



2024
RETIREE
BENEFIT HIGHLIGHTS

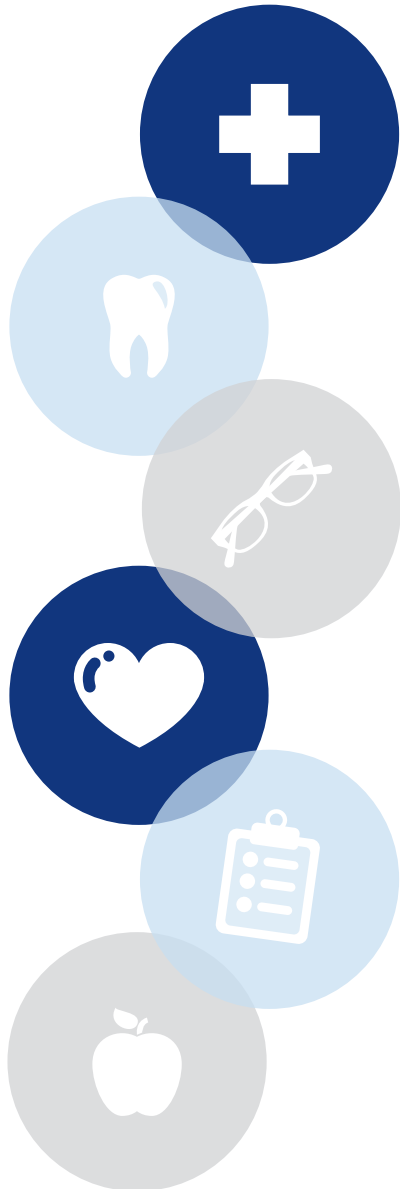


Contact Information

	HR Benefits Analysts	SFWMD	Phone: (561) 686-8800 Email: HRBenefitsTeam@sfwmd.gov
	Premium Payment	Chard Snyder Benefit Continuation Department	Customer Service: (888) 993-4646 https://app.unifyhr.com Email: benefitsupport@ascensus.com
	Medical Insurance	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com Onsite Cigna Representative: Sikander Khan Phone: (561) 682-6052 Email: skhan@sfwmd.gov
	Prescription Drug Coverage & Mail-Order Program	Cigna/Express Scripts Pharmacy	Customer Service: (800) 835-3784 www.mycigna.com
	Telehealth	MDLIVE through Cigna	Customer Service: (888) 726-3171 www.mycigna.com
	Dental Insurance	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com
	Vision Insurance	Cigna Vision Care	Customer Service: (877) 478-7557 www.mycigna.com
	Basic Life Insurance	New York Life Group Benefit Solution	Customer Service (800) 362-4462 www.mynylgbs.com
	Employee Assistance Program	Cigna	Customer Service: (877) 622-4327 Register On: www.mycigna.com
	Retirement Plans	Florida Retirement System (FRS)	Customer Service: (844) 377-1888 www.myfrs.com
		Fidelity Investments	Customer Service: (800) 343-0860 www.myfidelitysite.com/SFWMD



Table of Contents



Introduction.....	1
Plan Year News For 2024.....	1
How to Enroll.....	1
Group Insurance Eligibility.....	2-3
Medical Plan Resources.....	4
Summary of Benefits and Coverage.....	4
Medical Insurance.....	5-8
Cigna Network HMO Plan At-A-Glance.....	5
Cigna OAP In-Network Plan At-A-Glance.....	6
Dental Insurance.....	9-12
Cigna DHMO Plan At-A-Glance.....	10
Cigna DPPO Plan At-A-Glance.....	12
Vision Insurance.....	13-14
Cigna Vision Plans At-A-Glance.....	14
Basic Life Insurance.....	15
Beneficiary Checklist.....	15
Employee Assistance Program.....	15
Notes.....	16

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



Introduction

South Florida Water Management District provides group insurance benefits. The Retiree Benefit Highlights booklet provides a general summary of information for your convenience. Please refer to The District's Policies, applicable Contracts and/or Certificates of Coverage for details, including restrictions and exclusions. If you require further explanation or need assistance with benefit questions or claims processing, please refer to the customer service phone numbers or contact the District's HR Benefits Team using the contact information provided.

Please take the time to review the valuable benefits listed in this booklet. The enrollment period is the only time that you are permitted to make benefit changes. During Open Enrollment, you may review, add or change benefit elections or add or remove dependents. Throughout the year you may call us to review elections, update beneficiaries and report qualifying events. If you have a question or need more information, please contact the HR Benefits Team.

How to Enroll

Submit your Enrollment Form to:

South Florida Water Management District
Human Resources Bureau
Attn: MSC 1811
3301 Gun Club Road
West Palm Beach, FL 33406
Email: HRBenefitsTeam@sfwmd.gov

Mail your Premium Payment to:

Chard Snyder
Benefit Continuation Department
P.O. Box 56027
Boston, MA 02205
Make Checks Payable To: UnifyHR

Chard Snyder, a WEX Company exclusively manages our billing service, while all other account related matters should be directed to our **District HR Benefit Team**. For any questions related to your benefits, please contact our HR Benefits Team at (561) 686-8800 or by email at HRBenefitsTeam@sfwmd.gov.

The premium is due by the 15th of each month. Please allow 15 business days for payments to be posted to your account. For questions about your premiums and bill payments contact **Benefit Continuation Department at (888) 993-4646**.

The invoice includes each benefit election in which you are enrolled. It is your responsibility to verify this information and report any discrepancy to our HR Benefit Specialists at HRBenefitsTeam@sfwmd.gov.

Premium Payments: You can make payments online at <http://app.unifyhr.com> or can send premium payments to the address above.

If sending a check, it is important to include your account number on the payment to ensure timely and accurate posting of your payment. If you "Bill Pay" through your financial institution, notify them to include your account number on all payments, and verify the payment amount is correct.

Plan Year News For 2024

- No increase to Medical, Dental, Vision and Life insurance premiums.
- No change in deductible or copay

Meeting Information

Benefits Discussion & Medicare Talk

Thursday, October 5, 2023 from 11:00 am - 1:00 pm

Microsoft Teams Virtual Platform

(Advance Registration Required. To receive the link, email HRBenefitsTeam@sfwmd.gov)

(In person attendance is optional in the B1-auditorium)

- Verify and update your personal data, including any dependent and beneficiary changes.
- Review your current benefits. You cannot add a Medical Plan if you were not enrolled in that benefit at the point of retirement, or if you canceled the benefit at any time following retirement.
- **Enroll in Medicare Part A and Part B (for over 65 or Medicare eligible).** Once enrolled in Medicare, your District Medical Plan benefit status will change from primary to secondary. Additional instructions can be found under Medicare Eligibility on page 3.
- Have your dependents' Social Security Card available. If you fail to provide dependent Social Security numbers within 30 days, no benefits will be paid, and you will not be able to re-enroll the dependent(s) until the next open enrollment period in Fall 2024 for the 2025 Plan Year.
- **Only complete the enrollment form if you are adding and/or changing benefits.**
- Review your enrollment form to ensure your benefit changes are captured accurately. Please ensure you legibly write your name, sign and date the enrollment form.
- Any area not completed on the enrollment form will result in those plans remaining the same.
- Remember, your enrollment form must be delivered (or post-dated if mailed) no later than 5:00 pm on October 20, 2023.

Chard Snyder - Benefit Continuation Department
Customer Service: (888) 993-4646 | <https://app.unifyhr.com>
Email: benefitsupport@ascensus.com



Group Insurance Eligibility



The District's group insurance calendar year is January 1, 2024 through December 31, 2024.

Retiree Eligibility

Any employee of the District who participates in and satisfies the provisions of the Florida Retirement System (FRS) and meets one (1) of the sets of criteria listed below:

- Six (6) consecutive years of service with the District and aged 62 or older
or
- 25 years of FRS service, with a minimum of six (6) consecutive years with the District, regardless of age.

Employees who qualify for disability retirement per FRS guidelines and have a minimum of six (6) consecutive years of service with the District, regardless of age, are eligible for certain - post employment benefits.

Classifications

New Retiree – Benefits will take effect on the first day of the first full month following the retirement date. For example, if retirement begins on August 15, active employee benefits will terminate on August 31, and retiree benefits will become effective on September 1.

Under Age 65 – Prior to being Medicare eligible, qualified retirees and their dependents are eligible for the same medical, dental and vision plans offered to active employees.

Age 65 or Older – Medicare eligible retirees, spouse or their Medicare eligible dependents may be covered.

Enrollment Changes

There are three (3) enrollment categories:
Open Enrollment, Termination of Coverage and Qualifying Events

Open Enrollment

Changes to coverage can be made each year during open enrollment and will take effect January 1 of the following year. During open enrollment a retiree may add, change or delete coverage, including spouse and/or dependent coverage. Although retiree can cancel benefit(s) any time during the year, open enrollment is the only opportunity to modify retiree benefit selections (e.g. switch plans).

Termination of Coverage

Retiree may cancel insurance at any time by notifying the District's Benefits Team. Coverage will be canceled at the end of the month following notification.

Retiree insurance may be canceled for non-payment of premiums. Premium payment due date is indicated on each monthly billing.

Please Note: Once retiree terminates Medical or Life Insurance coverage, retiree will not be allowed to re-enroll.

Qualifying Events

Under certain circumstances, retiree may be allowed to make changes to benefit elections during the plan year, if the event affects the retiree, spouse or dependent's coverage eligibility. Any requested changes must be consistent with and due to the Qualifying Event.

Examples of Qualifying Events:

- Retiree gets married or divorced
- Birth of a child
- Retiree gains legal custody or adopts a child

Dependent Eligibility

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

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

A dependent child may be covered through the end of calendar year in which the child turns age 26 for medical, dental and vision coverages.



Group Insurance Eligibility *(Continued)*

Dependent Age Requirements

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

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

Dental HMO Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

Vision Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

Disabled Dependents

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

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the retiree for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plans; and
- The dependent has been continuously insured.

Proof of disability will be required upon request. Please contact the HR Benefits Team if further clarification is needed.

Medicare Eligible

Once retiree is Medicare eligible, retiree must be enrolled in Medicare Part A and Part B to continue on the District's Medical Plan. To enroll in Medicare Part A and B, contact the Social Security Administration at (800) 772-1213. Retiree should enroll in Medicare Part A and Part B effective the month in which age 65 is reached. Retiree must provide the District with a copy of their Medicare ID card as soon as it is received. This applies to each Medicare eligible participant and their dependents.

Once retiree is enrolled for both Medicare Part A and Part B, the District medical plan coverage status will change from primary to secondary. This means Medicare will process claims before Cigna will pay anything. If retiree misses the initial application period, the retiree will be assessed penalties by Social Security and the effective date of coverage will be much later.

Documentation Requirements

All dependents must have an established legal relationship to the retiree to be covered under the benefit program. The types of documentation accepted are as stated in the table below. Retirees with dependents enrolled in the group insurance plans are advised that they will be required to comply with this process or continued coverage for such dependents may be jeopardized.

Dependent Relationship	Documentation Required
Spouse	• Copy of legal government issued marriage certificate
Dependent child(ren) under age 26	• Copy of State issued birth certificate(s) OR copy of legal guardianship court documents listing the retiree as legal guardian
Step-child(ren) under age 26	• Copy of State issued birth certificate(s) • AND the appropriate dependent child documentation listed above
Child(ren) under legal guardianship, or custody under age 26	• Copy of court documents showing legal guardianship OR legal custody documentation
Child(ren) adopted or in the process of adoption under age 26	• Copy of court documents of the legal adoption showing relationship to and placement in the retiree's house OR adoption certificate
Child(ren) age 27-30	• Copy of state issued birth certificate(s) or legal guardianship court documents, listing the retiree or spouse as parent/legal guardian • AND Overage Dependent Affidavit signed by retiree

Please Note: Religious documents and registration cards are not acceptable proof. Retiree may "black out" financial information.

Social Security Administration Customer Service

Customer Service: (800) 772-1213 | www.socialsecurity.gov

Visit <http://medicare.gov> or speak with a Medicare representative 1-800-Medicare, (1-800-633-4227).



Summary of Benefits and Coverage

The Summary of Benefits & Coverage (SBC) is an important item in understanding the benefit options. A free paper copy of the SBC document may be requested or is available as follows:

From:	The HR Benefits Team
Address:	3301 Gun Club Road West Palm Beach, FL 33406
Phone:	(561) 686-8800
Email:	HRBenefitsTeam@sfwmd.gov

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be requested. If retirees have any questions about the plan offerings or coverage options, please contact the HR Benefits Team.

Medical Plan Resources

Cigna offers all enrolled members and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, please contact Cigna's customer service at (800) 244-6224 or visit www.mycigna.com.

24 Hour Help Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Line provides access to helpful, reliable information and assistance from qualified health information nurses on a wide range of health topics 24 hours a day, any day of the year. There are over 1,000 topics in the Health Information Library that include free audio, video and printed information on aging, women's health, nutrition, surgery and specific medical conditions to help member weigh the risks and advantages of treatment options. The call is free and is strictly confidential.

Cigna 90 Now

Retirees taking maintenance medications which are prescribed for chronic long-term conditions and are taken on a regular recurring basis, may now fill these prescriptions at a Cigna 90 Now pharmacy or through Cigna Home Delivery. Retirees choosing to use a Cigna 90 Now pharmacy or through Cigna Home Delivery will help keep costs down and allows the District not to pass along additional cost to the retirees. To find a Cigna 90 Now pharmacy, log on to www.mycigna.com.

Covered Treatment Options for Tobacco Cessation

The District offers coverage for tobacco cessation medications and nicotine replacement therapy with a \$0 Copay. A prescription from your physician is required. Below is a list of covered products:

- ✓ Bupropion SR
- ✓ NicoDerm CQ
- ✓ Nicoretief
- ✓ Nicotrol
- ✓ Nicorette
- ✓ Zyban

Healthy Rewards

Cigna's Healthy Rewards is provided automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Member can log on to www.mycigna.com and select Healthy Rewards to learn more about these programs or call (800) 870-3470.

- ✓ Vision Care
- ✓ Hearing Care
- ✓ Lasik Vision
- ✓ Correction Services
- ✓ Fitness Club Discounts
- ✓ Nutrition Discounts

The myCigna Mobile App

The myCigna mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App StoreSM or Google PlayTM. With the myCigna mobile app, member can:

- ✓ Find a doctor, dentist or health care facility
- ✓ View ID cards for the entire family
- ✓ Review deductibles, account balances and claims
- ✓ Compare prescription drug costs
- ✓ Speed-dial Cigna Home Delivery PharmacyTM

Telehealth

Cigna provides access to telehealth services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for a wide range of minor conditions, including prescriptions. MDLIVE also provides access to Behavioral Virtual Health with licensed counselors and psychiatrists who can diagnose, treat and prescribe most medications for nonemergency behavioral conditions such as, addictions, bipolar disorder, child/adolescent issues, depression, eating disorders, stress, trauma/PTSD and many others.

The benefit is provided to all enrolled members. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care with a board-certified doctor via secure video chat and phone, without leaving your home or office, when needing immediate care for non-emergent medical issues. Telehealth should be considered when your primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Telehealth is a cost-effective alternative to a convenience care clinic, urgent care center or emergency room. Many urgent care ailments can be treated with telehealth, such as:

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

Telehealth doctors do not replace retiree's primary care physician. Members should pre-register on MDLIVE through Cigna. Telehealth services are only available for minor, non-life threatening conditions. There is no cost to covered retirees and dependents. A credit card is required for a temporary charge until the claim is processed.

Service Type	HMO Plan	OAPIN Plan
General Medicine	No Charge	No Charge

Register On:

MDLIVE | Customer Service: (888) 726-3171 | www.mycigna.com



Cigna Network HMO Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Cigna Seamless HMO network.



Plan References

*The Cigna Seamless HMO network provides access to a broader network of doctors outside the standard Cigna HMO network.

**Tier 1 Network Providers may provide a higher level of network benefits if services are received from a Tier 1 designated provider.

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



Important Notes

Members have direct access to care from the following specialties without a referral:

No Limitations:

- OB/GYN • Mental Health
- Substance Abuse

6 Visit Limitations:

- Dermatology • Podiatry
- Chiropractic Care

Save money on select specialty medications by enrolling into the SaveonSP Program. Cigna will contact members who are filling select specialty medications that are eligible for the SaveonSP program. Members enrolled under this program may incur \$0 cost for specialty medications.

Network	Seamless HMO*
Calendar Year Deductible (CYD)	
Single	\$0
Family	\$0
Coinsurance	
Member Responsibility	0%
Calendar Year Out-of-Pocket Limit	
Single	\$2,500
Family	\$5,000
What Applies to the Out-of-Pocket Limit?	Copays and Rx
Physician Services	
Primary Care Physician (PCP) Office Visit (PCP Designation is Required)	\$20 Copay
Specialist Office Visit**	Tier 1 Provider: \$40 Copay / Non-Tier 1 Provider: \$55 Copay
Physical Therapy	\$55 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab (Bloodwork)***	No Charge
X-rays	No Charge
Advanced Imaging (MRI, PET, CT)	No Charge
Outpatient Surgery in Surgical Center	No Charge
Physician Services at Surgical Center	No Charge
Urgent Care (Per Visit; Waived if Admitted)	\$50 Copay
Hospital Services	
Inpatient Hospital (Per Admission)	\$250 Copay
Physician Services at Hospital	No Charge
Emergency Room (Per Visit; Waived if Admitted)	\$200 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services (Per Admission)	\$250 Copay
Outpatient Services (Per Visit)	No Charge
Outpatient Office Visit	\$20 Copay
Prescription Drugs (Rx)	
Generic	\$10 Copay
Preferred Brand Name	\$20 Copay
Non-Preferred Brand Name	\$40 Copay
Mail Order Drug (90-Day Supply) or Rx 90 Now Network ¹	2x Retail Copay

¹Cigna 90 Now - Pharmacy Network for maintenance prescriptions. Visit cigna.com/rx90network to locate a pharmacy.



Cigna OAP In-Network Plan At-A-Glance

Network	Open Access Plus
Calendar Year Deductible (CYD)	
Single	\$150
Family	\$300
Coinsurance	
Member Responsibility	20%
Calendar Year Out-of-Pocket Limit	
Single	\$2,500
Family	\$5,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician (PCP) Office Visit	\$20 Copay
Specialist Office Visit*	Tier 1 Provider: \$25 Copay / Non-Tier 1 Provider: \$40 Copay
Physical Therapy	\$40 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab (Bloodwork)**	No Charge
X-rays	No Charge
Advanced Imaging (MRI, PET, CT)	20% After CYD
Outpatient Surgery in Surgical Center	20% After CYD
Physician Services at Surgical Center	20% After CYD
Urgent Care (Per Visit)	\$35 Copay + CYD
Hospital Services	
Inpatient Hospital (Per Admission)	\$250 Copay + 20% After CYD
Physician Services at Hospital	20% After CYD
Emergency Room (Per Visit)	\$200 Copay + CYD
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services (Per Admission)	\$250 Copay + 20% After CYD
Outpatient Services (Per Visit)	No Charge After CYD
Outpatient Office Visit	\$25 Copay
Prescription Drugs (Rx)	
Generic	\$10 Copay
Preferred Brand Name	\$20 Copay
Non-Preferred Brand Name	\$40 Copay
Mail Order Drug (90-Day Supply) or Rx 90 Now Network ¹	2x Retail Copay

¹Cigna 90 Now - Pharmacy Network for maintenance prescriptions. Visit cigna.com/rx90network to locate a pharmacy.



Locate a Provider

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



Plan References

*Tier 1 Network Providers may provide a higher level of network benefits if services are received from a Tier 1 designated provider.

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



Important Notes

Save money on select specialty medications by enrolling into the SaveonSP Program. Cigna will contact members who are filling select specialty medications that are eligible for the SaveonSP program. Members enrolled under this program may incur \$0 cost for specialty medications.



Medical Insurance

The District offers medical insurance through Cigna Healthcare to retirees. The costs for coverage are listed in the premium tables below. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medical Insurance – Cigna Network HMO Plan Monthly Premiums

Regular Retiree Premiums (Non-Medicare Eligible Participants)

Tier of Coverage	Monthly Retiree Cost
Retiree Only	\$847.34
Dependent Only (Surviving Spouse)	\$1,029.65
Retiree + Dependent (Surviving Spouse + 1 Dependent)	\$1,876.98
Retiree + Family (Surviving Family)	\$1,989.35

Retiree NOT ON Medicare Premiums (At Least One (1) Dependent is on Medicare)

Tier of Coverage	Monthly Retiree Cost
Retiree Only	\$847.34
Dependent Only (Surviving Spouse)	\$605.98
Retiree + Dependent (Surviving Spouse + 1 Dependent)	\$1,453.32
Retiree + Family (Surviving Family)	\$1,565.69

Retiree Only ON Medicare Premiums

Tier of Coverage	Monthly Retiree Cost
Retiree Only	\$423.66
Retiree + Dependent (Surviving Spouse + 1 Dependent)	\$1,453.32
Retiree + Family (Surviving Family)	\$1,565.69

Retiree and Dependent ON Medicare Premiums

Tier of Coverage	Monthly Retiree Cost
Retiree + Dependent (Surviving Spouse + 1 Dependent)	\$847.34
Retiree + Family (Surviving Family)	\$1,141.98

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



Medical Insurance

The District offers medical insurance through Cigna Healthcare to retirees. The costs for coverage are listed in the premium tables below. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medical Insurance – Cigna OAP In-Network Plan Monthly Premiums

Regular Retiree Premiums (Non-Medicare Eligible Participants)

Tier of Coverage	Monthly Retiree Cost
Retiree Only	\$874.86
Dependent Only (Surviving Spouse)	\$1,342.67
Retiree + Dependent (Surviving Spouse + 1 Dependent)	\$2,217.53
Retiree + Family (Surviving Family)	\$2,350.53

Retiree NOT ON Medicare Premiums (At Least One (1) Dependent is on Medicare)

Tier of Coverage	Monthly Retiree Cost
Retiree Only	\$874.86
Dependent Only (Surviving Spouse)	\$905.24
Retiree + Dependent (Surviving Spouse + 1 Dependent)	\$1,780.10
Retiree + Family (Surviving Family)	\$1,913.10

Retiree Only ON Medicare Premiums

Tier of Coverage	Monthly Retiree Cost
Retiree Only	\$437.43
Retiree + Dependent (Surviving Spouse + 1 Dependent)	\$1,780.10
Retiree + Family (Surviving Family)	\$1,913.10

Retiree and Dependent ON Medicare Premiums

Tier of Coverage	Monthly Retiree Cost
Retiree + Dependent (Surviving Spouse + 1 Dependent)	\$874.86
Retiree + Family (Surviving Family)	\$1,475.67

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



Dental Insurance

Cigna DHMO Plan

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

Dental Insurance – Cigna Dental HMO Plan Monthly Premiums - Regular Retiree Premiums

Tier of Coverage	Monthly Retiree Cost
Retiree Only	\$36.19
Retiree + 1 Child	\$72.55
Retiree + Spouse	\$72.55
Retiree + Family	\$112.93
Retiree + Family (Retiree + Children)	\$112.93

In-Network Benefits

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

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

Out-of-Network Benefits

The DHMO plan does not provide benefits for services rendered by providers or facilities who do not participate in the Cigna Dental Care Access network or by an in-network provider not designated as the primary dental provider (unless referred by an retiree's primary dental provider). Retiree will pay out of pocket if they utilize any out-of-network providers.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Benefit Maximum

There is no benefit maximum.



IMPORTANT NOTES

- Children under age 13 may visit a pediatric dentist. Contact Cigna for a list of pediatric dentists in the network. Once the child reaches age 13, a referral with approved medical reasons by Cigna will be required prior to being seen by a pediatric dental provider.
- Coverage and age limitations may apply to some services. Check the plan summary or contact Cigna prior to having services rendered.
- The summary is provided as a convenient reference and additional charges may apply. For a full listing of covered services, exclusions, and stipulations, refer to the plan's Schedule of Benefits or contact Cigna's customer service for details specific to a procedure.

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



Cigna DHMO Plan At-A-Glance

Network		Dental Care Access	
Calendar Year Deductible (CYD)		In-Network Only	
Per Member		Does Not Apply	
Per Family			
Waived for Class I Services?			
Calendar Year Benefit Maximum		In-Network Only	
Per Member		Does Not Apply	
Class I Services: Diagnostic & Preventive Care		Code	In-Network
Office Visit Fee		D9430	\$0 Copay
Routine Oral Exam (4 Per 12 Months)		0150	\$0 Copay
Routine Cleanings (2 Per Calendar Year)		1110/1120	\$0 Copay
Bitewing X-rays (2 Films)		0272	\$0 Copay
Complete X-rays (1 Set Every 3 Years)		0210	\$0 Copay
Fluoride Treatments (Child to age 19; 2 Per Calendar Year)		1208	\$0 Copay
Sealants - Per Tooth		1351	\$0 Copay
Space Maintainers		1510	\$0 Copay
Emergency Care to Relieve Pain (During Regular Hours)		9110	\$0 Copay
Class II Services: Basic Restorative Care			
Fillings (Amalgam)		2140	\$0 Copay
Fillings (Composite; Anterior)		2330	\$0 Copay
Fillings (Composite; Posterior - 3 Surfaces)		2393	\$82 Copay
Simple Extractions		7140	\$12 Copay
Surgical Extractions (Soft Tissue)		7220	\$21 Copay
Root Canal Therapy* (Excluding Final Restoration)		3330	\$280 Copay
Periodontal Maintenance (4 Per Calendar Year; Per Visit)		4910	\$66 Copay
General Anesthesia (15 Minute Increments)		9223	\$95 Copay
Repairs to Dentures*		5510	\$65 Copay
Class III Services: Major Restorative			
Bridges*		5213/5214	\$575 Copay
Crowns*		2752	\$355 Copay
Dentures*		5110/5120	\$500 Copay
Class IV Services: Orthodontia			
Lifetime Maximum		Does Not Apply	Does Not Apply
Benefit — Child* (Up to 19th Birthday)		8670	\$2,184 Copay
Benefit — Adult*		8670	\$2,904 Copay



Locate a Provider

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



Plan References

*Additional charges may apply for some services. Please see the plan summary or contact Cigna's customer service for details specific to the procedure.



Important Notes

- Each covered retiree and family member(s) may receive two (2) routine cleanings per calendar year covered under the preventive benefit. Two (2) additional cleanings are available at the charge of a copay (\$45 for adults/\$30 for children).
- Referrals and prior authorizations are required to see a specialist (oral surgeon, periodontist, orthodontist, etc.) within the network.
- Waiting periods and age limitations may apply for some services.



Dental Insurance

Cigna DPPO Plan

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

Dental Insurance – Cigna Dental PPO Plan Monthly Premiums - Regular Retiree Premiums

Tier of Coverage	Monthly Retiree Cost
Retiree Only	\$73.50
Retiree + 1 Child	\$141.96
Retiree + Spouse	\$141.96
Retiree + Family	\$196.35
Retiree + Family (Retiree + Children)	\$196.35

In-Network Benefits

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

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

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Total Cigna DPPO provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member will pay the out-of-network benefit plus the difference between the amount that Cigna reimburses (MRC) for such services and the amount charged by the dentist. This is known as balance billing (does not apply for out-of-network Cigna DPPO providers). Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The DPPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the DPPO plan will pay for each covered member is \$2,000 and the member will be responsible for all future charges until the next calendar year for in-network or out-of-network services combined. All services, including preventive services, accumulate towards the benefit maximum.

IMPORTANT



The summary is provided as a convenient reference and additional charges may apply. For a full listing of covered services, exclusions, and stipulations, refer to the plan's Schedule of Benefits or contact Cigna's customer service for details specific to a procedure.

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



Cigna DPPO Plan At-A-Glance

Network	Total Cigna DPPO	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member	\$50	\$50
Per Family	\$150	\$150
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum		
Per Member (Includes Class I Services)	\$2,000	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (2 Per Calendar Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Calendar Year)		
Bitewing X-rays (2 Per Calendar Year)		
Complete X-rays (1 Set Every 3 Calendar Years)		
Emergency Care to Relieve Pain		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 85% After CYD	Plan Pays: 85% After CYD (Subject to Balance Billing)
Simple Extractions		
Endodontics (Root Canal Therapy)		
Oral Surgery		
Periodontal Services		
Anesthetics		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 60% After CYD	Plan Pays: 60% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum	\$3,500	
Benefit	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)



Locate a Provider

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



Plan References

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



Important Notes

- Each covered retiree and family member(s) may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should retiree have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.
- Cigna does not provide ID cards to DPPO members. Members should use their Medical ID card.



Vision Insurance

Cigna Vision Plans

The District offers vision insurance through Cigna Healthcare to benefit-eligible retirees. The costs for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact Cigna's customer service.

Vision Insurance – Cigna Core Vision Plan

Monthly Premiums - Regular Retiree Premiums

Tier of Coverage	Monthly Retiree Cost
Retiree Only	\$6.60
Retiree + 1 Child	\$12.50
Retiree + Spouse	\$12.50
Retiree + Family	\$18.40
Retiree + Family (Retiree + Children)	\$18.40

Vision Insurance – Cigna Buy-Up Vision Plan

Monthly Premiums - Regular Retiree Premiums

Tier of Coverage	Monthly Retiree Cost
Retiree Only	\$17.80
Retiree + 1 Child	\$33.70
Retiree + Spouse	\$33.70
Retiree + Family	\$49.70
Retiree + Family (Retiree + Children)	\$49.70

In-Network Benefits

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

Out-of-Network Benefits

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

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

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

Claims Mailing Address
 Cigna Vision Claims Department
 PO Box 385018 | Birmingham, AL 35238-5018

Cigna Healthcare | Customer Service: (877) 478-7557 | www.mycigna.com



Cigna Vision Plans At-A-Glance

Plan	Core Vision Plan		Buy-Up Vision Plan
Network	Cigna Vision		Cigna Vision
Services	In-Network	Out-of-Network	
Eye Exam	No Charge	Up to \$40 Reimbursement	Up to \$50 Allowance
Frequency of Services			
Examination	24 Months		12 Months
Lenses	24 Months		12 Months
Frames	24 Months		12 Months
Contact Lenses	24 Months		12 Months
Lenses			
Single	Covered at 100%	Up to \$45 Reimbursement	Up to \$101 Allowance
Bifocal		Up to \$90 Reimbursement	Up to \$203 Allowance
Trifocal		Up to \$126 Reimbursement	Up to \$284 Allowance
Frames			
Allowance	Up to \$150 Allowance	Up to \$45 Reimbursement	Up to \$150 Allowance
Contact Lenses*			
Non-Elective; Medically Necessary	Covered at 100%	Up to \$90 Reimbursement	Up to \$203 Allowance
Elective (Fitting, Evaluation & Follow-up)	Up to \$100 Allowance	Up to \$90 Reimbursement	Up to \$203 Allowance



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select the Cigna Vision network.



Plan References

*Contact lenses are in lieu of spectacle lenses.



Important Notes

- Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.
- Vision Buy Up benefits are provided on a yearly basis.
- Vision Core benefits are provided every other year.
- Benefit waiting period is based on date of service and not on plan change effective date.
- Eligibility for eye examinations and materials are based on the calendar year the services were last received and are tracked across vision plans.



Basic Life Insurance

The District offers retirees a Basic Life Insurance benefit through New York Life Group Benefit Solutions. The amount of basic life insurance available upon retirement is \$25,000 at a cost of \$4.75 per month up to age 79 or \$12,500 for age 80 and above at a cost of \$2.38 per month. A retiree must elect this benefit at the time of retirement and will not have the option to enroll at a later date.

The Basic Life Insurance benefit carries an Accelerated Living Benefit. This allows a retiree to apply for a living benefit if diagnosed with a terminal condition. The amount of the term life insurance under the policy will be reduced by the amount of living benefit paid to retiree and by any administrative fees.

New York Life Group Benefit Solutions

Customer Service (800) 362-4462 | www.mynylgbs.com

Beneficiary Checklist

It's Time to Update Beneficiary Information!

A retiree is responsible for contacting the appropriate provider directly to update this information, with the exception of New York Life Group Benefit Solutions. Please contact The HR Benefits Team at (561) 686-8800.

If a retiree has a life changing event during the year (e.g. marriage, divorce, a new baby, a death etc.), here are some of the policies/accounts that should be verified to ensure that intentions are fulfilled:

- Life Insurance policies
 - › New York Life Group Benefit Solutions – contact the HR Benefits Team
 - › Trustmark Universal – contact the provider
- FRS Pension/DROP (or any other pension plan you may be vested in from previous employment). This can be updated on the State of Florida FRS website, www.myfrs.com.
- Deferred Compensation Account(s) – beneficiaries for your 457(b) account can be updated on Fidelity Investments' website, www.myfidelitysite.com/SFWMD
- Banking and Savings Account(s) – such as the Certificate of Deposits (CD), IRAs. These can be updated through retiree's financial institution.

Employee Assistance Program

The District cares about their retirees well being on and off the job and provides all benefit-eligible retirees and each family member an Employee Assistance Program (EAP) through Cigna at no cost.

What is an Employee Assistance Program?

An Employee Assistance Program offers covered retirees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that negatively affect well-being such as:

- ✓ Stress Management
- ✓ Parenting Problems
- ✓ Marital Problems
- ✓ Relationship Issues
- ✓ Substance Abuse
- ✓ Critical Incident Debriefing
- ✓ Child Care
- ✓ Elder Care
- ✓ Financial Services

How Do Retirees Access EAP Benefits?

The EAP provides up to six (6) counseling sessions per occurrence for short-term problem resolution. Conditions that require long-term treatment may be referred to retiree's medical plan. The EAP also provides unlimited phone consultation with an EAP professional available 24 hours a day, seven (7) days a week at the customer service number given below.

Are Services Confidential?

Yes. Receipt of EAP services are completely confidential.

To Access Services

Retiree and family member(s) must register and create a user ID on www.mycigna.com to access EAP services.

Cigna | Customer Service: (877) 622-4327 | www.mycigna.com
Employee ID: southfloridawater



3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | www.gehringgroup.com

© 2016, Gehring Group, Inc., All Rights Reserved