



# **Employee Benefit Highlights 2014-2015**





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## What's New!

**\* Trustmark Universal Life with Long Term Care**

Guaranteed Issue Universal Life with Long Term Care

**\* VPI Veterinary Pet Insurance -(Voluntary Benefit - will not be payroll deducted)**

The #1 choice in America for pet insurance

*See Inside for More Details and Information on these new benefits*

# Open Enrollment Process

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**The City's plan year for Employee Benefits runs from  
October 1st through September 30th.**

We have again partnered with Explain My Benefits, our benefit technology/communication vendor, to assist in our Open Enrollment. We will continue to transition to a self-service online enrollment.

## **Open Enrollment Dates**

**August 22 - September 5**

EMB Enroll will be available for self-enrollment using any computer with access to the internet.

**September 3 - September 4**

EMB benefit counselors will be on-site at City Hall in Room 244 to assist employees that need help and answer questions. There will be computers accessible to complete your enrollment.

**For more information about your Benefits Enrollment please visit:**

**[www.explainmybenefits.biz/northport](http://www.explainmybenefits.biz/northport)**

**Everyone must complete the online enrollment process, whether you are electing benefits, keeping benefits the same, making changes, or waiving all benefits, in order to confirm your choices. *ALL enrollments MUST be complete by 5pm on September 5th.***

## **How to Self-Enroll in Benefits via EMB Enroll:**

1. Access the Online Enrollment at: [www.explainmybenefits.biz/northport](http://www.explainmybenefits.biz/northport)
2. Click the Green Enroll Button at the Right of the Page
3. Please follow the instructions on the page and proceed to your enrollment
4. Complete your enrollment
5. **IMPORTANT:** RECORD YOUR CONFIRMATION NUMBER \_\_\_\_\_

## **DEPENDENT INFORMATION**

**If you intend to elect ANY benefit for your spouse and/or eligible dependents, they must be listed as dependents in the system and you MUST have their SSN to input into the system.** You will not be able to proceed with your enrollment and confirm your elections without inputting the SSN's for your spouse and/or dependents. Spouse, Children and Family coverage levels will not be available for you to select if the dependent information is not present.

## DEPENDENTS

You may also elect coverage for your dependents in some circumstances. Eligible dependents may include the following:

- Your Legal Spouse or Domestic Partner
- Dependent Children:

Dependent child who is supported primarily by you, or who is incapable of self-sustaining employment by reasons of mental or physical handicap (proof of their condition and dependence must be submitted)

**Medical** - Dependent children **up to age 26** regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the day before the child's 26th birthday. Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in health insurance coverage. Individuals may request enrollment for such children within 30 days of receiving this handout. The coverage will be effective 1st of the month following the eligibility period. For more information contact Human Resources.

**Up to age 30**, the dependent must be unmarried and not have dependents of his or her own; be a resident of Florida or a Student, **AND** not have coverage as a named subscriber, insured, enrollee or covered person under any other group, blanket or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Medicare. Coverage will be extended until the 30th birthday.



Plans	Cigna Low Low HMO	Cigna Mid Mid HMO	Cigna High High HMO	Cigna PPO	
	In Network Only	In Network Only	In Network Only	In Network	Out of Network
<b>Deductible</b>					
<i>Individual</i>	None	None	None	\$300	\$300
<i>Family</i>	None	None	None	\$900	\$900
<i>Coinsurance</i>	None	None	None	20% after Ded.	40% after Ded.
<b>Out of Pocket Maximum</b>					
<i>Individual</i>	\$3,000	\$2,000	\$1,500	\$1,500	\$1,500
<i>Family</i>	\$9,000	\$4,000	\$3,000	\$4,500	\$4,500
<b>Preventive Care</b>					
Office Visit	Covered 100%	Covered 100%	Covered 100%	Covered 100%	40% Coinsurance
Lab, X-ray, other preventive tests	Covered 100%	Covered 100%	Covered 100%	Covered 100%	40% Coinsurance
<b>Physician Office Visit Sickness &amp; Injury</b>					
Primary Care	\$30 Co-pay	\$20 Co-pay	\$15 Co-pay	\$20 Co-pay	Ded + 40%
Specialist	\$70 Co-pay	\$50 Co-pay	\$35 Co-pay	\$50 Co-pay	Ded + 40%
Lab / X-rays	Covered 100%	Covered 100%	Covered 100%	Ded + 20%	Ded + 40%
Major Diagnostic Exams	Covered 100%	Covered 100%	Covered 100%	Ded + 20%	Ded + 40%
<b>Hospital Services, Urgent Care &amp; Walk-In Clinics</b>					
In-Patient Hospital Services	\$450 Co-pay per day	\$300 Co-pay per day	\$150 Co-pay per day	Ded + 20%	\$300 PAD + Ded + 40%
Outpatient Surgery	\$500 Co-pay	\$300 Co-pay	\$200 Co-pay	Ded + 20%	Ded + 40%
Emergency Room	\$300 Co-pay	\$200 Co-pay	\$150 Co-pay	Ded + 20%	Ded + 40%
Urgent Care	\$70 Co-pay	\$50 Co-pay	\$35 Co-pay	Ded + 20%	Ded + 20%
Walk-In Clinic				Ded + 20%	Ded + 30%
<b>Prescriptions</b>					
Generic / Preferred / Non-Preferred	\$15 / \$30 / \$50	\$10 / \$30 / \$50	\$10 / \$25 / \$40	\$10 / \$25 / \$40	50% Coinsurance
Mail Order for the above 3 tiers (90 days)	\$30 / \$60 / \$100	\$20 / \$60 / \$100	\$20 / \$50 / \$80	\$20 / \$50 / \$80	50% Coinsurance

DISCLAIMER: Not all of the plan provisions, limitations and exclusions are included in this publication. In the event of any conflict between the information contained in this publication and the plan provisions, the plan documents or insurance contracts, the latter will govern.

## BI-WEEKLY PAYROLL DEDUCTIONS

Coverage Levels	Cigna HMO Low NonSmoke/Smoke	Cigna HMO Mid NonSmoke/Smoke	Cigna HMO High NonSmoke/Smoke	Cigna PPO NonSmoke/Smoke
Employee Only	\$21.03 / \$42.07	\$29.98 / \$51.02	\$33.11 / \$54.15	\$19.33 / \$40.37
Employee & Spouse	\$135.57 / \$156.61	\$153.70 / \$174.74	\$160.19 / \$181.23	\$131.66 / \$152.70
Employee & Child(ren)	\$113.57 / \$134.61	\$130.03 / \$151.07	\$135.93 / \$156.97	\$110.07 / \$131.11
Employee & Family	\$262.94 / \$283.98	\$290.70 / \$311.74	\$300.64 / \$321.68	\$256.96 / \$278.00

## HEALTHCARE TERMS

- **Co-pay:** A specific dollar amount that you must pay for a specific service at the time when you receive the service.
- **Deductible:** A dollar amount you are responsible for before the plan will make any benefit payments. Each year, your deductible starts over (January 1st). You are only responsible for satisfying your deductible one time per year.
- **Coinsurance:** A method of cost-sharing between the member and the insurance carrier for your benefit expenses. If you have 30% coinsurance, then you pay 30% of your eligible expenses and the carrier pays the remaining 70%. The coinsurance begins after your deductible has been satisfied.
- **Out of Pocket Maximum:** The maximum amount you will be required to pay for your benefits, after which the plan will pay 100% of covered expenses. Your deductible, coinsurance and in some instances co-pays apply towards your Out of Pocket Maximum.
- **PAD:** Per Admission Deductible





The City of North Port provides dental coverage through Cigna. Locate a Dentist [www.cigna.com](http://www.cigna.com)

The Cigna Dental PPO plan is “open access” and allows you to receive services from any dental provider without selecting a Primary Dental Provider (PDP) and does not require referrals to specialists. The PPO plan provides benefits for services received from in-network and out-of-network providers.

Plan	Cigna	
	In Network	Out of Network
<b>Calendar Year Deductible</b> Individual / Family	\$50 / \$100	\$50 / \$100
<b>Annual Maximum</b>	<b>\$1,500</b>	<b>\$1,500</b>
<b>Preventative Services</b> Exams, Cleanings, X-Rays, etc.	Plan pays 100% Deductible is waived.	
	<b>Deductible Applies</b>	
<b>Basic Services</b> Fillings, Simple extractions, Periodontics, Root Canals, etc.	90% Covered	80% Covered
<b>Major Services</b> Crowns, Dentures, Bridges, etc.	60% Covered	50% Covered
<b>Orthodontics</b> \$1,500 Lifetime Maximum for child(ren) under age 19 Deductible does not apply to Orthodontic services.	50%	50%
<b>Implants</b>	60%	60%

## BI-WEEKLY PAYROLL DEDUCTIONS

Employee Only	\$0.00
Employee & Spouse	\$7.02
Employee & *Children	\$10.20
*Family	\$17.25

\*Dependents ages 26 and under can be covered with no requirements and up to age 30 if they are unmarried and do not have dependents and a FL resident or full or part-time student and not enrolled in any other health policy or entitled to SS benefits.



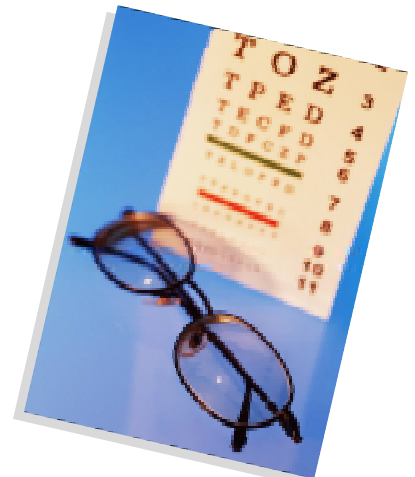
EyeMed Vision Care is the City’s carrier again this year. Your vision is important to your health. Whether you have 20/20 or less than perfect vision, everyone needs to receive regular vision care. Don’t take chances with your vision; take advantage of this important benefit.

Description	In-Network Benefits	Out-of-Network Benefits
<b>Comprehensive Eye Exam</b> <i>Once every 12 months</i>	\$5 co-pay	Reimbursed up to \$18
<b>Eyeglass Lenses (standard plastic)</b> <i>Once every 12 months</i>		<b>Amount reimbursed</b>
Single	\$10 co-pay	Up to \$13
Bifocal	\$10 co-pay	Up to \$23
Trifocal	\$10 co-pay	Up to \$40
<b>Eyeglass Frames</b> <i>Once every 12 months</i>	\$0 Co-pay, \$110 allowance 20% off balance over \$110	Up to \$55
<b>Contact Lenses (in lieu of glasses)</b> <i>Once every 12 months</i>		
Conventional (Elective)	\$0 Co-pay, \$120 allowance 15% off balance over \$120	Up to \$96
Medically Necessary	Covered in Full	Up to \$200
<b>Contact Lens Fitting Fee</b>	Standard: Up to \$40 Premium: 10% of retail	Not Covered
<b>Laser Vision Correction (LASIK)</b>	15% off retail / 5% off sale	Not Covered

## VISION BI-WEEKLY PAYROLL DEDUCTIONS

Employee Only	\$0.00
*Family	\$2.34

\*Dependents ages 26 and under can be covered with no requirements and up to age 30 if they are unmarried and do not have dependents and a FL resident or full or part-time student and not enrolled in any other health policy or entitled to SS benefits.



FSA's help to fill coverage gaps between health plans and out-of-pocket expenses. An FSA allows you to pay for certain health and dependent care expenses with pre-tax dollars. You won't pay taxes on the funds you put into your FSA because they're deducted before taxes are calculated.

**Please remember to keep your debit card! If you participated in the FSA last plan year keep your existing debit card for the new plan year. The amount you elect will be loaded onto your current card.**

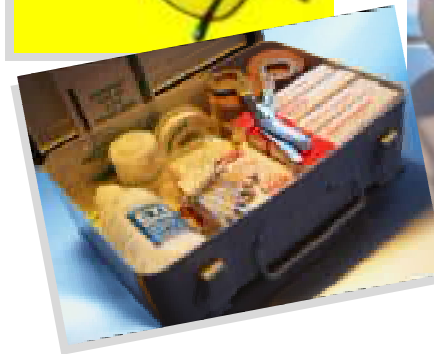
## Health FSA

This pays for out-of-pocket medical expenses incurred during the year.

**Maximum Contribution: \$2,500 annually**

Qualified medical expenses include:

- Co-pays / Deductibles
- Prescriptions
- Dental Work
- Vision Exams
- Eyeglasses
- Lasik
- Chiropractic Care
- Contact Lens & Supplies



## Note: Over-the-Counter (OTC) Medications

Over-the-counter medications must be accompanied by a doctor's prescription and a reimbursement request to be covered under your FSA. This affects OTC medications only; all other medical supplies (band-aids, first-aid supplies, etc.) will still be eligible for reimbursement. Further guidance is expected from the IRS, and an updated list will be provided as soon as it becomes available.

## Dependent Care FSA

This covers daycare expenses for children up to the age of 13, and for elder dependents (like aging parents) that live in your home. It also covers a spouse or dependent that is physically or mentally challenged for whom you claim an exemption.

**Maximum Contribution: \$5,000 annually**

Qualified dependent care expenses include:

- Babysitters
- Daycare Centers
- Elder Care
- Day Camps
- Preschool
- After-school Care



The City of North Port provides Basic Short Term Disability (STD) insurance to all eligible employees, at no cost to you. Employees will be automatically enrolled in Basic STD.

The City of North Port is offering a STD Buy-up plan this year that you can elect to purchase that would reduce your elimination period from 30 days to 7 days.

STD coverage supplements your lost wages should you be unable to work due to a covered illness, injury or pregnancy. STD coverage begins after the specified elimination period below due to a medically certified illness or injury. Benefits are payable up to the specified benefit duration period below. Benefits are paid to you weekly as long as you are insured under the plan or the maximum payment period; remain disabled and under the regular care of a physician.

### Basic Short Term Disability (Employer Paid)

**Elimination Period for sickness, accident or pregnancy:** 30 days

**Maximum Benefit Period:** 26 weeks for total or partial disability

**Weekly Benefit:** Up to 67% of your weekly earnings to a maximum of \$1,000 benefit

### Short Term Disability Buy-up (Employee Paid)

**Elimination Period for sickness, accident or pregnancy:** 7 days

**Maximum Benefit Period:** 26 weeks for total or partial disability

**Weekly Benefit:** Up to 67% of your weekly earnings to a maximum of \$1,000 benefit

**Cost:** \$.10 per \$10 of weekly benefit

**Example for STD Buy-up:** Employee with a weekly salary of \$800, eligible for \$530 of weekly STD benefit

$$\frac{.10}{\text{Monthly rate per } \$10} \times \frac{53}{\text{\# of units}/\$10} = \frac{\$5.30}{\text{monthly premium}} \times \frac{12}{26} = \frac{\$2.45}{\text{payroll deduction}}$$





## What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- Ownership – Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- **Cash benefits are paid directly to you, not to a hospital or to a doctor**
- **Benefits are paid regardless of any other coverage you may have**
- Level premiums—Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills

The three Voluntary Benefits offered through Trustmark is an **Accident Plan, Critical Illness/Cancer Plan and new for this year Universal Life with Long Term Care.**

## ACCIDENT PLAN

The Accident Insurance helps pay for the unexpected expenses that can result from an accident.

- On- and off-the-job coverage (24/7)
- Sports related injuries covered as well

**Money is paid directly to you for (please see brochure for a complete list of benefits):**

- Initial Doctor’s Office Visit: \$200
- Fractures: up to \$15,000
- Hospitalization: \$3,200 admission, \$500 per day
- Dislocations: up to \$12,000

**Wellness Benefit Included:** A wellness benefit is paid for all routine physicals, vaccines, and health screening tests for each covered person. There is a 60-day waiting period, after initial enrollment, for this benefit.

This benefit pays \$100 per test per person, twice each year (maximum of \$200 annually per insured).

**Examples of Health Screenings include:**

- Low-dose Mammogram
- Pap Smear
- Prostate Specific Antigen (PSA)
- Serum Cholesterol
- Fasting blood glucose test
- Stress Test on a bicycle or treadmill

## BI-WEEKLY PAYROLL DEDUCTIONS

Employee	Employee & Spouse	Employee & Children*	Family*
<b>\$8.54</b>	<b>\$13.08</b>	<b>\$19.86</b>	<b>\$24.40</b>

*\*Dependents up to age 26 can be covered regardless of student status.*

## CRITICAL ILLNESS / CANCER

Critical Illness/Cancer is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.



### Special Underwriting at Initial Offering Guaranteed Issue

**\$15,000 employee / \$7,500 spouse / \$1,500 children**

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

### Examples of covered conditions:

Invasive Cancer, Heart Attack, Stroke, Renal (Kidney Failure), Blindness, ALS (Lou Gehrig's Disease), Major Organ Transplant, Paralysis of Two or More Limbs, Coronary Artery Bypass Surgery (25% benefit), Carcinoma In Situ (25% benefit)

**A Health Screening Benefit is included in your Critical Illness/Cancer Policy and Trustmark pays \$100 for each insured.** Each covered person will get one immunization or one screening test per calendar year. (60 day waiting period for this benefit)

### Examples of Health Screenings:

- Low dose mammography
- Pap smear
- Serum cholesterol
- Prostate specific antigen
- Stress test
- Colonoscopy
- Bone marrow
- Chest X-ray

**Also included is a Double Benefit Option that provides a second cash payment in the event a covered person is diagnosed with a different condition or illness. Pays an additional 100% of the original benefit.**



### Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Benefit Counselor to customize your plan and rates.

## New for 2014!

### Trustmark Universal Life with Long Term Care

Universal Life with Long Term Care includes both a death benefit and a living benefit.

- Trustmark Universal Life with Long Term Care is a permanent life insurance that is designed to match your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection.
- The Universal Life with Long Term Care is priced to remain the same cost to you until age 100.
- The death benefit reduces at age 70 when the need for life insurance typically decreases.
- The Living Benefit, Long Term Care never reduces and is 4% of the original death benefit per month for up to 25 months.
- **If you use the Long Term Care benefit, your death benefit amount does not reduce due to the Benefit Restoration feature included.**
- Coverage available for spouse and children as well.

#### Special Underwriting for Initial Offering Guaranteed Issue (Employee Only)

**The lesser of the face amount purchased by \$16 per week or \$200,000**

LifeEvents<sup>®</sup> with Long Term Care example: \$100,000 Death Benefit

	Maximum Benefit Amount	
	Before Age 70	After Age 70
Long Term Care Benefit (LTC): Pays a monthly benefit equal to 4% of your death benefit for up to 25 months.	<b>\$100,000</b>	<b>\$100,000</b>
Benefit Restoration:	<b>\$100,000</b>	<b>\$33,333</b>
Total Maximum Benefit:	<b>\$200,000</b>	<b>\$133,333</b>

#### Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Benefit Counselor to customize your plan and rates.





## Basic Term Life and AD&D

The City of North Port provides Basic Life and AD&D Insurance through Florida Combined Life for all eligible employees at no cost to the employee. The Basic Life and AD&D insurance benefit is equal to 1x your annual salary, up to a maximum of \$75,000.

## Voluntary Supplemental Life

Employees have the opportunity to purchase extra life insurance for themselves and their dependents. You **must** elect additional life insurance on yourself in order to elect spouse and/or child coverage below.

Employee	<p>You may elect life insurance up to a maximum of \$500,000 (not to exceed 5 times annual salary), in increments of \$10,000.</p> <p style="text-align: center;"><b>One Time Guaranteed Issue Amount at <i>Initial Eligibility Only</i></b></p> <p style="text-align: center;"><b>\$130,000</b></p> <p>If coverage was not applied for at a initial eligibility (or if an upgrade in coverage is requested at a later date) “Evidence of Insurability” must be provided, including health questions.</p>
Spouse	<p>You may elect life insurance up to a maximum of \$250,000 (not to exceed 50% of employee life amount) in increments of \$10,000 for your spouse.</p> <p style="text-align: center;"><b>One Time Guaranteed Issue Amount at <i>Initial Eligibility Only</i></b></p> <p style="text-align: center;"><b>\$30,000</b></p>
Child(ren)	<p>Coverage in the amount of \$5,000 or \$10,000 can be elected for all of your children (age 6 months to 30 years, as defined in policy; age birth to 6 months provides a \$500 benefit).</p>

## OPTIONAL DEPENDENT ONLY TERM LIFE INSURANCE

You **do not** have to purchase additional life on yourself to purchase the **dependent only** life policies.

Coverage Tier	Bi-Weekly Rate	Available Coverage
Spouse & Child(ren)	\$.48	\$5,000 spouse / \$2,000 each child
	\$1.03	\$10,000 spouse/\$5,000 each child



## COSTS FOR VOLUNTARY SUPPLEMENTAL LIFE INSURANCE

Age Band	*Employee Life & AD&D Monthly Rate per \$1,000	*Spouse Life Monthly Rate per \$1,000
<20—29	\$.06	\$.03
30—34	\$.12	\$.09
35—39	\$.16	\$.13
40—44	\$.21	\$.18
45—49	\$.31	\$.28
50—54	\$.52	\$.49
55—59	\$.97	\$.94
60—64	\$1.42	\$1.90
65—69	\$2.31	\$2.28
70—74	\$4.27	
75—100	\$14.14	

\*Rates are based on Employee Age for Employee coverage and Spouse Age for Spouse coverage

**Example:** A 36 year old female, Sally, wants to purchase \$50,000 of term life insurance.

$$\frac{.16}{\text{Monthly rate per } \$1,000} \times \frac{50}{\text{\# of units}/\$1,000} = \frac{\$8.00}{\text{monthly premium}} \times \frac{12}{26} = \frac{\$3.69}{\text{payroll deduction}}$$

### Child Life Rates

You may purchase life insurance on your dependent children in the following amounts:

**\$5,000 benefit     \$.35 per pay**

**\$10,000 benefit     \$.69 per pay**

*The above rates cover ALL children.*





Identity theft in the United States is a major problem that continues to be on the rise. Professional protection and assistance have become important tools in fighting the identity theft epidemic.

Thieves today can get a hold of your personal information from trash cans, dumpsters, stolen mail, and even shoulder surfing. Once thieves have your information, it's a simple matter to open new fraudulent accounts and make purchases in your name.

When you enroll in LifeLock, you can be confident knowing that they are available 24 hours a day, 7 days a week, and committed 100% to helping protect your information as if it were their own.

### LifeLock offers Proactive Protection:

- LifeLock Identity Alert System
- eRecon
- TrueAddress
- WalletLock
- Reduction in Pre-Approved Credit Card offers
- Free Annual Credit Reports
- 24-Hour Customer Service



### \$1 Million Total Service Guarantee

LifeLock's proactive approach works to help stop identity theft before it happens. As a LifeLock member, if you become a victim of identity theft because of a failure in their service, they will help fix it at their expense, up to \$1,000,000.

## BI-WEEKLY PAYROLL DEDUCTIONS

Employee Only	\$3.92
Employee & Spouse	\$7.85
*Employee & *Children	\$6.87
*Family	\$10.79

\*Employee & Children and Family Tiers: You may enroll up to 8 children with 4 of those children between the ages of 18 and 26.



## Veterinary Pet Insurance® the #1 choice in America for pet insurance

*Voluntary Benefit - Will not be payroll deducted*

most popular

### Major Medical Plan comprehensive™

- Coverage for ongoing conditions included
- Freedom to use any vet, anywhere
- Benefits renew in full each year
- + Double the benefit allowances of the Medical Plan
- + Limited hereditary coverage after the first year

\$24-34/month\*

### Medical Plan economical™

- Coverage for ongoing conditions included
- Freedom to use any vet
- Benefits renew in full each year

\$18-26/month\*

Optional **routine care coverage** is available to complement any VPI® plan for as little as **\$12/month**, with benefits for wellness exams, vaccinations and much more.

**Injury, Feline Select® and Avian & Exotic plans are also available.**

sample Major Medical Plan reimbursements	vomiting (gastritis)	bladder infection (cystitis)	lymph node cancer (lymphosarcoma)	cruciate rupture—surgical repair
veterinary fee	\$1,055	\$767	\$4,320	\$3,697
reimbursement	\$860	\$667	\$3,230	\$3,290

### what's covered?

- Ear infections
- Skin rashes
- Accidents, including lacerations, poisonings, fractures, sprains and wounds
- Vomiting
- Cancer
- Diabetes
- Kidney and bladder infections
- Leukemia
- Abscesses
- Respiratory problems
- And more

### how does VPI work?

1. Visit any vet.
2. Submit a claim.
3. Receive reimbursement.

\* These are actual claims from VPI policyholders who were enrolled prior to the introduction of the VPI Major Medical Plan and VPI Medical Plan. Claims were reimbursed according to the respective plan in which the policyholder was enrolled at the time. Amounts shown here reflect what would have been reimbursed through the updated plans based on a \$100 annual deductible. Available deductible amounts are \$100, \$250, \$500 and \$1,000.

\*\* Rate discounts apply to the basic medical plan only.

† Premiums vary based on the age of the pet, species, size (as an adult), plan type, deductible and state of residence.

Get your discount today™

877-PETS-VPI • [www.petinsurance.com/cityofnorthport](http://www.petinsurance.com/cityofnorthport)



**Veterinary Pet Insurance®**  
a Nationwide Insurance® company

Insurance plans are offered and administered by Veterinary Pet Insurance Company in California and DVM Insurance Agency in all other states. Underwritten by Veterinary Pet Insurance Company (CA), One, CA, an A.M. Best A-rated company (2012); National Casualty Company (all other states), Madison, WI, an A.M. Best A+ rated company (2012). ©2012 Veterinary Pet Insurance Company. Veterinary Pet Insurance, VPI, and the VPI logo are service marks of Veterinary Pet Insurance Company. Nationwide Insurance is a service mark of Nationwide Mutual Insurance Company. D0992449

Medical - Cigna	800-244-6224 www.cigna.com
Dental - Cigna	800-244-6224 www.cigna.com
Vision - EyeMed	866-723-0513 www.eyemedvisioncare.com
Flexible Spending Account - Eflexgroup	877-933-3539 www.eflexgroup.com
Short Term Disability / Life Insurance - Cigna	800-362-4462 www.cigna.com
Trustmark Voluntary Benefits	800-918-8877 www.trustmarksolutions.com
LifeLock	www.lifelock.com
VPI Veterinary Pet Insurance	877-738-7874 www.petsvpi.com www.petinsurance.com/cityofnorthport
Employee Assistance Plan - Cigna	877-622-4327 www.cigna.com
Florida Retirement System (FRS)	EE Hotline: 866-446-9377 Calculations: 888-738-2252 www.myfrs.com
HR Hotline	941-429-7200 hrservices@cityofnorthport.com
Explain My Benefits <i>Trustmark Benefits claims help</i>	888-734-6937 www.explainmybenefits.biz



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

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**Benefit Guide Description**

*Please Note: This Employee Benefit Brochure is designed to provide a brief overview of the benefit plans that are provided for and made available to employees of the City of North Port and their families.*

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