

# VILLAGE OF PALMETTO BAY FY 2014-15 EMPLOYEE BENEFITS GUIDE

A GUIDE FOR PALMETTO BAY EMPLOYEES



## Benefits

FISCAL YEAR  
2014-15

### INSIDE

- ◇ Health Insurance Overview
- ◇ Dental Insurance Overview
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- ◇ Voluntary Benefits

**VILLAGE OF  
PALMETTO  
BAY**



**EMPLOYEE BENEFITS GUIDE  
FISCAL YEAR 2014-15**

**VILLAGE ADMINISTRATION**

**VILLAGE COUNCIL**

Eugene Flinn, Mayor

John DuBois, Vice Mayor

Karyn Cunningham, Council, District 1

Tim Schaffer, Council, District 2

Larissa Siegel Lara, Council, District 3

**CHARTER OFFICERS**

Ron E. Williams, Village Manager

Dexter W. Lehtinen, Village Attorney

Meighan J. Alexander, CMC, Village Clerk

**ADMINISTRATIVE STAFF**

Olga Cadaval, PHR, Human Resources Director

Fanny Carmona, Parks & Recreation Director

Desmond Chin, CPA, Finance Director

Chanelle Costa, Executive Assistant to the Village Manager

Darby Delsalle, Planning & Zoning Director

Edward Silva, CBO, Building & Capital Projects Director

Corrice Patterson, Public Works Director

Major Greg Truitt, Police Commander

Dear Employees,

The Village of Palmetto Bay is committed to the health and wellness of our employees. This Benefits Guide has been designed to help you better understand the benefit options available to you as an employee of the Village and to help you make the best possible decision for you and your family.

This guide provides a comprehensive overview of the Village's benefits package, including eligibility, open enrollment period, health plan and voluntary benefits information, cost information, and more. As you read through this Benefits Guide, please keep in mind the following :

- ⇒ The plan descriptions contained in this document are intended as a quick reference and only include a summary of the benefit plan services. For detailed coverage information, you must refer to your policy documents provided to you directly by the benefit provider and/or the Human Resources Department.
- ⇒ The information contained in this document is only applicable to Fiscal Year 2014-2015.
- ⇒ **Contact information for each provider is included on the blue sidebars on each page. The call-out boxes throughout the document highlight important details.**
- ⇒ Where conflicting information exists between this document and the Certificate of Coverage and/or Benefits Summary information provided by the insurance carrier, the latter applies.

In selecting which plan works best for you, we urge you to carefully consider all aspects of the plans, including premiums, accessibility to services, provider network, etc... These, and more, are the same considerations taken by the Village when selecting the plan options being offered to you.

Any questions or concerns that are not covered in this document should be addressed to the benefit provider or to your Human Resources Department.

Sincerely,  
Your Human Resources Team

## ABOUT THIS GUIDE



# OPEN ENROLLMENT AND ELIGIBILITY

## Open Enrollment Period:

Starts: 9/12  
Ends: 9/25

## Plan Year Period:

Starts: 10/1/14  
Ends: 9/30/15



## OPEN ENROLLMENT

### ⇒ Applicability

Applicable to medical, dental, vision, life/ADD, & FSA plans only

### ⇒ Open Enrollment Period

Starts: Friday, September 12, 2014

Ends: Thursday, September 25, 2014

### ⇒ Plan Year Period:

Starts: October 1, 2014

Ends: September 30, 2015

Enrollment applications and plan changes will be accepted in the Human Resources Department through the end of the enrollment period.

Except for qualifying life change events, changes received after the open enrollment end date will not be considered for the new Plan Year.

### ⇒ Qualifying Life Change Events:

- Birth, death or adoption of a child
- Marriage or divorce
- Gain or loss of coverage

**CHANGES DUE TO LIFE CHANGE EVENTS MUST BE MADE WITHIN 30 DAYS OF THE EVENT AND DOCUMENTATION OF THE EVENT MAY BE REQUIRED BY THE INSURANCE CARRIER. SEE HR FOR MORE INFORMATION.**

## ELIGIBILITY:

All full-time employees of the Village are eligible to enroll in the benefit plans. New hires are eligible to enroll as of the first day of the month following his/her date of hire.

### AVAILABLE COVERAGE TIER BY PLAN<sup>1</sup>

Benefit	Employee	Employee & Spouse <sup>2</sup>	Employee & Child(ren)	Family
Medical Insurance	√	√	√	√
Dental Insurance	√	√	√	√
Group Term Life Insurance	√			
AD&D Insurance	√			
Retirement Plans	√			

<sup>1</sup> DOES NOT INCLUDE VOLUNTARY BENEFITS.

<sup>2</sup> INCLUDES DOMESTIC PARTNERS THAT ARE REGISTERED WITH THE HUMAN RESOURCES DEPARTMENT.

## ELIGIBLE DEPENDENTS FOR MEDICAL, DENTAL & VOLUNTARY VISION PLANS

- Legal Spouse
- Domestic Partner (same or opposite sex)
  - ⇒ Must be registered with the Human Resources Department and AvMed
- Child up to the age of 26
  - ⇒ Includes natural child, stepchild, legally-adopted child, and child placed with you for adoption or foster care (married or unmarried)
- Incapacitated Child regardless of age, provided that he/she is incapable of self-support due to a mental or physical disability, is fully dependent for support on your federal tax return and is approved by the medical plan to continue coverage beyond 26.
- Child up to the age of 30 (for medical insurance only)
  - ⇒ Applies to unmarried child with no dependents of his/her own and is a Florida resident OR a full-time or part-time student, and does not have other insurance coverage or is not entitled to benefits under Title XVIII of the Social Security Act
  - ⇒ Employees hired on or after November 1, 2014 are responsible for paying the "Employee Only" monthly premium for his/her dependent child or children who are between the ages of 26 to 30 years, in addition to the regular premium.

### APPLICABLE CHANGES FOR 2015 IN ACCORDANCE WITH THE AFFORDABLE CARE ACT:

- ⇒ **UNLIMITED MENTAL HEALTH SERVICES**
- ⇒ **UNLIMITED THERAPY BENEFITS**
- ⇒ **PEDIATRIC VISION BENEFIT**

## ABOUT DEPENDENTS



## TAXABLE HEALTH BENEFITS

### TAXABLE HEALTH BENEFITS

Tax regulations contained in the Affordable Care Act require that employers report the fair market value of the health insurance benefits provided to an employee's domestic partner as additional taxable income for the employee. Additionally, the fair market value of the health insurance benefit provided to qualified dependent children older than 26 years must also be reported as taxable income. Health insurance benefits include medical, dental and vision plans currently offered by the Village of Palmetto Bay.

*How does the Village calculate the fair market value of the insurance benefit?*

If your health plans only cover you and your domestic partner or your children, the fair market value is calculated using the difference between the applicable employee + dependent premium and the employee-only premium. If your family is covered in your health plan, then the fair market value is calculated based on the difference between the monthly family premium and the employee + child(ren) premium. **The difference between the two monthly premiums is your additional monthly taxable income.**

Benefit	Employee + Spouse Premium	Employee Only Premium	Additional Taxable Income
Medical POS	1,132.82	529.36	603.46
Dental POS	66.52	31.35	35.17
Voluntary Vision	11.74	6.02	5.72

Benefit	Employee + Child(ren) Premium	Employee Only Premium	Additional Taxable Income
Medical POS	1,079.89	529.36	550.53
Dental POS	62.70	31.35	31.35
Voluntary Vision	12.34	6.02	6.17

Benefit	Family Premium	Employee + Children Premium	Additional Taxable Income
Medical POS	1,619.83	1079.89	539.94
Dental POS	101.10	62.70	38.40
Voluntary Vision	17.16	12.34	4.82

The ACA mandates that employers report the fair market value for health benefits offered to Domestic Partners as additional income for the covered employee.

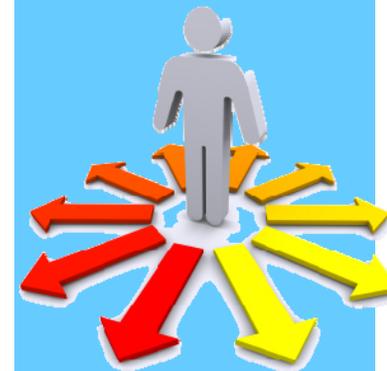
Additionally, benefits paid to a qualified dependent child older than 26 must also be reported as taxable income.

BENEFIT	OPTIONS	WHAT YOU SHOULD CONSIDER
<b>Medical Insurance</b>	<ul style="list-style-type: none"> <li>◇ AvMed POS (National Tiered Provider Network)</li> <li>◇ AvMed Open Access HMO</li> <li>◇ Colonial Life Medical Bridge Plan</li> </ul>	<p>The AvMed network for the HMO and POS plans are the same. However, only the POS plan has out-of-network benefits.</p> <p>You, and your eligible dependents, are automatically enrolled in the medical bridge plan paid by the Village.</p>
<b>Group Term Life and Accidental Death and Dismemberment</b>	<ul style="list-style-type: none"> <li>◇ UnitedHealth Life and AD&amp;D</li> </ul>	<p>Remember that although minimal, the premiums for these plans are included in the \$1,000 monthly Village contribution to your premiums.</p>
<b>Dental Insurance</b>	<ul style="list-style-type: none"> <li>◇ UnitedHealth PPO</li> <li>◇ UnitedHealth DMO</li> <li>◇ Florida Dental Benefits High Option</li> <li>◇ Florida Dental Benefits Enhanced Option</li> </ul>	<p>Carefully review the services contained in each plan and the provider listing. The DMO plans may be more cost-effective for those needing extensive dental work.</p>
<b>Retirement</b>	<ul style="list-style-type: none"> <li>◇ 401(a) Defined Contribution Plan</li> <li>◇ 457 Deferred Compensation Plan</li> <li>◇ Traditional IRA</li> <li>◇ Roth IRA</li> </ul>	<p>Your contributions to the 401(a) are doubled by the Village. Take advantage of the extra funds at no cost to you.</p> <p>Your 457 plan contributions are pre-taxed.</p> <p>With the IRA, you pay taxes now, but pay no taxes when you withdraw the money.</p>
<b>Voluntary Services</b>	<ul style="list-style-type: none"> <li>◇ UnitedHealth Vision Plan</li> <li>◇ Flexible Spending Account</li> <li>◇ Aflac Supplemental Insurance</li> <li>◇ Colonial Life Supplemental Insurance</li> <li>◇ LegalShield Prepaid Legal Services</li> </ul>	<p>These plans are entirely voluntary and have no employer contribution.</p>

## QUICK REFERENCE GUIDE

**For questions about your medical, dental, life or gap insurance, please contact HR or our Insurance Agent:**

**Neil Schwabe**  
Schwabe Benefits  
Group  
305-270-1990  
Neil@schwabebenefitsgroup.com



## HEALTH INSURANCE OVERVIEW

AvMed

Customer Care  
Support:  
800-882-8633

Website:  
[avmed.org/  
groupmembers](http://avmed.org/groupmembers)

24 HR On-Call  
Nurse  
888-866-5432  
[nurseoncall@avmed.org](mailto:nurseoncall@avmed.org)



### AVMED HEALTH PLANS

This year, the Village of Palmetto Bay is partnering with AvMed to offer you two medical plan options. Eligible employees have a choice between the AvMed Open Access HMO and the AvMed National POS plans. Both plans are open access, meaning that you do not need a referral from your primary care physician to see a specialist or to have any other medical service. In accordance with the Affordable Care Act, both plans also offer preventive services at no charge, including no co-pays. Some of the most popular preventive services include routine lab work and x-rays, annual physical and preventive colonoscopies for members who are 50 years of age or older. This year, the Village will contribute up to \$1,000 per employee to cover the medical, dental, life insurance and AD&D premium costs.

#### AVMED OPEN ACCESS HMO

Unlike most HMO plans, eligible employees participating in the Open Access HMO plan will enjoy open access services, meaning that you have the freedom to choose a physician or specialist without having to visit your primary care physician to obtain a referral. Members enrolled in this plan agree to stay within the AvMed local network to receive benefits. AvMed's local network is currently the largest in Florida, surpassing carriers like United Healthcare and Blue Cross Blue Shield of Florida.

#### AVMED POINT-OF-SERVICE PLAN

The Point-of-Service plan is an open access health care plan that includes out-of-network benefits. Unlike the HMO plan, employees enrolling in the POS plan may see an out-of-network provider and still receive certain coverage from his/her health insurance.

The AvMed POS network includes a national network of doctors, hospitals and other healthcare providers. Employees traveling outside of AvMed's local network area may choose from AvMed's Private Healthcare System (PHCS) network, which is a national network. Co-insurance, copayments and deductible amounts are different for providers in the PHCS network. Any provider not on the local or the PHCS national networks is considered an out-of-network provider and insurance benefits are reduced accordingly. Please refer to your Benefits Summary document provided by AvMed for more information concerning applicable out-of-network benefits and coinsurance.

BASIC PLAN BENEFITS	POS NATIONAL TIERED PLAN	HMO LOCAL OPEN ACCESS <sup>1</sup>
Primary Care Physician	\$25 copay; in-network \$35 copay ; PHCS network 60% after ded.– out of network	\$25 copay
Specialist	\$50 copay; in-network \$70 copay ; PHCS network 60% after ded.– out of network	\$50 copay
Preventive Care	100%; no copay applies	100%; no copay applies
Chiropractic	\$50 copay; in-network \$70 copay ; PHCS network 60% after ded.– out of network	\$50 copay
Physical Therapy (office visit)	\$50 copay; in-network \$70 copay ; PHCS network 60% after ded.– out of network	\$50 copay
Inpatient Hospital	85% after ded.– in-network 70% after ded.– PHCS network 60%- after ded.- out-of-network	100% after deductible
Outpatient Surgery	85% after ded.– in-network 70% after ded.– PHCS network 60%- after ded.- out-of-network	\$400 copay <sup>2</sup>
Outpatient Diagnostic Test	85% after ded.– in-network 70% after ded.– PHCS network 60%- after ded.- out-of-network	\$200 copay <sup>2</sup>

## HEALTH INSURANCE OVERVIEW

## AvMed Medical Plan Descriptions

**AvMed**

**Customer Care  
Support:  
800-882-8633**

**Website:  
[avmed.org/  
groupmembers](http://avmed.org/groupmembers)**

**24 HR On-Call  
Nurse  
888-866-5432  
nurseoncall@avmed.org**

**EFFECTIVE OCTOBER 1ST, ALL LAB WORK IS TO BE REFERRED TO QUEST DIAGNOSTICS.  
PLEASE INFORM HEALTHCARE PROVIDER OF THIS CHANGE.**

## HEALTH INSURANCE OVERVIEW

### AvMed Medical Plan Descriptions

AvMed

Customer Care Support:  
800-882-8633

Website:  
[avmed.org/  
groupmembers](http://avmed.org/groupmembers)

24 HR On-Call Nurse  
888-866-5432  
nurseoncall@avmed.org

BASIC PLAN BENEFITS	POS NATIONAL TIERED PLAN	HMO LOCAL OPEN ACCESS <sup>1</sup>
Emergency Room Visit	\$100 copay	\$500 copay
Urgent Care Visit	\$40 copay— in-network \$60 copay— PHCS Network \$60 copay— out-of-network	\$50 copay
Co-insurance; In-Network	85% in-network 70% PHCS network	100%
Co-insurance; Out-of-Network	60%	Does not apply
Annual Deductible; In-Network—EE / FAM	\$2,500 / \$5,000 in network \$3,000 / \$6,000 PHCS network	\$2,500 / \$5,000
Annual Deductible; Out-of-Network—EE / FAM	\$5,000 / \$10,000	Does not apply
Annual Out-of-Pocket Max; In-Network—EE / FAM	\$3,000 / \$6,000 in network \$5,000 / \$10,000 PHCS network	\$6,350 / \$12,700
Annual Out-of-Pocket Max; Out-of-Network—EE / FAM	\$10,000 / \$20,000	Does not apply
Lifetime Maximum	Unlimited	Unlimited

<sup>1</sup> NO REFERRALS REQUIRED; EMERGENCY SERVICES ARE COVERED IN OR OUT OF NETWORK.

<sup>2</sup> COPAYS APPLY FOR IN-NETWORK, INDEPENDENT, NON-HOSPITAL AFFILIATED FACILITIES ONLY.

**SEE LIST HERE.**

### AVMED POS PLAN MONTHLY PREMIUMS

COVERAGE LEVEL	MONTHLY PREMIUM	EMPLOYEE COST	BI-MONTHLY DEDUCTION <sup>1</sup>
Employee Only	\$529.36	\$0.00	\$0.00
Employee & Spouse	\$1,132.82	\$132.82	\$66.41
Employee & Child(ren)	\$1,079.89	\$79.89	\$39.95
Family	\$1,619.83	\$619.83	\$309.92

### AVMED HMO PLAN MONTHLY PREMIUMS

COVERAGE LEVEL	MONTHLY PREMIUM	EMPLOYEE COST	BI-MONTHLY DEDUCTION <sup>1</sup>
Employee Only	\$401.61	\$0.00	\$0.00
Employee & Spouse	\$859.45	\$0.00	\$0.00
Employee & Child(ren) <sup>2</sup>	\$819.29	\$0.00	\$0.00
Family <sup>2</sup>	\$1,228.93	\$228.93	\$114.47

<sup>1</sup> BIWEEKLY DEDUCTION DOES NOT INCLUDE OTHER INSURANCE BENEFITS THAT YOU MAY SELECT SUCH AS DENTAL AND VISION COVERAGE.

<sup>2</sup> DOES NOT INCLUDE THE PREMIUM FOR DEPENDENTS OVER THE AGE OF 26 YEARS. PLEASE SEE HR FOR MORE INFORMATION.

## HEALTH INSURANCE OVERVIEW

## Monthly Medical Plan Premiums

AvMed

Customer Care Support:  
800-882-8633

Website:  
[avmed.org/  
groupmembers](http://avmed.org/groupmembers)

24 HR On-Call Nurse  
888-866-5432  
[nurseoncall@avmed.org](mailto:nurseoncall@avmed.org)

# HEALTH INSURANCE OVERVIEW

## Copays, Deductibles and Out-of-Pocket Maximums



### What are copays?

Copays or copayments are a preset dollar amount that you pay to your health service provider such as your doctor, specialist, urgent care center, etc... for services rendered according to your plan benefits. Once the copay has been met, the insurance company pays the remaining costs.

### What is a deductible?

A deductible is the amount you pay out of pocket before your insurance pays. The deductible is an annual amount and once that amount has been met, you have met the requirement for the year.

⇒ *Example: If your deductible for the plan year is \$2,500, you are required to pay that amount before the insurance pays. Note that not all benefits are subject to the deductible.*

### What is coinsurance?

Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible. When your annual deductible is met, the insurance carrier shares the service cost with you.

⇒ *Example: If your coinsurance is 85% for a procedure and you have met the deductible for the year, you'll pay 15% of the full cost and the carrier will pay the 85%.*

### What is an out-of-pocket maximum?

This is an annual cap on the dollar amount that you are expected to pay out of your own pocket.

#### DEDUCTIBLES:

- ⇒ COPAYS DO NOT ACCUMULATE TOWARDS THE ANNUAL DEDUCTIBLE.
- ⇒ INDIVIDUAL DEDUCTIBLE AMOUNTS WILL COUNT TOWARD THE FAMILY DEDUCTIBLE, BUT AN INDIVIDUAL WILL NOT HAVE TO PAY MORE THAN THE INDIVIDUAL DEDUCTIBLE AMOUNT.

#### OUT-OF-POCKET MAXIMUM:

- ⇒ INDIVIDUAL WILL COUNT TOWARD THE FAMILY MAXIMUM, BUT AN INDIVIDUAL WILL NOT HAVE TO PAY MORE THAN THE INDIVIDUAL OUT-OF-POCKET MAXIMUM AMOUNT.
- ⇒ INCLUDES THE ANNUAL DEDUCTIBLE, COPAYS AND COINSURANCE EXPENSES THAT YOU PAY OUT OF YOUR OWN POCKET.

⇒ **THESE HELPFUL HINTS AND INFORMATION WILL HELP YOU MANAGE YOUR OUT OF POCKET EXPENSES AND OVER-ALL HEALTHCARE COSTS:**

- **Explanation of Benefits (EOBs):**



Over the last several years, insurance carriers have experienced an increase in the amount of errant bills from medical service providers. Before you pay a bill from your doctor or other medical service provider, or a hospital:

1. Go online and compare the bill to the EOB
2. Pay only the amount that is your responsibility as shown on the EOB
3. If you have already paid an amount greater than what you are responsible for, contact HR!

If you cannot find an EOB in the insurance carrier's

system, then chances are that the claim was never sent to the insurance company for payment. Call the billing party, give them your insurance information again and request that they submit or resubmit the bill to the insurance carrier for processing.

- **Major Diagnostic Test – (MRI's, CAT scans, etc.):**

These tests have become standard diagnostic procedures and can be performed at hospitals or standalone facilities. The cost differential is significant. When available, have your major diagnostic tests performed at a standalone facility not associated with a hospital.

**REMEMBER THAT THE COPAY IN YOUR AvMED HMO PLAN FOR DIAGNOSTIC TESTING IS FOR IN-NETWORK, INDEPENDENT FACILITIES AND THE OUT-PATIENT SURGERY COPAY IS FOR NON-HOSPITAL AFFILIATED FACILITIES.**  
**[CLICK HERE FOR A LIST OF ELIGIBLE FACILITIES.](#)**

## HEALTH INSURANCE OVERVIEW

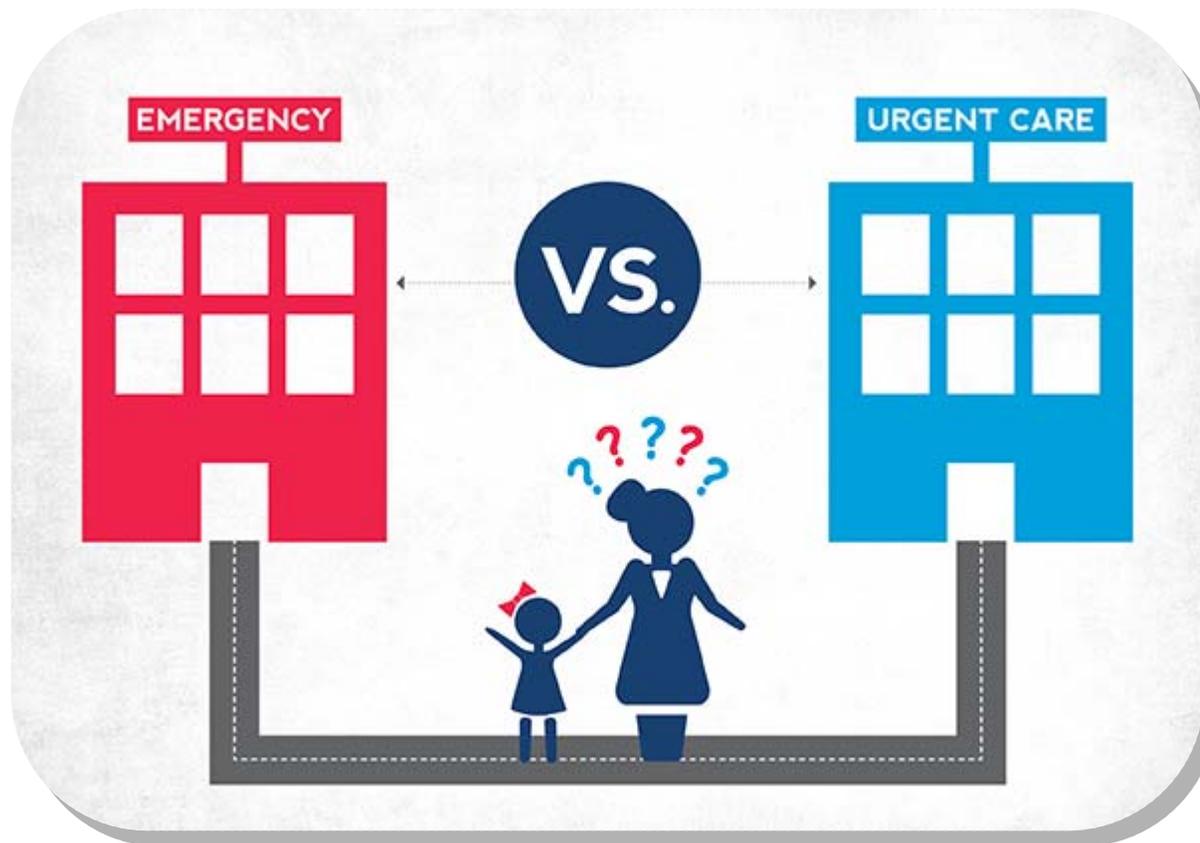
### Helpful Information



## HEALTH INSURANCE OVERVIEW

### Emergency Room vs. Urgent Care Centers

Visit AvMed  
online for  
more  
information;  
[avmed.org/  
groupmembers](http://avmed.org/groupmembers)



- Urgent Care Centers v. Emergency Rooms

Urgent Care centers are available locally to treat urgent, non-life threatening emergencies. They are less expensive and you will typically spend less time waiting to be treated. Urgent Care centers have differing hours as well as capabilities.

Click the link to the [Urgent Care Centers](#) or go online to the [AvMed website](#) for more information concerning centers in your plan network.

URGENT	Or	Emergency
<p><b>A condition that requires immediate care but is not life-threatening</b></p>		<p><b>A condition that is life- or limb-threatening</b></p>
Common sprain		Chest pain 
Earache 		Facial drooping
Cold and flu		Head and eye injuries 
Sore throat 		Sudden numbness or weakness in arm or leg
Abrasion and cut requiring stitches		Uncontrolled bleeding and severe cuts
Urinary tract infection		Vaginal bleeding with pregnancy
Mild asthma		Coughing or vomiting blood 
Rash without fever		Sudden shortness of breath or difficulty breathing
Broken bone with intact skin and no obvious need to reset bone 		Rash with fever
		Major fracture that breaks the skin or needs to be reset 

**HEALTH  
INSURANCE  
OVERVIEW**

**Emergency  
Room  
vs.  
Urgent  
Care  
Centers**

**Visit AvMed  
online for  
more  
information;  
[avmed.org/  
groupmembers](http://avmed.org/groupmembers)**

# HEALTH INSURANCE OVERVIEW

## Prescription Drugs

### Medco– Mail Order Form



AvMed offers coverage for prescription medication for retail pharmacies that are part of its network. Retail prescription coverage includes up to a 30-day supply of a medication for the listed copay. Your prescription may be refilled via retail or mail order after 75% of your previous fill has been used and subject to a maximum of 13 refills per year. Avmed also offers a mail order option for certain medications.

#### ⇒ **Mail Order Program**

**Medco** administers AvMed's mail order program. The program allows you to obtain a 90-day supply of medications used for chronic conditions such as asthma, cardiovascular disease, diabetes, etc.. for double (instead of triple) your copay amount.

#### ⇒ **Mandated Generic Substitution**

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand equivalent medications are available. .

If a member or prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

#### ⇒ **Health Care Reform- Preventive Medications**

Under the Affordable Care Act members may receive preventive items at no cost to the member with certain stipulations. These items include fluoride products for members 5 years of age and under, aspirin for men ages 45-79 and for women ages 55-79, folic acid for women of childbearing age, iron products for members 1 year of age and under, vitamin D (over-the-counter) products for members ages 65 years of age or older, certain contraceptives and contraceptive devices for women less than 55 years of age.

Some of the limitations for receiving these medications require that:

- the member be part of a non-grandfathered plan using an in-network provider
- a prescription is required in which only the generic form of the medication will be covered,
- this coverage only applies in a retail pharmacy

**MAIL ORDER PROGRAM ONLY APPLIES TO TIER 1,  
TIER 2 AND TIER 3 MEDICATIONS.**

**YOU PAY 2X YOUR COPAY AMOUNT FOR A 90-  
DAY SUPPLY.**

## AVMED POS PLAN MONTHLY PREMIUMS

Medication Tiers	POS Plan Copay	HMO Plan Copay
Tier 1—lowest cost option Typically generic medications (see AvMed’s policy on mandated generic substitutions).	\$20	\$20
Tier 2—mid-range cost option Brand name medications.	\$40	\$50
Tier 3—high-cost option Non-preferred brand name medications.	\$60	\$70
Tier 4—additional high-cost option Self-injectable or high-cost oral medications, excluding insulin.	\$75	\$75

### CHECK OUT THE FREE MEDICATIONS PROGRAM AT YOUR LOCAL PUBLIX PHARMACY!

PUBLIX PHARMACY OFFERS MANY FREE ANTIBIOTICS AND OTHER GENERIC MEDICATIONS. YOU WILL PAY \$0 FOR AS MANY REFILLS AS YOU NEED. THE ONLY REQUIREMENT IS A PRESCRIPTION FROM YOUR DOCTOR. SEE THE PUBLIX WEBSITE FOR MORE INFORMATION.

⇒ **FREE ANTIBIOTICS (UP TO A 14-DAY SUPPLY):**

AMOXICILLIN

AMPICILLIN

SULFAMETHOXAZOLE/TRIMETHOPRIM (SMZ-TMP)

CIPROFLOXACIN (EXCLUDING CIPROFLOXACIN XR)

PENICILLIN VK

⇒ **FREE GENERICS:**

AMLODIPINE

LISINAPRIL

METFORMIN

**Do not pay  
for that  
medicine!**

## HEALTH INSURANCE OVERVIEW

## AvMed Prescription Drug Costs

[AvMed  
Preferred  
Medication List](#)



## HEALTH INSURANCE OVERVIEW

### United Healthcare Dental Plan Descriptions

Member  
Services:  
1-800-955-4137  
or  
[www.myuhcdental.com](http://www.myuhcdental.com)

#### UNITED HEALTHCARE PPO & DMO DEN- TAL PLANS

The United Healthcare PPO and DMO dental insurance plans are within the various options available to employees this fiscal year for dental insurance.

##### ⇒ United Healthcare Dental PPO

The United Healthcare PPO dental insurance gives you the flexibility to choose either a participating (in-network) PPO dentist, or a non-network dentist and still receive benefits.

##### In-Network vs. Out-of-Network

In-Network Dentists	Out-of-Network Dentist
Dentists have agreed to a discounted fee schedule and therefore will charge you based on the negotiated rates.	Dentists can bill you the balance between the amount that the insurance company pays and their regular billing fees.

Most plan services are subject to the deductible. Please read your plan documents for detailed coverage information.

##### ⇒ United Healthcare Dental DMO

The United Healthcare Dental Maintenance Option (DMO) plan, also known as the Solstice \$700 plan, offers many benefits at reduced rates.

Keep in mind that the DMO does not offer out-of-network benefits. You must see a provider in the DMO network. To find a participating provider within the United Healthcare network, log-on to [myuhcdental.com](http://myuhcdental.com) and follow the menu options for the provider search feature.



### UNITED HEALTHCARE DENTAL PLANS HIGHLIGHTS

BASIC DENTAL SERVICES	DENTAL PPO IN/*OUT-OF-NETWORK	DENTAL DMO IN-NETWORK BENEFITS ONLY
Preventive & Diagnostic	100%	100%
Cleaning (2X per year)	100%	100%
Basic Dental Services	80%	See Schedule of Benefits
Major Diagnostic Services	50%	See Schedule of Benefits
Perio & Endo	50%	See Schedule of Benefits
Implants	None	See Schedule of Benefits
Ortho (minors only)	50%	See Schedule of Benefits
Oral Surgery	50%	See Schedule of Benefits
Waiting Period (Major Services)	12 months	None
Individual Annual Deductible	\$50	None
Family Annual Deductible	\$150	None
Annual Max.	\$1,000 per person/ year	See Schedule of Benefits
Lifetime Max. (Ortho)	\$1,000	See Schedule of Benefits

### UNITED DENTAL PLANS MONTHLY PREMIUMS

COVERAGE LEVEL	DENTAL PPO	DENTAL DMO
Employee Only	\$31.35	\$15.75
Employee & Spouse	\$66.52	\$27.40
Employee & Child(ren)	\$62.70	\$33.70
Family	\$101.10	\$43.13

**HEALTH  
INSURANCE  
OVERVIEW**

**United  
Healthcare  
Dental  
Plan  
Descriptions**

**Member  
Services:  
1-800-955-4137  
or  
[www.myuhcdental.com](http://www.myuhcdental.com)**

## HEALTH INSURANCE OVERVIEW

### Florida Dental Benefits Dental Plan Descriptions

**Customer  
Service:**  
**305-674-7900**  
**Or**  
**877-674-7901**  
[www.FDBenefits.com](http://www.FDBenefits.com)

### FLORIDA DENTAL BENEFITS DENTAL PLANS

In addition to the two United Healthcare plan options, the Village this year is expanding employee dental plan choices by offering two additional dental plans under the Florida Dental Benefits network. Florida Dental Benefits is a local company headquartered in Miami Beach. The organization prides itself on providing access to quality, affordable dental care to South Floridians. FD focuses on preventive oral health and maintenance.

The two plans offered under FD include the High Option Plan and the Enhanced Option Plan. To be covered under either one of the two plans, all services must be provided by dentists within the plan network. There are no annual maximums, annual deductibles or waiting periods.

Besides the dental care services, FD contracts with companies who offer health-related discounts and benefits to FD members, including:

- LA Fitness
- Fit2Go lunch delivery service
- Familywise Prescription Medication Discounts
- eDiets meal delivery program & online tools

For details on the discounts offered, please call the customer service line.

The monthly premiums for each of the plans offered under Florida Dental Benefits are included below. Plan information is provided on the next page.

#### FLORIDA DENTAL PLANS MONTHLY PREMIUMS

COVERAGE LEVEL	HIGH OPTION	ENHANCED OPTION
Employee Only	\$12.56	\$13.50
Employee & Spouse	\$23.85	\$25.75
Employee & Child(ren)	\$28.25	\$30.51
Family	\$36.41	\$39.32



## FLORIDA DENTAL BENEFITS DENTAL PLAN HIGHLIGHTS

POLICY YEAR DEDUCTIBLE	HIGH OPTION	ENHANCED OPTION
Individual	No deductible	No deductible
Family	No deductible	No deductible
Maximum Benefit Amounts	High Option	Enhanced Option
Annual Maximum	No Maximum	No Maximum
Lifetime Annual Maximum-Ortho	No Maximum	No Maximum
Dental Services	High Option	Enhanced Option
Consultation	\$0	\$0
Office Visit	\$0	\$5
Periodic Oral Exam	\$0	\$0
Panoramic X-rays	\$0	\$0
Routine Adult Cleaning	\$0	\$0
Routine Child Cleaning	\$0	\$0
Silver Anterior Filling – 2 Surfaces	\$0	\$0
White Anterior Filling – 2 Surfaces	\$45	\$0
White Anterior Filling – 3 Surfaces	\$55	\$0
White Posterior Filling – 3 Surfaces	\$110	\$55
Crown – Porcelain Fused to Noble Metal	\$310*	\$280*
Root Canal – Bicuspid	\$250	\$250
Root Canal Retreatment – Bicuspid	\$350	\$250
Perio. Scaling & Root Planing/Quad	\$55	\$50
Complete Denture	\$325	\$320
Surgical Extraction	\$45	\$40
Comprehensive Orthodontic Treatment	\$2,800	\$1,850
Waiting Period- Major Services	None	None

## HEALTH INSURANCE OVERVIEW

## Florida Dental Benefits Dental Plan Descriptions

**Customer  
Service:  
305-674-7900  
Or**

**877-674-7901**

[www.FDBenefits.com](http://www.FDBenefits.com)

## OTHER INSURANCE OVERVIEW

### United Healthcare Life Insurance/ Accidental Death & Dis- memberment (AD&D) and Vision Insurance

Customer  
Support:  
1-800-357-0978  
or  
[www.myuhc.com](http://www.myuhc.com)

#### UNITED HEALTHCARE LIFE AND AD&D IN- SURANCE

Life insurance and accidental death and dismemberment benefits are provided through United Healthcare and are payable to eligible employees enrolled in the plan and/or their surviving beneficiaries.

Benefits paid under the life insurance and AD&D plan are equal to 2 times the employee's annual salary up to \$175,000.

UNITED LIFE AND AD&D MONTHLY PREMIUMS	
Basic AD&D	\$0.03 (divided per \$1,000 of salary)
Life	\$0.25 (divided per \$1,000 of salary)



#### UNITED HEALTHCARE VISION INSURANCE

As an ancillary service, the Village of Palmetto Bay offers eligible full-time employee the opportunity to enroll in the United Healthcare Vision Plan on a voluntary basis. The vision plan provides additional vision benefits that are not currently available under the present health plan design. **Premium costs for the vision plan will be paid by the employee only.**

UHC VISION PLAN BENEFITS	
Eye Exam	\$15 copay
Frames	\$30 copay
Frame Allowance	\$130 (off retail price)
Contact Lens Allowance	\$105 (off retail price)
Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months

UNITED VISION PLAN MONTHLY PREMIUMS		
COVERAGE LEVEL	PREMIUM	BI-MONTHLY DEDUCTION
Employee Only	\$6.02	\$3.01
Employee & Spouse	\$11.74	\$5.87
Employee & Child(ren)	\$12.34	\$6.17
Family	\$17.16	\$8.58

**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY MEDICAL BRIDGE PLAN**

The Village of Palmetto Bay offers an employer-sponsored medical bridge insurance plan to all eligible full-time employees who are enrolled in the health insurance plan. The medical bridge plan is administered by Colonial Life Accident and Insurance Company and is intended to lessen your out-of-pocket expenses for certain medical services. Premiums are covered by the Village.

Coverage under the supplemental plan mirrors the coverage that you select for your medical plan. Therefore, dependents covered under the medical plan will also be covered under the medical bridge insurance.

Payments for benefits covered by the medical bridge plan are sent directly to the employee. In order to receive these benefits, employees must complete a [Colonial Life Claim Form](#), which is available on the employee webpage or on the k-drive.

Please note that all other products offered by Colonial Life are entirely voluntary and the Village does not contribute towards the costs of such products. Premiums for any voluntary service that you choose to enroll in will be your responsibility.

For questions or inquiries, you may visit [Colonial Life online](#) or directly contact our Insurance Broker or the HR Department.

**MEDICAL BRIDGE PLAN BENEFITS (EMPLOYER-SPONSORED)**

Benefit	Amount Paid **
Hospital Confinement (min. 21 consecutive hrs.)	\$3,000
Diagnostic Procedure	\$250
Emergency Room Visit	\$150
Health Screening Benefit	\$50
Outpatient Surgical Procedure	Tier 1- \$500 Tier 2- \$1,000 (Max. \$1,500 per person/ per year)

\*\*per covered person; limited to 1 time per calendar year

**ADDITIONAL INFORMATION IS PROVIDED ON THE NEXT PAGE OR MAY BE FOUND ON THE K-DRIVE.**



**OTHER INSURANCE OVERVIEW**

**Colonial Life & Accident Insurance Company Medical Bridge Plan Information**

**Customer Service:**  
**800-325-4368**  
**Or**  
[www.ColonialLife.com](http://www.ColonialLife.com)

## OTHER INSURANCE OVERVIEW

## Colonial Life & Accident Insurance Company Medical Bridge Plan Information

Customer  
Service:  
800-325-4368  
Or  
[www.ColonialLife.com](http://www.ColonialLife.com)

### LIST OF HEALTH SCREENING SERVICES—\$50

Stress test on a bicycle or treadmill	CEA (blood test for colon cancer)
Fasting blood glucose test	Chest x-ray
Blood test for triglycerides	Colonoscopy
Serum cholesterol test to determine level of HDL and LDL	Flexible sigmoidoscopy
Bone marrow testing	Hemoccult stool analysis
Carotid doppler	Mammography
Electrocardiogram (EKG, ECG)	Pap smear
Echocardiogram (ECHO)	PSA (blood test for prostate cancer)
Skin cancer biopsy	Serum protein electrophoresis (blood test for myeloma)
Breast ultrasound	Thermography
CA 15-3 (blood test for breast cancer)	ThinPrep pap test
CA 125 (blood test for ovarian cancer)	Virtual colonoscopy

### LIST OF DIAGNOSTIC PROCEDURE BENEFITS—\$250

<p><b>Breast</b> Biopsy (incisional, needle, sterotactic)</p> <p><b>Cardiac</b> Angiogram Arteriogram Thallium Stress Test Transesophageal Echocardiogram (TEE)</p> <p><b>Diagnostic Radiology</b> Computerized Tomography Scan (CT Scan) Electroencephalogram (EEG) Magnetic Resonance Imaging (MRI) Myelogram Nuclear medicine test Positron Emission Tomography Scan (PET Scan)</p>	<p><b>Digestive</b> Barium Enema/Lower GI series Barium Swallow/Upper GI series Esophagogastroduodenoscopy (EGD)</p> <p><b>Ear/Nose/Throat/Mouth</b> Laryngoscopy</p> <p><b>Gynecological</b> Amniocentesis Cervical biopsy Cone biopsy Endometrial biopsy Hysteroscopy Loop Electrosurgical Excisional Procedure (LEEP)</p> <p><b>Liver</b> Biopsy</p>	<p><b>Lymphatic</b> Biopsy</p> <p><b>Miscellaneous</b> Bone marrow aspiration/biopsy</p> <p><b>Renal</b> Biopsy</p> <p><b>Respiratory</b> Biopsy Bronchoscopy Pulmonary Function Test (PFT)</p> <p><b>Skin</b> Biopsy Excision of lesion</p> <p><b>Thyroid</b> Biopsy</p> <p><b>Urinary</b> Cystoscopy</p>
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**OUTPATIENT SURGICAL PROCEDURE BENEFIT—TIER 1—\$500**

<p><b>Breast</b>                  Axillary node dissection                  Breast capsulotomy                  Breast reconstruction                  Lumpectomy</p> <p><b>Cardiac</b>                  Pacemaker insertion</p> <p><b>Digestive</b>                  Colonoscopy                  Fistulotomy                  Hemorrhoidectomy (external)                  Lysis of adhesions</p>	<p><b>Skin</b>                  Laparoscopic hernia repair                  Skin grafting</p> <p><b>Ear/Nose/Throat/Mouth</b>                  Adenoidectomy                  Removal of oral lesions                  Myringotomy                  Tonsillectomy                  Tracheostomy</p> <p><b>Gynecological</b>                  Dilation &amp; Curettage (D&amp;C)                  Endometrial ablation                  Lysis of adhesions</p>	<p><b>Liver</b>                  Paracentesis</p> <p><b>Musculoskeletal System</b>                  Carpal/cubital repair or release                  Dislocation (closed reduction treatment) other than a finger or toe                  Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)                  Fracture (closed reduction treatment) other than a rib, finger or toe                  Removal of orthopedic hardware                  Removal of tendon lesion</p>
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**OUTPATIENT SURGICAL PROCEDURE BENEFIT—TIER 2—\$1,000**

<p><b>Breast</b>                  Breast reduction</p> <p><b>Cardiac</b>                  Angioplasty                  Cardiac catheterization</p> <p><b>Digestive</b>                  Exploratory laparoscopy                  Laparoscopic appendectomy                  Laparoscopic cholecystectomy</p> <p><b>Ear/Nose/Throat/Mouth</b>                  Ethmoidectomy                  Mastoidectomy</p>	<p><b>Ear/Nose/Throat/Mouth, cont.</b>                  Septoplasty                  Stapedectomy                  Tympanoplasty                  Tympanotomy</p> <p><b>Eye</b>                  Cataract surgery                  Corneal surgery (penetrating keratoplasty)                  Glaucoma surgery (trabeculectomy)                  Vitrectomy</p> <p><b>Gynecological</b>                  Myomectomy</p>	<p><b>Musculoskeletal System</b>                  Arthroscopic knee surgery w/ meniscectomy (knee cartilage repair)                  Arthroscopic shoulder surgery                  Clavicle resection                  Dislocations (ORIF - open reduction with internal fixation)                  Fracture (ORIF - open reduction with internal fixation)                  Removal or implantation of cartilage                  Tendon/ligament repair</p> <p><b>Thyroid</b>                  Excision of a mass</p>
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**OTHER INSURANCE OVERVIEW**

**Colonial Life & Accident Insurance Company Medical Bridge Plan Information**

**Customer Service:**  
**800-325-4368**  
 Or  
[www.ColonialLife.com](http://www.ColonialLife.com)

## RETIREMENT BENEFITS

### ICMA-RC Corporation

Customer  
Support:  
1-800-669-7400  
or  
[www.icmarc.org](http://www.icmarc.org)

Local Agent:  
Torri Chronister  
866-886-8026  
tchronister@icma.org

### ICMA-RC RETIREMENT BENEFITS

All full-time employees are eligible to participate and take advantage of the various retirement plans offered by the Village of Palmetto Bay through ICMA-RC. The following products are currently available:

- 401(a) Defined Contribution Benefit Plan
- 457 Deferred Compensation Plan
- Traditional IRA
- Roth IRA

General information on each of these services is provided on the tables below. Please see the Human Resources Department or visit the ICMA-RC website for additional information.

RETIREMENT PLAN BENEFITS HIGHLIGHTS	
<b>401 (A) DEFINED CONTRIBUTION RETIREMENT PLAN</b>	
Employer Contribution	6% of annual salary
Employee Contribution	Up to 6% of annual salary (pre-tax deductions)
Employer Match	Equal to the Employee Contribution up to a 6% max
<b>457 DEFERRED CONTRIBUTIONS RETIREMENT PLAN</b>	
Employer Contribution	None
Employee Contribution	To be determined by the employee
2014 Contribution Limits	\$17,500 salary deferral limit \$5,500 "catch-up limit" if you are 50 years or older, Total contributions cannot exceed \$52,000.



## INDIVIDUAL RETIREMENT ACCOUNTS

	ROTH IRA	TRADITIONAL IRA
Key tax advantage	Tax-free growth potential	Contributions may be tax deductible
2014 Maximum contribution	\$5,500, or \$6,500 if age 50 or over.	
Eligibility	No age requirement; any individual with earned income within the allowable guidelines. (Please visit <a href="http://www.icma.org">www.icma.org</a> for additional information)	Anyone with earned income from wages or salary under the age of 70½ (on December 31 of the year).
Earnings grow tax-deferred	Yes	Yes
Earnings taxed upon withdrawal	No, if held five years, and you are 59½ or older, or if other rules are met	Yes
Contributions taxed upon withdrawal	No	Yes, if deductible
Contributions deductible from income tax	No	Contributions are tax deductible within the income limits established for the year*
Contributions eligible for tax credit	A tax credit of as much as \$1,000 is available to low- and middle-income savers who contribute to an IRA. View the IRS website for more information.	
Penalty-free withdrawals	Yes, if you are 59½ or older, or other rules are met.	
Subject to minimum withdrawal requirement after age 70½	No	Yes
Contributions allowed after age 70½	Yes	No. Contributions may not be made beginning in the year you turn age 70½.

## RETIREMENT BENEFITS

### ICMA-RC Corporation

**Customer  
Support:**  
**1-800-669-7400**  
or  
[www.icmarc.org](http://www.icmarc.org)

**Local Agent:**  
**Torri Chronister**  
**866-886-8026**  
[tchronister@icma.org](mailto:tchronister@icma.org)

## RETIREMENT BENEFITS

### ICMA-RC Corporation

**Customer  
Support:**  
**1-800-669-7400**  
or  
[www.icmarc.org](http://www.icmarc.org)

**Local Agent:**  
**Torri Chronister**  
**866-886-8026**  
tchronister@icma.org

#### GUIDED PATHWAYS MANAGEMENT SERVICES

Asset Class Guidance	Provides you with a recommendation on how to divide your retirement plan assets among the different asset classes available in your employer's retirement plan. <ul style="list-style-type: none"><li>• Develop retirement savings plan</li><li>• Determine asset class allocation</li></ul>
Fund Advice	Provides you with a recommendation of specific funds developed from the investment options available within your employer's retirement plan. <ul style="list-style-type: none"><li>• Select appropriate funds</li></ul>
Managed Accounts	For an additional fee, the Managed Accounts service develops an individualized investment portfolio based on your complete personal situation & updates its recommendations to meet your retirement savings goal. Managed Accounts takes into account non-ICMA-RC accounts and additional retirement income sources, your future income & savings, desired retirement age and the finances of your spouse or partner. The 2 basic functions of the Managed Accounts service are to: <ul style="list-style-type: none"><li>• Monitor fund performance</li><li>• Manage your portfolio on an ongoing basis</li></ul>

\*Managed Accounts is ICMA-RC's comprehensive investment advisory and planning services. These services are intended to offer a level of assistance beyond what is included in the plan based on how involved you want to be in your retirement investing decision. Consequently, additional fees apply. More information is available from your Human Resources Dept.

## **AFLAC SUPPLEMENTAL INSURANCE**

Aflac offers a variety of supplemental insurance options and products for your benefit including long-term disability, additional life, short-term disability, income protection, personal accident indemnity, etc...

## **FLEXIBLE SPENDING ACCOUNTS**

Together with KCI Financial Services, our Aflac agent assists with the enrollment, status changes and inquiries concerning our Flexible Spending Accounts (FSAs). FSAs allow employees to be reimbursed for certain eligible expenses. Currently, the Village offers two types of FSAs:

- Dependent Care Assistance
- Medical Care Reimbursement

Employees who enroll in an FSA account make contributions to his/her account every pay date through salary deductions before taxes. These are pre-tax contributions that reduce the employee's taxable income and income tax bill at the end of the year.

During open enrollment, employees designate how much they wish to contribute each pay period up to the maximum amount allowed by the IRS. Funds con-

tributed to the FSA account are then used to pay for certain eligible dependent care and/or medical expenses. Funds not reimbursed back to the employee are forfeited. Eligible expenses for dependent care include:

- Schooling
- Child Care Outside Your Home
- Dependent Care Centers
- Camp
- Transportation
- Household Services
- Work-related expenses paid to relatives

The list is much broader for medical care. A list of eligible medical expenses is available from the Human Resources Department.

Please note that you can only enroll in the FSA program during open enrollment.

Once you have enrolled in the FSA program, you can only change or revoke your election if there is a change in your employment or family status.

Please advise Human Resources if you are interested in taking advantage of this benefit.

## **VOLUNTARY BENEFITS**

## **Aflac Supplemental Insurance And Flexible Spending Accounts (FSA)**

**Aflac Ins.:**  
**800-99AFLAC**  
**Or**  
[www.Aflac.com](http://www.Aflac.com)

## VOLUNTARY BENEFITS

### LegalShield Prepaid Legal Services

**Member Services:**  
800-654-7757

**Provider Law Firm:**  
Glantz Law Firm  
954-423-0086

**Local Agent:**  
Fortich & Gonzalez  
305-725-7086

Rosario Fortich  
charyfortich@gmail.com

Juan Gonzalez  
juanjgonzalez@gmail.com

## LEGALSHIELD

LegalShield is a prepaid legal service. It gives you access to legal advice and limited legal representation for a low monthly fee that is locked in for life. Additionally, the company also offers identity theft protection and credit monitoring for an additional fee that is also the same for the life of your service. The Standard Legal Plan Benefits fees cover you, your spouse and your children up to the age of 21, foster children up to the age of 18, and disabled children for life. Domestic partners are also included, provided that they meet certain requirements

Below is a summary of the services offered under the Standard Legal Plan and the Identity Theft Plan, along with the costs for each. For additional information, please contact LegalShield, visit their website or call /email the local agent.

LEGALSHIELD PREPAID LEGAL SERVICES MONTHLY PREMIUMS		
SERVICES OFFERED	MONTHLY PREMIUM	BIMONTHLY DEDUCTION
Legal Services	\$15.95	\$7.98
Identity Theft Services	\$12.95	\$6.48
Legal Services/ ID Theft Combined	\$25.95	\$12.98

IDENTITY THEFT PLAN	
Credit Report Access	Online access to your credit report
Personal Credit Score and Analysis	Analysis of your credit score with your first credit report
Continuous Monitoring	Continuous credit monitoring when updated on the website. If activity occurs, you will receive an alert via email, and you can log in and view the alert data online.
Identity Theft Consultation and Restoration Services	Advice on risk mitigation and solutions to correct identify theft issues, fraud alert notifications , searches of applicable databases for other activity in your name.

<b>LEGAL PLAN BENEFITS</b>	
Legal Advice	Unlimited topics, personal or business even on pre-existing conditions.
24/7 Emergency Assistance	After-hours consultation for covered legal emergencies (arrests, serious injuries, served with a warrant, etc...)
Letters & phone calls on your behalf	Initial letters to resolve a legal issue are included at the discretion of your Provider Lawyer. Follow-up letters are not included.
Legal document Review	Contracts/ documents up to 10 pages each, with the exception of real estate contracts. Each document reviewed must be for a different issue.
Standard Will preparation	Standard Will with yearly reviews/updates.
Trial Defense	<p>Assistance if you or your spouse is a named defendant or respondent in a covered civil or job-related criminal action filed in court up to the amount of hours accumulated (60 hours accumulate each year up to 300 hours for pre-trial and trial services.)</p> <p>Please note that there are a number of legal services which are not included in the plan and are only eligible for a 25% discount such as bankruptcy, divorce, annulment, child custody, garnishments, lawsuits filed due to conditions that were foreseeable prior to enrollment, class actions, intervention, and others. For a list of services not covered, please contact your local agent or review your application materials.</p>
Motor Vehicle Services	<p>Available 15 days after enrollment for moving violations, damage recovery, driver's licence issues, limited personal legal injury assistance, etc... Legal services for accidents are limited. Please see your application materials for more information.</p> <p>Member must have a valid driver's license &amp; must be driving a properly licensed personal motor vehicle</p>
Audit Services	One hour of consultation, advice or assistance when you are notified of an audit by the IRS. Certain services may not be included in the basic plan. Please refer to your application materials for additional information.

**VOLUNTARY BENEFITS**

**LegalShield Prepaid Legal Services**

**Member Services:**  
800-654-7757

**Provider Law Firm:**  
Glantz Law Firm  
954-423-0086

**Local Agent:**  
Fortich & Gonzalez  
305-725-7086

Rosario Fortich  
charyfortich@gmail.com

Juan Gonzalez  
juanjgonzalez@gmail.com



This is a publication by the Village of  
Palmetto Bay Human Resources  
Department.