:

STEP 1: Go to www.Cigna.com

STEP 2: Click on “Find a Doctor” on the top of the screen

STEP 3: Under “How are you Covered?” click “Employer or School”

STEP 4: Enter your zipcode

STEP 5: Under “Doctor by Type” select the type of Dentist you need

STEP 6: Log in if you have an account of, click “Continue as guest”, then “Continue”

STEP 7: Under “Select a Plan” choose “Total Cigna DPP” if you are enrolled in the Cigna PPO and select “Cigna Dental Care Access” if you are enrolled in the DHMO plan

Or

You may call Cigna’s open enrollment hotline for any questions relating to your medical and dental plan elections. The hotline is available 24 hours a day, 7 days a week. The phone number for the hotline is **800.564.7642**

DENTAL COVERAGE

Cigna’s PPO dental plan allows you to seek care from the dentist of your choice, but you will have lower out-of-pocket costs if you use in-network providers because of the negotiated discount rates.

Cigna’s DHMO plan offers flexibility and savings with copays for all covered services.

BENEFIT	CIGNA DHMO		CIGNA PPO	
	IN-NETWORK ONLY	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	None	Individual: \$ 50 Family: \$150	Individual: \$ 50 Family: \$150	
Benefit Maximums Annual	None		\$2,500	
Diagnostic & Preventive Prophylaxis (Cleanings); Oral Exams; Topical Fluoride; Bitewing X-rays	Copay Schedule	Plan Pays 100%	Plan Pays 100%*	
Basic Services Fillings; Minor Oral Surgery; Periodontics; Sealants; Space Maintainers	Copay Schedule	Plan Pays 80% After Deductible	Plan pays 80%* After Deductible	
Major Services** Bridges and Dentures; Crowns, Inlays, Onlays; Endodontics; Major	Copay Schedule	Plan Pays 50% After Deductible	Plan Pays 50%* After Deductible	
Orthodontic Services**	Copay Schedule (Adults & Children) No maximum	Plan Pays 50% (Dependent children up to age 26) \$1,500 Lifetime Maximum		
Implants**	Copay Schedule	Plan Pays 50% After Deductible	Plan Pays 50%* After Deductible	
Semi-Monthly Contributions				
Employee Only	\$4.34		\$11.52	
Employee + 1	\$7.60		\$22.20	
Family	\$11.94		\$34.03	

*When using out-of-network providers balance billing may apply.

**For new enrollees on the Cigna Dental PPO plan, no coverage is available for Major Services, Orthodontic Services and Implants for the first 12 months on the plan.

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VISION COVERAGE

Properly caring for your eyesight is of the utmost importance. As part of keeping up with maintaining your overall health, routine eye exams should be scheduled on a regular basis.

THE COST OF VISION COVERAGE IS INCLUDED IN YOUR MEDICAL PREMIUM.

YOU MUST PARTICIPATE IN ONE OF THE CITY'S MEDICAL PLANS IN ORDER TO ENROLL IN VISION COVERAGE

www.eyemedvisioincare.com
866.299.1358

EYEMED SELECT VISION

BENEFIT	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
Eye Exam	\$0 Copay	\$0 Copay	Up to \$28
Frequency			
Exam	Once every plan year	Once every plan year	Once every plan year
Lenses	Once every plan year	Once every plan year	Once every plan year
Frames	Once every plan year	Once every plan year	Once every plan year
Frames	\$200 Allowance + 20% off amount over allowance	\$150 Allowance + 20% off amount over allowance	Up to \$75
Lenses			Up to
Single Vision Lenses	\$10 Copay	\$10 Copay	\$18
Bifocal Vision Lenses	\$10 Copay	\$10 Copay	\$32
Trifocal Vision Lenses	\$10 Copay	\$10 Copay	\$56
Lenticular Vision Lenses	\$10 Copay	\$10 Copay	\$56
Medically Necessary Contact Lenses	\$0 Copay	\$0 Copay	Up to \$200
Elective Contact Lenses (in lieu of frames and lenses)	\$150 Allowance	\$150 Allowance	\$120

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CONTRIBUTORY LIFE/AD&D

CONTRIBUTORY BASIC LIFE/AD&D

CITY OF MIAMI BEACH provides all full-time, benefit-eligible employees (excluding FOP bargaining unit and part-time employees) with Basic Life/AD&D coverage through UnumLife Insurance Company. Employees are automatically enrolled as soon as they are eligible and required to contribute 50% of the premium for this coverage.



HOW BASIC LIFE/AD&D INSURANCE CAN HELP

Life and Accidental Death & Dismemberment insurance may provide additional financial support by:

- **Assisting your family with the cost of your funeral or medical bills**
- **Covering household expenses**
- **Relieving debt you might leave behind**
- **Leaving an inheritance for your loved ones or even for an organization you are passionate about**

CONTRIBUTORY LIFE/AD&D

LIFE BENEFIT AMOUNT	1 times Annual Salary up to \$250,000
AD&D BENEFIT AMOUNT	1 times Annual Salary up to \$250,000

MAKE SURE TO UPDATE YOUR BENEFICIARY INFORMATION NOW!!

A beneficiary is the person or entity you name in a life insurance policy to receive the death benefit.

You can name:

- One person
- Two or more people
- The trustee of a trust you've set up
- Your estate

If you don't name a beneficiary, the death benefit will be paid to your estate.

TWO LEVELS OF BENEFICIARIES:

Your Life Insurance policy should have both "primary" and "contingent" beneficiaries. The primary beneficiary receives the death benefit upon your passing, if they are found. Contingent beneficiaries receive the death benefit if the primary beneficiary is deceased or cannot be found. If no primary or contingent beneficiaries are living or cannot be found, the death benefit will be paid to your estate.

As part of naming beneficiaries, you should identify them as clearly as possible and include their Social Security numbers. This will make it easier for the Life Insurance company to find them, and it will make it less likely that disputes will arise regarding the death benefit.

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VOLUNTARY LIFE/AD&D



THINGS TO REMEMBER:

- You must enroll in coverage in order to elect coverage for your dependents
- Payroll deductions may vary due to rounding
- You pay just one payroll deduction for child coverage, no matter how many children you are covering

EVIDENCE OF INSURABILITY FORM

An evidence of insurability (EOI) form is required to apply for the plan during annual enrollment or if coverage was previously waived during the initial eligibility period.

NOTE: Benefit coverage and payroll deductions will not take effect until EOI is approved by Unum.

WAIVER OF PREMIUM

If you become disabled, you may be eligible to continue your voluntary life coverage at no cost to you.

PORTABILITY/CONVERSION

If you leave employment with the Company, you may contact Unum directly, to inquire about continuing your policy. You must contact Unum within 30 days of your employment termination.

EXCLUSIONS

Unum may not pay benefits caused directly, indirectly by excluded losses as identified in the contract.

VOLUNTARY LIFE/AD&D

Employees may elect voluntary coverage for themselves and their dependents through Unum.

Employee and Spouse Voluntary Life Insurance includes Accidental Death & Dismemberment coverage in the same amount as the Voluntary Life insurance.

COVERAGE GUIDELINES			
	MINIMUM	GUARANTEE ISSUE (GI)	MAXIMUM
EMPLOYEE	\$10,000	5 times annual salary, up to \$300,000	5 times annual salary, up to \$500,000
SPOUSE	\$20,000	100% of Employee's Benefit up to \$30,000	100% of Employee's Benefit, up to \$50,000
CHILD	\$10,000	\$10,000 (14 Days to 6 Months \$1,000)	100% of Employee's Benefit, up to \$10,000

SUPPLEMENTAL LIFE INSURANCE MONTHLY RATES PER \$1,000 COVERAGE

AGE	COST
UNDER 25	0.064
25-29	0.059
30-34	0.072
35-39	0.099
40-44	0.153
45-49	0.248
50-54	0.414
55-59	0.671
60-64	0.895
65-69	1.407
70+	2.457

VOLUNTARY LIFE EXAMPLE:

A 52 year old will pay \$0.414 per \$1,000 of coverage. If they elect \$50,000 in voluntary coverage, the premium calculation would be $\$50,000 / \$1000 = 50 \times 0.414 / 2 = \10.35 biweekly premium amounts deducted with the exception of the two (2) premium holiday payroll cycles each year.

Dependent Supplemental Life					
SPOUSE LIFE	\$20,000	\$30,000	\$40,000	\$50,000	If you elect coverage for your spouse, it will include \$10,000 of coverage for each child.
CHILD LIFE	\$10,000	\$10,000	\$10,000	\$10,000	
SEMI-MONTHLY PREMIUM	\$1.00	\$1.50	\$2.00	\$2.50	

VOLUNTARY SHORT-TERM DISABILITY

CITY OF MIAMI BEACH provides eligible employees the opportunity to enroll in Voluntary Short-Term Disability. Coverage is available through Unum, and offered to eligible full-time employees. Please refer to your Unum summary for additional details, including limitations and exclusions. This coverage is designed to replace a portion of your income should you become unable to work due to a non-work related injury or sickness.



PRE-EXISTING CONDITION EXCLUSION

The plan has a 12-month pre-existing condition exclusion for any illness or injury for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs in the 3 months prior to coverage.

VOLUNTARY SHORT-TERM DISABILITY SCHEDULE OF BENEFITS

BENEFITS BEGIN	15TH DAY ACCIDENT/SICKNESS
BENEFIT DURATION	26 WEEKS
PERCENTAGE OF INCOME REPLACED	60%
MAXIMUM WEEKLY BENEFIT	\$1,500

MONTHLY SUPPLEMENTAL DISABILITY RATES PER \$1,000 COVERAGE

AGE	COST
UNDER 25	0.37
25-29	0.40
30-34	0.37
35-39	0.35
40-44	0.38
45-49	0.43
50-54	0.46
55-59	0.68
60-64	0.87
65-69	0.99

SHORT-TERM DISABILITY PREMIUM EXAMPLE:

For a 53 year old employee earning \$1,538.46 per week, the calculation would be $\$1,538.46 \times 0.60$ (60% benefit) = \$923.07 / \$10 = \$92.30 x \$0.46 / 2 = \$21.23 biweekly cost to be deducted (except for the two (2) premium holiday payroll cycles each year).

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VOLUNTARY LONG-TERM DISABILITY



PRE-EXISTING CONDITION EXCLUSION

The pre-existing condition under this plan is a 12/24 which means, any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a disability during the first 24 months of coverage, would not be covered.

In addition to Voluntary Short-Term Disability the **CITY OF MIAMI BEACH** provides eligible employees the opportunity to enroll in Voluntary Long-Term Disability.

Coverage is available through Unum, and offered to eligible full-time employees. Please refer to your Unum summary for additional details, including limitations and exclusions. This coverage is designed to replace a portion of your income should you become unable to work due to a non-work related injury or sickness.

VOLUNTARY LONG-TERM DISABILITY SCHEDULE OF BENEFITS	
BENEFITS BEGIN	181ST DAY
BENEFIT DURATION	TO AGE 65
PERCENTAGE OF INCOME REPLACED	60%
MAXIMUM MONTHLY BENEFIT	\$10,000

SUPPLEMENTAL LIFE INSURANCE MONTHLY RATES PER \$1,000 COVERAGE

AGE	COST
UNDER 25	0.09
25-29	0.12
30-34	0.19
35-39	0.30
40-44	0.41
45-49	0.62
50-54	0.85
55-59	1.09
60-64	1.10
65-69	1.43
70-74	1.71

LONG-TERM DISABILITY PREMIUM EXAMPLE:

FOR A 29 YEAR OLD EARNING \$4,000 PER MONTH: THE CALCULATION WOULD BE $\$4,000 / \$100 \times \$0.12 / 2 = \2.40 BIWEEKLY PREMIUM AMOUNTS DEDUCTED WITH THE EXCEPTION OF THE TWO (2) PREMIUM HOLIDAY PAYROLL CYCLES EACH YEAR.

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MY PET PROTECTION FROM NATIONWIDE

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. Simply pay for coverage through a convenient after-tax payroll deduction.



MY PET PROTECTION COVERAGE HIGHLIGHTS

We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 maximum annual benefit. Coverage includes:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit



INCLUDED WITH EVERY POLICY

vethelpline®

- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

PetRxExpress™

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

ADDITIONAL HIGHLIGHTS!

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multi-pet discounts
- Guaranteed issuance

Get a quote at
[PetsNationwide.com](https://www.petsnationwide.com) or
877.738.7874

[www.petinsurance.com/
miamibeachfl](https://www.petinsurance.com/miamibeachfl)

EMPLOYEE ASSISTANCE PROGRAM



CITY OF MIAMI BEACH provides an Employee Assistance Program at no cost to all employees and their families. This confidential program offers someone to talk to and resources to consult whenever and wherever you need them.

24/7 SUPPORT, RESOURCES & INFORMATION

EAP provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- 5 Face-to-face counseling sessions with a counselor in your area, as well as video-based sessions
- State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center

For more information visit the website or call and speak with a professional at **877.622.4327** or **myCigna.com**

Employer ID: **miamibeachfl** (needed for initial registration only)

If already registered on **www.mycigna.com**, simply log in and go to the EAP link under the Review My Coverage tab.



CONFIDENTIAL EMOTIONAL SUPPORT

Our 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
- Relationship / marital conflicts



WORK-LIFE SOLUTIONS

Our specialist 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
- Planning events, locating pet care



LEGAL GUIDANCE

Talk to our 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



FINANCIAL RESOURCES

Our financial experts can assist with a wide range of issues. Talk to us about:

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

PREFERRED LEGAL PLAN



MEMBER BENEFITS INCLUDE:

- Free unlimited legal advice via phone consultation
- Free review of legal documents (real estate contracts, lease agreements, court papers, etc.)
- Free letters and phone calls on your behalf to third parties to resolve miscellaneous disputes
- Free credit report analysis and repair and settling accounts in collection
- Free Identity Theft information and restoration
- Free loan modification assistance and foreclosure defense
- Free Wills for Member and spouse or domestic partner (powers of attorney and living wills also available)
- Free legal forms available through Form Library (i.e. bills of sale, court forms, promissory notes, contracts, affidavits, etc.)
- Free notary services
- Up to 70 percent reduced legal fees for panel attorney representation
- All pre-existing issues are covered
- Unlimited, immediate use of membership.

WHAT IS PREFERRED LEGAL?

This plan offers comprehensive legal assistance, advice and discounted representation on all types of legal services for an affordable premium. Coverage includes a spouse/domestic partner, dependents and anyone living in the household. Plan services are unlimited and available 24/7. Members have access to statewide network of lawyers when formal representation is needed and the in-person consultation is free. Employment-related subjects are not covered. Only \$9.95 per month.

TYPES OF COVERED LEGAL ISSUES INCLUDE:

- Divorce
- Child Support, Custody and Visitation
- Traffic Tickets/Suspended Licenses/DUI
- Credit Repair
- Loan Modifications/Foreclosures
- Bankruptcy
- Wills/Powers of Attorney/Trusts
- Identity Theft Services
- Buying or Selling a Home
- Probate
- Immigration
- IRS Issues
- Garnishments
- Landlord-Tenant, HOA Disputes
- Civil Litigation/Small Claims
- Personal Injury
- Domestic Violence
- Car Accidents and Many More

PREFERRED LEGAL PLAN™
1 (888) 577-3476
www.preferredlegal.com
info@preferredlegal.com

LIFELock IDENTITY THEFT PROTECTION

YOUR EMPLOYEE BENEFIT CAN HELP PROTECT YOUR IDENTITY.

Everyday we put our information at risk on the internet. In today's world of online shopping, using public Wi-Fi and giving out Social Security numbers as a form of ID, our personal information can be exposed. Unfortunately, free credit monitoring simply alerts you to credit issues. LifeLock not only has proprietary technology to detect a range of identity threats, if you do have an identity theft problem, our U.S.-based team of Identity Restoration Specialists can help fix it.



CHOOSE THE LIFELock SERVICE THAT'S RIGHT FOR YOU!

BENEFIT ELITE

Identity theft protection is designed to help protect against identity theft plus monitor for threats to your identity and financial assets—your 401(k), investment, checking and savings accounts. LifeLock Benefit Elite membership is only available as an employee payroll-deducted benefit.

LIFELock ADVANTAGE

Membership provides enhanced identity theft protection, including important notifications beyond financial and credit fraud.

LIFELock ULTIMATE PLUS

identity theft protection provides peace of mind knowing you have LifeLock's most comprehensive identity theft protection. Enhanced services include bank account application and takeover alerts, online annual three-bureau credit reports and credit scores plus monthly one-bureau credit score tracking.

LIFELock JUNIOR

(If dependents under age 18 are enrolled) Protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children.** To learn more about LifeLock Junior service, please visit LifeLock.com/products/LifeLock-junior.

BENEFIT	BENEFIT ELITE	ADVANTAGE	ULTIMATE PLUS
HOME TITLE MONITORING			Included
LIFELock SKILL FOR AMAZON ALEXA	Included	Included	Included
CREDIT, BANK & UTILITY ACCOUNT FREEZES		Included	Included
LIFELock IDENTITY ALERT SYSTEM	Included	Included	Included
MOBILE APP	Included	Included	Included
DARK WEB MONITORING	Included	Included	Included
USPS ADDRESS CHANGE VERIFICATION	Included	Included	Included
STOLEN WALLET PROTECTION	Included	Included	Included
REDUCED PRE-APPROVED CREDIT CARD OFFERS	Included	Included	Included
FICTITIOUS IDENTITY MONITORING	Included	Included	Included
DATA BREACH NOTIFICATIONS	Included	Included	Included
BANK & CREDIT CARD ACTIVITY ALERTS	Included	Included	Included
BANK ACCOUNT TAKEOVER ALERTS			Included
401K & INVESTMENT ACCOUNT ACTIVITY ALERTS	Included		Included
SEX OFFENDER REGISTRY			Included
U.S. BASED IDENTITY RESTORATION SPECIALISTS	Included	Included	Included
24/7 LIVE MEMBER SUPPORT	Included	Included	Priority Support
MILLION DOLLAR PROTECTION PACKAGE	Up to:		
<ul style="list-style-type: none"> • STOLEN FUNDS REIMBURSEMENT • PERSONAL EXPENSE COMPENSATION • COVERAGE FOR LAWYERS & EXPERTS 	\$1 Million each	Up to: \$100K Up to: \$100K Up to: \$1 Million	
CREDIT MONITORING		One-Bureau	Three-Bureau
CREDIT REPORTS & CREDIT SCORES		One-Bureau	Three-Bureau
MONTHLY CREDIT SCORE TRACKING			One-Bureau
Semi-Monthly Contributions			
Employee Only	\$4.25	\$8.50	\$12.75
Employee + Spouse	\$8.49	\$16.99	\$25.49
Employee + Children	\$7.43	\$12.75	\$18.06
Family	\$11.68	\$21.24	\$30.81

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SUPPLEMENTAL INSURANCE

EVERYONE'S BENEFIT NEEDS ARE DIFFERENT

As a benefit-eligible employee, you may choose from a variety of supplemental benefits. These benefits are meant to provide an opportunity for you to custom-design a benefit package that fits the needs of you and your family. That's why it's important to choose the benefits that are right for your personal situation.



● ACCIDENT INSURANCE

Helps offset unexpected medical expenses, such as emergency room fees, deductibles and copayments that can result from a fracture, dislocation or other covered accidental injury.

● WHOLE LIFE INSURANCE

Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.

● CANCER INSURANCE

Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

● CRITICAL ILLNESS INSURANCE

Supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

● HOSPITAL CONFINEMENT INDEMNITY INSURANCE

Provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with copayments and deductibles that are not covered by most major medical plans.

HOW CAN COLONIAL LIFE HELP?

- Coverage is available for your spouse and eligible dependent children (with most plans).
- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage when you retire or change jobs, with no increase in premiums (with most plans).
- You may receive benefits regardless of any insurance you may have with other companies (with most plans).

Colonial Life counselors will help you decide what programs are most suited to your individual requirements, how they work and the costs associated with each.

You will have the opportunity for 1-to-1 benefits counseling session with a representative from Colonial Life Insurance Company. At the session, you'll learn how these products fit into your overall benefits package and how they can help protect what you've worked so hard to build.

For further information as well as to schedule an appointment to speak with a benefit counselor, scan the URL code below!



Contact Colonial Life today!
954.616.5123 or www.coloniallife.com

NATIONWIDE 457(B)



Nationwide®

FOR HELP AS YOU SET UP YOUR
457(B) DEFERRED COMPENSATION
PLAN, VISIT YOUR PLAN WEBSITE OR
CONTACT YOUR NATIONWIDE
RETIREMENT SPECIALIST TODAY!

For more information, contact:

Anthony Steel
305.972.5161
steela1@nationwide.com

Neil Cook
305.340.8772
cookn@nationwide.com

TO SCHEDULE AN APPOINTMENT, SCAN THIS
CODE:



WHAT MAKES THE NATIONWIDE 457(B) PLAN A RIGHT CHOICE FOR YOU?

FLEXIBILITY

- Easy enrollment over the phone, online or in-person
- Increase, decrease or stop deferrals, according to your needs
- No coordination of contributions with other qualified plan types¹
- Contribute up to the maximum to your 457(b) and a 403(b) or 401(k) account
- No-penalty withdrawals after separation from service, regardless of age
- Purchase pension plan service credit using 457(b) assets, if the pension plan allows
- Plan allows consolidation of outside retirement assets² from qualified plans and IRAs

INTERACTIVITY

- Access your account. Anytime. Any where. Any device.
- My Interactive Retirement PlannerSM
- Support as you plan for retirement healthcare costs and Social Security benefits
- Web-based Learning Center to help you feel more confident about your retirement decision through the Plan
- Appointments with an Internal Retirement Specialist
 - Easily scheduled at retirementspecialists.myretirementappt.com

INVESTMENT OPTIONS

- Fixed account offering a competitive yield
- Broad spectrum of funds selected specifically for long-term investors
- Professional managed account solution³ for “do it for me” participants

PEOPLE

- Personal Retirement Counselors who deliver financial needs analysis
- Local Specialists present educational workshops on topics related to your needs
- Flexible Customer Service availability during the day, night and even on Saturday

MISSION SQUARE RETIREMENT

ICMA-RC is now MissionSquare Retirement, a new name that reinforces the company's foundation and solidifies vision for the future.

WE HAVE A PROUD HERITAGE

Almost 50 years ago, ICMA-RC was created for the sole purpose of helping city and county managers prepare for retirement. Our mission has never changed. In fact, it has grown to include all employees who dedicate their lives to serving their communities, including state and local government employees as well as teachers and school administrators, health care workers, and not-for-profit employees.

We remain committed to you and your financial future

The transition to MissionSquare Retirement is about more than just a name. It's our response to improving the way we engage with our clients and to better serve your unique needs for financial education, advice, and planning for retirement. Check out our new website to learn more.

Here are some of the new features and benefits available to you from MissionSquare Retirement:

- **NEW FINANCIAL WELLNESS CENTER** - an enhanced, personalized financial wellness program with access to online education materials, tutorials, and planning resources
- **ADVANCEMENTS IN INVESTMENT PRODUCTS AND TOOLS** - new digital, interactive tools to give you a 360 view of your financial picture
- **IMPROVED DIGITAL TOOLS AND CAPABILITIES** - all the tools you need to make managing retirement savings, budgeting, and planning easier, in one place
- **EXPANDED COMMUNITY AND ADVOCACY INITIATIVES** - with a focus on mission over profit, learn more about community and advocacy initiatives, such as the MissionSquare Retirement Memorial Scholarship Fund
- **ACCESS TO THE LATEST RESEARCH AND THOUGHT LEADERSHIP** - in-depth industry-related studies and insights on the workforce and the retirement needs of people like you who work in state and local governments

ICMA-RC is now

MissionSquare
RETIREMENT

It's OPEN ENROLLMENT TIME!

You have a voice when it comes to your retirement. Make sure to vote for your future.

- Enroll online at www.missionsq.org
- Contribute more from each paycheck toward your retirement.
- Check-in on your current investment selections to make sure you're still on track to meet your goals.
- Update your beneficiary information, if needed.
- Consider making additional catch-up contributions once you reach age 50, or are nearing retirement.
- Look into what kind of withdrawal strategy to use after you retire.

Questions? Contact your MissionSquare Retirement Plans Specialist

Miguel Hidalgo **866.630.3041** or
mhidalgo@missionsq.org
457 Plan Number 303294

CARRIER CONTACTS

BENEFIT	PLAN	CONTACT	WEBSITE / EMAIL	SALARY GROUP(S)
Medical, Rx	Cigna	800.244.6224	www.mycigna.com	General & Unclassified
Medical, Vision	FOP Health Trust	954.663.3796	Gary.kluger@miamibeachfop.org	FOP
Medical, Dental, Vision	IAFF Health Trust	954.683.3866	www.fftf.com	IAFF
HSA	HSA Bank	800.357.6246	www.hsabank.com	General, Unclassified, FOP & IAFF
FSA	HSA Bank	800.357.6246	www.hsabank.com	General, Unclassified, FOP & IAFF
Dental PPO & DHMO	Cigna	800.244.6224	www.mycigna.com	General, Unclassified & FOP
Vision Plan	EyeMed Vision	866.299.1358	www.eyemedvisioncare.com	General & Unclassified
Basic, Supplemental & Dependent Life	Unum	800.421.0344	www.unum.com	General, Unclassified, FOP & IAFF
Short Term & Long Term Disability	Unum	877.217.5495	www.unum.com	General, Unclassified, FOP & IAFF
ID Theft Protection	LifeLock	866.917.2555	http://cityofmiamibeach.excelsiorenroll.com	General, Unclassified, FOP & IAFF
Preferred Legal	Discount Legal Services	888.577.3476	www.preferredlegal.com	General, Unclassified, FOP & IAFF
Employee Assistance Program (EAP)	Cigna Behavioral	877.622.4327	www.mycigna.com Employer ID: miamibeachfl	General, Unclassified, FOP & IAFF
Discount Pet Insurance	Nationwide	877.738.7874	www.petinsurance.com/miamibeachfl	General, Unclassified, FOP & IAFF
Voluntary Benefits	Colonial Life	954.616.5123	www.coloniallife.com	General, Unclassified, FOP & IAFF

RETIREMENT SOLUTIONS	PLAN	CONTACT	WEBSITE / EMAIL	SALARY GROUP(S)
Nationwide Retirement Solutions				
457 Deferred Compensation Plan (plan code 0036817)	Retirement Plans	877.677.3678	www.nrsforu.com	General, Unclassified, FOP & IAFF
401(a) Retirement Plan (plan code 013-02677)		800.772.2182		
OBRA (plan code 0036817002)		877.677.3678		
MissionSquare (Formerly ICMA)				
457 Deferred Compensation Plan (plan code 303294)	Retirement Plans	Miguel Hidalgo 866.630.3041	mhidalgo@missionsq.org	General, Unclassified, FOP & IAFF
401(a) Retirement Plan (plan code 109219)		800.669.7400	www.missionsq.org	
Roth 401 (plan code 705588)				
Pension Offices				
General & Unclassified Pension	Retirement Plan	305.673.7437	www.mberp.com	General & Unclassified
Fire & Police Pension	Retirement Plan	305.673.7039	www.miamibeachfl.gov/city-hall/fire-police-pension/	FOP & IAFF

DISCLOSURES

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S ACT)

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

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Call your Plan Administrator for more information.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

SPECIAL ENROLLMENT RIGHTS (HIPAA)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment

within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that:

The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is

broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual. GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B] This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual cease to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

PREMIUM ASSISTANCE UNDER MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employee health plan premiums. The following list of states is current as of July 31, 2023.

Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MYARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpcf/child-health-plan-plus>

DISCLOSURES

CHIP+ Customer Service: 1-800-359-1991/
State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycorhibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
<https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website:
<http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <https://www.kancare.kansas.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or
www.lahipp.la.gov
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email:
masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rtte Share Line)

SOUTH CAROLINA – Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022 Website: <https://dhr.wv.gov/bms/>

WEST VIRGINIA – Medicaid and CHIP
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website:

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



MIAMI BEACH

