

2024-2025

City of Lynn Haven
Employee Benefits Review



Contact Abentras:



Day to Day Contact:
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Phone: 904-285-3300
Fax: 904-285-3633



**Open Enrollment Related
Questions Contact:**
Sisi Castro
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Phone: 904-285-3300
Fax: 904-285-3633

➤ ID cards



➤ Claim Issues



➤ Insurance coverage questions





Reminders

- Preventive Care is covered 100%
- MRI's – Hospital VS Free Standing Facility (cost variation)
- Flu Shots
- Quest Diagnostics

Medical Florida Blue



IN NETWORK	Blue Options 05302 (PPO)	Blue Options 05773 (PPO)
Calendar Year Deductible (CYD)	\$5,000 / \$10,000	\$2,500 / \$7,500
Coinsurance	30%	20%
Maximum Out of Pocket	\$6,350 / \$12,700	\$6,350 / \$12,700
Embedded/Aggregate Deductible	Embedded	Embedded
OFFICE SERVICES		
Primary Care Office Visit	\$30	\$35
PCP Required?	No	No
Specialist Office Visit	\$55	\$85
Teladoc	\$0	\$0
PREVENTIVE SERVICES (Well Woman, Well Child, etc.)	100% Covered, CYD Waived	100% Covered, CYD Waived
HOSPITAL SERVICES		
Inpatient Hospital Visit	CYD + 30%	\$300 PAD + CYD +20%
Outpatient Hospital Visit	CYD + 30%	CYD + 20%
Physician Services at Hospital	CYD + 30%	CYD + 20%
EMERGENCY SERVICES		
Emergency Room Visit	\$300	\$350
Urgent Care Visit	\$60	\$100
OTHER SERVICES		
Independent Diagnostic Testing (X-Rays)	CYD + 30%	\$50
Independent Diagnostic Testing (Adv Imaging)	CYD + 30%	\$350
Independent Clinical Lab / Mental Health / Substance Dep	\$0	\$0
PHARMACY SERVICES		
Creditable Coverage	No	Yes
Generic Mandatory / Pre-Authorization on Brand	Yes / Yes	Yes / Yes
Prescription Plan Deductible	No	No
Prescription Card (generic/brand/non-preferred)	Generic: \$10, Select Brand Rx: Greater of 20% or \$50, up to \$200 max, Non Pref: Not Covered	\$10 / \$50 / \$80
Mail Order-90 Day Supply	Generic: \$25, Select Brand Rx Greater of 20% or \$125, up to \$500 max, Non Pref: Not Covered	\$25 / \$125 / \$200
OUT OF NETWORK		
Calendar Year Deductible (CYD)	\$10,000 / \$30,000	\$5,000 / \$15,000
Coinsurance	50%	50%
Maximum Out of Pocket	\$20,000 / \$40,000	\$13,000 / \$26,000

Medical Semi-monthly Deductions

	Blue Options 05302 (PPO)	Blue Options 05773 (PPO)
Employee Only	\$17.66	\$70.91
Employee + Spouse	\$177.20	\$323.34
Employee + Child(ren)	\$127.18	\$245.81
Family	\$282.62	\$484.06

Health Reimbursement Account (HRA)

The Health Reimbursement Account (HRA) is designed to help those who have large claims with their out-of-pocket expenses. The **BlueOptions 05302 & BlueOptions 05773** plans have an HRA component. The City of Lynn Haven will share the cost with you by offering a last dollar health reimbursement on these medical plans.

Employees enrolled in either medical plan option are eligible to be reimbursed for medical expenses incurred after spending the **initial \$2,500** of the total individual Out-of-Pocket Maximum of \$6,350. The City of Lynn Haven will reimburse a **maximum amount of \$3,850** within a calendar year upon request.

- Claims eligible for reimbursement must be incurred between 1/1/2024 - 12/31/2024.
- Only one HRA distribution is permitted per household per calendar year.
- Maximum reimbursement \$3,850

BlueOptions 05302 / GC (PPO)

Out-of-Pocket Maximum (OOP)	Employee's Responsibility of OOP Max	Employer's Responsibility of OOP Max
\$6,350	First \$2,500	Last \$3,850

BlueOptions 05773 (PPO)

Out-of-Pocket Maximum (OOP)	Employee's Responsibility of OOP Max	Employer's Responsibility of OOP Max
\$6,350	First \$2,500	Last \$3,850



Find a Plan

Find a Doctor

Find a Florida Blue Center

Find an Agent

Log In

Staying Healthy Together

For more than 75 years, we've remained committed to the health of our members. By providing quality, affordable plans, we're here to help you and your family have access to the care you need.

Individuals and Families

Explore Plans

Medicare

Explore Plans



Members

User Name:

Remember User Name

Password:

GO

[Forgot User Name or Password?](#)

[New Member Registration](#)

Are You a Returning Shopper?

Individual & Family Medicare

feedback

Register yourself at floridablue.com For access to your detailed plan information, cost comparison tools, claim activity, ID cards and much more.

In Florida

HOW TO FIND IN-NETWORK DOCTORS

Outside of Florida

- Go to floridablue.com
- Click on **Find a Doctor**
- Halfway through the page, from the drop-down box, depending on which plan you would like to search within select:
 - **BlueOptions**
- Then you can search for doctors within your zip code or for specific doctors



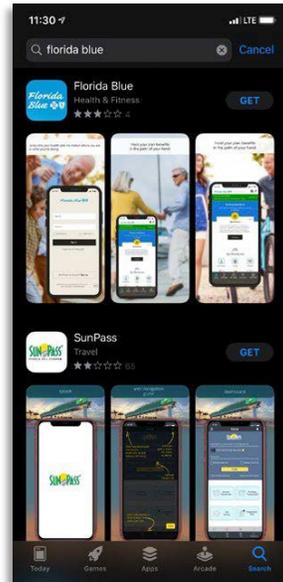
- Go to BCBS.com
- Click on Find a Doctor
- Click on **“In the United States”**
- Click **“Choose a Location & Plan”**
- Enter your zip code
- Enter the three-digit prefix **“XJB”**
- Then you can search for specific doctors or pull a list of all doctors in the zip code provided

Florida Blue Mobile App



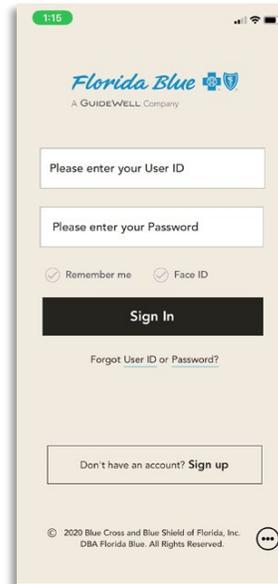
Step 1

Use your phone to go to your app store (the iOS App Store for iPhone and Google Play Store for Androids).



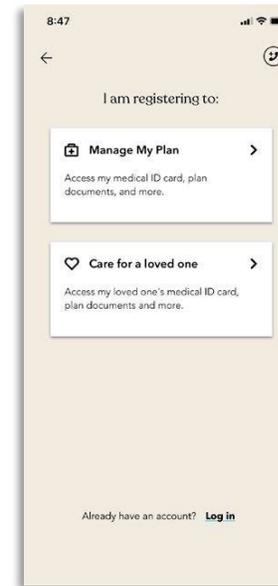
STEP 2

Search for Florida Blue and install the free app.



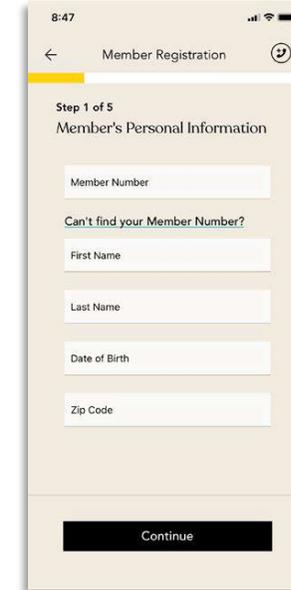
STEP 3

Log in with your user ID and password or register for your member account.



STEP 4

Select Manage My Plan.



STEP 5

Enter member information and click continue. (Subsequent steps are consistent with desktop flow)



The Teladoc Difference

Teladoc can help with many non-emergency illnesses, including:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergies
- Upset stomach
- Nausea
- Other minor health issues and more

Mental Health

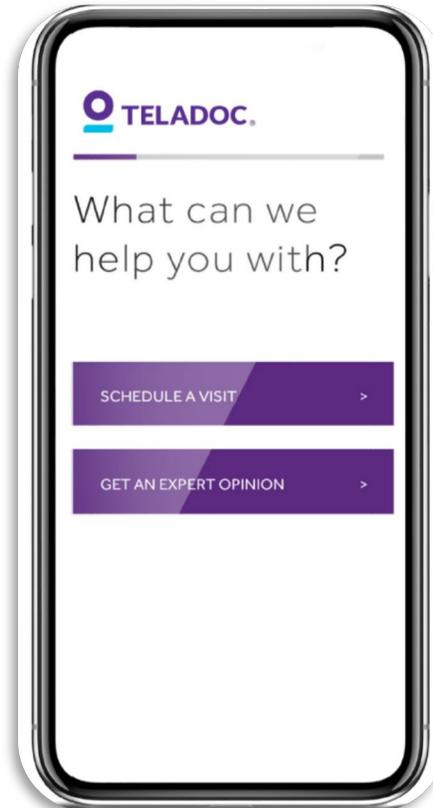
Use a virtual visit with a mental health doctor or therapist to help you find peace of mind when you're experiencing:

- Anxiety
- Depression
- Substance abuse
- Grief
- Family issues
- Eating disorders

Teladoc gives you **24/7/365** access to U.S. board-certified doctors by web, phone or mobile app. Your cost depends on the type of physician you are seeing, and the plan you are enrolled in.

**Florida Blue Teladoc is part of the medical plan options for enrolled employees and their covered dependents.*

Download the app



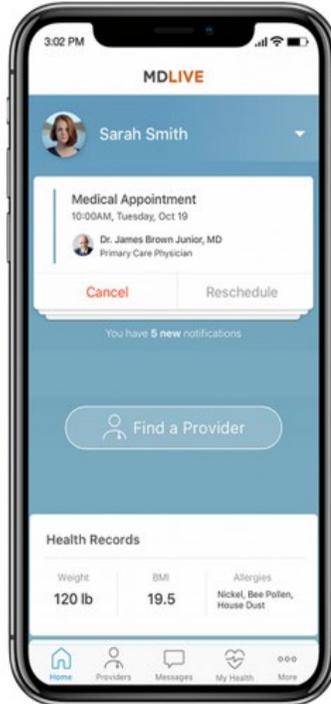
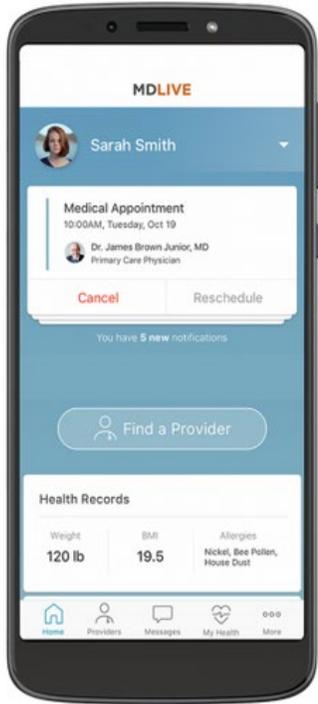
How Does Teladoc Work?

- 1 Register**
 3 easy ways: download the mobile app, visit the Teladoc website or call the number below.
- 2 Provide Medical History**
 Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.
- 3 Request a Visit**
 That's it! The next time you need immediate care for a non-emergency illness, you have another option.

In-Network	
Family Doctor Mental Health doctor or therapist	\$0
Specialist	Same cost share as a specialist office visit
Teladoc	
General Medicine Mental Health therapist	\$0

Call today 1-800-Teladoc (835-2362) or visit Teladoc.com

Download MDLIVE Mobile App.



MDLIVE[®]

MDLIVE is available to all employees and their dependents, regardless of whether they are enrolled in a medical plan.

MDLIVE gives you 24/7/365 access to U.S. board-certified doctors by web, phone or mobile app. Your cost is \$0 per visit.

You must activate your account prior to calling in.

You can do this by going to
Mdlive.com/ingoodhealth or calling
1-888-995-9630

MEDICAL

- Allergies
- Ear problems
- Respiratory problems
- Sore throats
- Prescriptions (if needed)

And more

BEHAVIORAL HEALTH

- Addiction
- Child and adolescent issues
- Depression
- Grief and loss
- Relationship and marriage issues
- Parenting issues
- Stress

And more

Dental



Florida Combined Life



Employee Semi-Monthly Deductions	BlueDental Choice	BlueDental Choice Plus
Employee Only	\$3.58	\$6.45
Employee + Spouse	\$9.74	\$15.50
Employee + Child(ren)	\$11.34	\$18.27
Family	\$17.53	\$28.15

	BlueDental Choice	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	\$50 / \$150	\$50 / \$150
Type I Services—Preventive		
Deductible Applies?	No	No
Cleaning/Exams	100%	80%
Type II Services— Basic		
Deductible Applies?	Yes	Yes
Fillings / Full Mouth X-Rays	80%	70%
Extractions	80%	70%
Endodontic/ Periodontics	80%	70%
Type III Services— Major		
Deductible Applies?	Yes	Yes
Crowns	50%	40%
Dentures	50%	40%
Implants	50%	40%
Annual Plan Maximum	\$1,500	\$1,500
Type IV Services— Orthodontia		
Deductible Applies?	No	No
Orthodontia Dep Age Limit	Up to Age 19	Up to Age 19
Lifetime Orthodontia Max	\$1,000	\$1,000
Type V Services— Child		
Child Age Limit	Up to Age 30	Up to Age 30
Missing Tooth Exclusion Waived	Yes	Yes
R & C Out of Network	N / A	MAC

	BlueDental Choice Plus	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	\$50 / \$150	\$50 / \$150
Type I Services—Preventive		
Deductible Applies?	No	No
Cleaning/Exams	100%	80%
Type II Services— Basic		
Deductible Applies?	Yes	Yes
Fillings / Full Mouth X-Rays	80%	70%
Extractions	80%	70%
Endodontic/ Periodontics	80%	70%
Type III Services— Major		
Deductible Applies?	Yes	Yes
Crowns	50%	40%
Dentures	50%	40%
Implants	50%	40%
Annual Plan Maximum	\$3,000	\$3,000
Type IV Services— Orthodontia		
Deductible Applies?	50%	50%
Orthodontia Dep Age Limit	Up to Age 19	Up to Age 19
Lifetime Orthodontia Max	\$1,500	\$1,500
Type V Services— Child		
Child Age Limit	Up to Age 30	Up to Age 30
Missing Tooth Exclusion Waived	Yes	Yes
R & C Out of Network	N / A	MAC

Florida Combined Life

- Go to floridabluedental.com
- Enter provider's name or leave it blank for a list of In-Network dental providers.
- Enter the desire **zip code**
- From the "Select Plan Name" drop-down box select the name of the plan you are enrolled in:
 - **BlueDental Choice**
 - **BlueDental Choice Plus**

HOW TO FIND IN-NETWORK DENTAL PROVIDER

 DENTAL

Florida Blue 



Find a Dentist

Check to see whether your dentist is in our network – or choose from our many dentists. Be sure to select your plan name, which you'll find listed in the [corner of your ID card](#). If you're not currently a member, you can select the plan that interests you from the plan list below. For members with an urgent dental problem, most plans provide phone or video consultations [through TeleDentistry.com](https://www.floridabluedental.com/tele-dentistry).

<input type="text" value="Enter Dentist Name"/>	<input type="text" value="Enter Zip"/>	All in Zip <input type="button" value="v"/>	Select Plan Name <input type="button" value="v"/>	All Specialties <input type="button" value="v"/>
<input type="radio"/> Address <input checked="" type="radio"/> Zip <input type="radio"/> County				
<input type="button" value="SEARCH"/>		<input type="button" value="ADDITIONAL OPTIONS"/>		

Vision



MetLife

Employee Semi-Monthly Deductions	
Employee Only	\$3.91
Employee + Spouse	\$7.84
Employee + Child(ren)	\$6.63
Family	\$10.94

To locate a provider visit:

www.metlife.com

Select:

➤ Find Vision Provider

Choose Network:

➤ MetLife Vision – VSP Choice

	In-Network	Out of Network
Eye Exams	\$10 Copay	\$45 Allowance
Contact Lens Exam	\$60 Copay	Applied to Allowance
Materials	\$25 Copay	N / A
Frames	\$130 Allowance \$70 Allowance @ Costco	\$70 Allowance
Lenses		
Single	\$25 Copay	\$30 Allowance
Bifocal	\$25 Copay	\$50 Allowance
Trifocal	\$25 Copay	\$65 Allowance
Lenticular	\$25 Copay	\$100 Allowance
Photochromic	\$47 - \$82	Applied to Allowance
Anti-Reflective	\$41 - \$85	
UV Coating	Covered in Full	
Scratch Resistance	\$17 - \$33	
Laser Vision	Discount Available	N / A
Contact Lenses		
Medically Necessary	Covered in full after Copay	\$210 Allowance
Elective	\$130 Allowance	\$105 Allowance
Benefit Frequency		
Vision Exams	Once every 12 months	Once every 12 months
Spectacle Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Contact Lens Allowance	Once every 12 months	Once every 12 months
Child Age Limit	Up to Age 26	Up to Age 26
Network Used	MetLife Vision – VSP Choice	N / A

Group life and Accidental Death & Dismemberment Insurance

The Standard



The City of Lynn Haven will continue to provide all full-time employees with a **\$50,000** Group Life and AD&D Insurance through The Standard.

Please verify that beneficiaries on file are up to date!

Voluntary life and Accidental Death & Dismemberment Insurance



The Standard

Employee:

\$10,000 increments up to lesser of \$500,000

\$100,000 Guaranteed Issue

Age Reduction

At Employee's Age 65 benefit reduces by 35%

At Employee's Age 70 benefit reduces by 50%

At Employee's Age 75 benefit reduces by 65%

Spouse:

\$5,000 increments up to \$250,000 or 100% of EE amount

\$25,000 Guaranteed Issue

**Spouse cost based on Employee's Age*

Age Reduction

At Employee's Age 65 benefit reduces by 35%

At Employee's Age 70 benefit reduces by 50%

At Employee's Age 75 benefit reduces by 65%

Children:

\$10,000

**Children up to age 25*

If you declined coverage in the past, or are electing an amount over the Guarantee Issue, you will be required to complete an Evidence of Insurability (EOI) form

Please return EOI's by
08/23/2024

Universal Life



Transamerica

Employee:

\$25,000 increments up to \$150,000, not to exceed 5x annual earnings
\$150,000 Guaranteed Issue to age 80

Spouse:

\$25,000 Guaranteed Issue

*Spouses to age 65

*Spouse cost based on Spouse age

Children:

\$20,000

*Children up to age 25

Features:

- Take this policy with you, even if you leave COLH!
- Premiums never change
- Policy duration: through age 100
- Long term care living benefit
 - If you have severe memory or reasoning problems, or if you are unable to perform at least two activities of daily living (such as dressing, bathing, eating, using the toilet, or moving between activities), you can choose to accelerate your death benefit and apply it towards long-term care in one of two ways:
 1. 4% of your life insurance death benefit will be paid to you each month for up to 25 months.
 2. One-time lump sum paid out of 20% of your death benefit

Disability Insurance

The Standard



VOLUNTARY SHORT-TERM DISABILITY

**EMPLOYEE
Paid**

Benefits Begin	8th day
Benefit Percentage	60% of weekly earnings
Weekly Benefit Maximum	\$500
Benefit Duration	90 Days

LONG-TERM DISABILITY

**EMPLOYER
Paid**

Benefits Begin	91st day
Benefit Percentage	60% of monthly earnings
Monthly Benefit Maximum	\$5,000
Benefit Duration	SSNRA

Accident Guardian

Employee Semi-Monthly Deductions

Employee Only	\$8.74
Employee + Spouse	\$15.20
Employee + Child(ren)	\$15.66
Family	\$22.12



Basic Accident Benefits

Employee	\$50,000
Spouse	\$25,000
Child	\$12,500
Portable	Yes
Initial Hospital Confinement	\$225/day up to 1 year
Hospital Confinement (per day)	\$100 per day up to 20 days after 3-day elim period
Intensive Care (per day)	\$450/day up to 15 days
Dismemberment (Hand/foot/sight)	Single: 50%, Multiple: 100%
Regular Ambulance	\$150
Diagnostic Exam (Major)	\$150
Dislocation (scheduled benefit)	up to \$4,400
Fracture (scheduled benefit)	up to \$5,500
Wellness Benefit	\$100
Emergency Care / Urgent Care	\$175 / \$75
Chiropractic Benefit	\$25 per visit up to 6 visits
Lacerations (scheduled benefit)	up to \$400
Burns 9 sq inches to 35+ sq inches of body surface	\$0 up to \$12,000
Concussion	\$75
Blood / Plasma / Platelets	\$300
Paralysis- Paraplegia	50% of Benefit
Paralysis- Quadriplegia	100% of Benefit
Coma w/ Respiratory Assistance	\$10,000
Joint Replacement - hip / knee / shoulder	\$2,500 / \$1,250 / \$1,250
Tendon / Ligament / Rotator Cuff	1- \$500 / 2 or more - \$1,000
Ruptured Disc Surgery	\$500
Eye Surgery	\$300
Physical Therapy (per day)	\$25/day up to 10 days
Family Member Lodging (per day)	\$125/day up to 30 days
Post-Accident Transportation	\$500, 3x per accident
Accident Follow-Up Treatment	\$50 up to 6 treatments
Child / Student age limit	Up to age 26

Critical Illness

Guardian



Benefits that will be paid	Initial Benefit	Recurrence Benefit
Employee Benefit Amount	\$10,000	
Spouse Benefit Amount	\$5,000	
Child Benefit Amount	\$2,500	
Benefit Reduction at Age 70		
	50%	Six-month Recurrence period
Full Benefit Cancer	100% of Benefit Amount	50%
Carcinoma in Situ	30% of Benefit Amount	0%
Benign Brain Tumor	75% of Benefit Amount	0%
Heart Attack	100% of Benefit Amount	50%
Stroke	100% of Benefit Amount	50%
Coronary Artery Bypass Graft	30% of Benefit Amount	0%
Organ Failure / Kidney Failure	100% of Benefit Amount	50%

Monthly Premiums						
Employee - \$10,000 Benefit (Child cost included in employee's enrollment)						
Employee Age	<30	30-39	40-49	50-59	60-69	70+
Cost	\$9.81	\$12.41	\$20.61	\$35.11	\$52.41	\$99.51

Monthly Premiums						
Spouse - \$5,000 Benefit						
Employee Age	<30	30-39	40-49	50-59	60-69	70+
Cost	\$5.66	\$6.96	\$11.06	\$18.31	\$26.96	\$50.51

Employee Assistance Program (EAP)

The **EAP** can help you, your dependents (including children to age 26) and all household members with a variety of issues you may be facing.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26) and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation and other legal documents

EAP provider is Health Advocate

- 3 Face to Face Consults
- Unlimited Phone Consults
- Unlimited 24/7 Access Available
- Online Will Prep is included
- Personal assistance is immediate, confidential & available when you need it.

Online Resources:

[Healthadvocate.com/standard3](https://www.healthadvocate.com/standard3)

Contact EAP 24 Hours a Day, Seven Days a Week

888.293.6948 (phone)

Who Is Eligible to Use EAP Services?

- You
- Your spouse
- Domestic partner
- Married or unmarried dependent children to age 26¹
- All other household members

EAP services are available for up to 30 days after your coverage and/or employment ends. If you pass away, your dependents can use the services for up to 90 days.

Get the EAP Mobile App

1. Visit Google Play or the App Store.
2. Find the EAP Mobile App.
3. Choose The Standard — EAP — 3 Visits.



Questions?

- All employees are required to log into the system to accept or decline their benefits between 8/12/2024 - 8/21/2024
- EOI forms due back by 8/23/2024
- Benefit changes effective 10/1/24

