



2013|2014 EMPLOYEE BENEFIT HIGHLIGHTS

IMPORTANT CONTACT INFORMATION

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Service	Provider	Contact Information
Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
Prescription Mail-Order Program	Cigna Home Delivery	Customer Service: (800) 285-4812 www.mycigna.com
Dental Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
Vision Insurance	Advantica	Customer Service: (866) 425-2323 www.advanticabenefits.com
Basic Life and AD&D Insurance	Minnesota Life	Customer Service: (800) 392-7295 www.minnesotalife.com
Voluntary Life and AD&D Insurance	Minnesota Life	Customer Service: (800) 392-7295 www.minnesotalife.com
Long Term Disability Insurance	Lincoln Financial Group	Customer Service: (800) 423-2765 www.lfg.com
Supplemental Insurance	Aflac	www.aflac.com Agent: John Domeier Phone: (727) 398-4396 Email: john_domeier@us.aflac.com Agent: Rodney Willis Phone: (727) 204-5396 Email: wrodney254@aol.com
Employee Assistance Program	Bensinger, DuPont & Associates (BDA)	Customer Service: (800) 272-2727 www.bdaep.com Password: connect
Legal Insurance & Identity Theft Protection	Legal Shield	Agent: Craig & Virginia Miller Phone: (386) 689-1010 Email: millercr2010@hotmail.com www.greatbenefitsplus.com

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Introduction

Pinellas Suncoast Transit Authority (PSTA) provides a comprehensive compensation package including group insurance benefits. The Employee Benefit Highlights Booklet provides a general summary of these benefit options as a convenient reference. Please refer to PSTA's Personnel Policies, applicable Union Contracts and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If you require further explanation or need assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources for further information.

Notices

COBRA Continuation of Medical Coverage Benefits

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), employees and/or dependents may be able to continue their enrollment in certain health plans such as medical and dental, if such coverage is terminated or changed due to a qualifying event.

Medicare Part D Creditable Coverage

PSTA's prescription drug coverage(s) is considered Creditable Coverage under Medicare Part D. If you or your dependents are or will be eligible for Medicare, you may obtain more information by requesting a Medicare Part D Disclosure of Creditable Coverage Notice.

More information is available on the above notices by contacting Human Resources.

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is **provided as a supplement** to this booklet which is being distributed to New Hires and Existing Employees during open enrollment. The summary is an important item in understanding your benefit options. A copy of the SBC document is available as follows:

From:	The Human Resources Department
Address:	3201 Scherer Drive N. St. Petersburg, FL 33716
Phone:	(727) 540-1808

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 actual group certificate of coverage can be reviewed and obtained by contacting Human Resources.

If you have any questions about the plan offerings or coverage options, please contact the Human Resources Department at (727) 540-1808.

Group Insurance Eligibility

Pinellas Suncoast Transit Authority's group insurance plan year is October 1st through September 30th.

Employee Eligibility

Employees are eligible to participate in PSTA's insurance plans if they are designated full-time employees and are regularly scheduled to work over 30 hours or more per week. Coverage will be effective the first day of the month following 30 days of employment. For example: If you are hired on June 15th, your coverage will be effective on August 1st.

Dependent Eligibility

A dependent is defined as the legal spouse and/or a dependent child(ren) of the participant or the spouse. Dependent children may be covered through the end of the Calendar Year in which the child reaches age 26 for medical, dental, and vision. The term "child" includes any of the following:

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

Dependent Eligibility Age Requirements

Eligibility requirements for eligible Over-age Dependents have been eliminated for group medical insurance. Over-age Dependents may be covered by the medical plan through the end of the Calendar Year in which the child turns age 26.

Medical coverage may continue to the end of the Calendar Year in which the dependent reaches the age of 30, if the dependent is:

- 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 handicapped.

Disabled Dependents

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

1. The dependent is physically or mentally disabled and incapable of self-sustaining employment; AND
2. The dependent is otherwise eligible for coverage under the group medical plan; AND
3. The dependent has been continuously insured; AND
4. Coverage began prior to the age of 19.

Proof of disability will be required upon request. Please contact Human Resources if further clarification is required.

Taxable Dependents

Employees covering adult children under their medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which the child reaches age 26. Beginning January 1st of the calendar year in which the child reaches age 27 through the end of the calendar year in which the child reaches age 30, imputed income for the value of the applicable adult child's coverage for the coverage period must be reported on the employee's W-2. Imputed income is the dollar value of insurance coverage attributable to covering the adult child. There is no imputed income if an adult child is eligible to be claimed as a dependent for federal income tax purposes on the employees tax return. Check with Human Resources for further details if you are covering an adult child who will turn 27 any time in the upcoming calendar year or for more information.

Qualifying Events and IRS Code Section 125

IRS Code Section 125

Premiums for medical, dental, vision insurance, and/or certain supplemental policies and contributions to FSA accounts (Health Care and Dependent Care FSAs) are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefits can be made **ONLY** during the Open Enrollment period unless you or your qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, if the event affects your own, your spouse's, or your dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125.

Examples of Qualifying Events

- You get married or divorced
- You have a child, gain legal custody or adopt a child
- Your spouse and/or other dependent(s) die(s)
- You, your spouse, or dependent(s) terminate or start employment
- An increase or decrease in your work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Gain or loss of Medicare coverage
- Enrollment only - Eligibility for premium assistance under Medicaid or CHIP, as long as you/dependents are eligible but not already enrolled in employer plan (60 day notification period) *Note: Check with the Medicaid Office for additional information regarding eligibility.*
- Enrollment only - Loss of Medicaid or CHIP eligibility, as long as you/dependents are eligible but not already enrolled in employer plan (60 day notification period)

IMPORTANT

If you experience a qualifying event, **you must contact Human Resources within 30 days of the qualifying event** to make the appropriate changes to your coverage. Beyond 30 days, requests will be denied and the employee may be responsible both legally and financially for any claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the first of the month following the qualifying event, except for newborns which are effective on the date of birth. Any cancellations will be processed at the end of the month, except coverage following a death which terminates the subsequent day. You will be required to furnish valid documentation supporting a change in status or "Qualifying Event."

Medical Insurance Premiums

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefits Highlights Booklet, is your primary source of information regarding your Cigna medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Cigna's Customer Service at (800) 244-6224.

PSTA offers medical insurance through Cigna to benefit eligible employees. The costs per pay period for coverage are listed in the premium table below. **For information about your medical plan please refer to the Summary of Benefits and Coverage (SBC) provided.**

Medical Insurance – Cigna Open Access Plus In Network Only Plan Monthly Payroll Deductions

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$368.04
Employee + Child(ren)	\$197.91
Employee + Family	\$469.42

How to Locate A Provider

To search for a participating provider, contact Customer Service or go to www.cigna.com, select "Find a Doctor," then click on "Select a Plan For Your Search" and choose "**Open Access Plus Network**," then "Select." Fill in the rest of your search criteria and click "Search."

Other Available Plan Resources

Cigna offers all enrolled members and dependents additional services and discounts through value added programs. **For more details regarding other available plan resources, please refer to your Summary of Benefits and Coverage (SBC).**

24 Hour Help Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Line provides you 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. Not sure what to do when your child has a fever in the middle of the night? Have you injured yourself and are not sure if you should seek treatment or go see a doctor? 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 you weigh the risks and advantages of treatment options. The call is FREE and is strictly confidential.

Healthy Rewards

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

- Vision Care
- Lasik Vision Correction Services
- Fitness Club Discounts
- Nutrition Discounts
- Hearing Care
- Tobacco Cessation
- Alternative Medicine

The myCigna Mobile App

The myCigna Mobile App gives you an easy way to organize and access your important health information. Anytime. Anywhere. Download it today from the App StoreSM or Google PlayTM.

Medical Insurance: Cigna Open Access Plus In Network Only Plan At-A-Glance

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefits Highlights Booklet, is your primary source of information regarding your Cigna medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Cigna's Customer Service at (800) 244-6224.

Network	Open Access Plus
Calendar Year Deductible (CYD)	In Network
Single	\$500
Family	\$1,000
Coinsurance	In Network
Member Responsibility	20%
Plan Year Out-of-Pocket Limit	In Network
Single	\$3,500
Family	\$7,000
What Applies to the Out-of-Pocket Limit?	Deductibles, Coinsurance and Copays
Physician Services	In Network
Physician Office Visit	\$20 Copay
Specialist Office Visit	\$30 Copay
Diagnostic Services	In Network
Clinical Lab (Blood Work) at Independent Facility*	No Charge
X-rays at Independent Facility*	
Advanced Imaging (MRI, PET, CT) at Independent Facility*	20% After Deductible
Hospital Services	In Network
Inpatient	20% After CYD
Outpatient	20% After CYD
Physician Services at Hospital	20% After CYD
Emergency Room (Waived if Admitted)	\$100 Copay
Urgent Care (Waived if Admitted)	\$50 Copay
Mental Health / Alcohol & Substance Abuse	In Network
Inpatient	20% After CYD
Outpatient	20% After CYD
Physician Office Visit	\$20 Copay
Prescription Drugs (Rx)	In Network
Generic	\$10 Copay
Preferred Brand Name	\$30 Copay
Non-Preferred Brand Name	\$50 Copay
Mail-Order Drug (90 Day Supply)	2.5x Copay

* Costs may differ depending on location where services are rendered.

Dental Insurance: Cigna Dental Care DHMO Plan

Cigna

Customer Service: (800) 244-6224

www.cigna.com

PSTA offers two dental plans through Cigna. A brief description of the DHMO Plan is provided below, and the employee costs per pay period are shown on the premium table to the right. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Cigna's Customer Service.

Dental Insurance – Cigna Dental Care DHMO Plan Monthly Payroll Deductions

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + 1	\$9.09
Employee + Family	\$24.41

In-Network Benefits

The Dental Care DHMO Plan is a managed care dental plan.

It requires you to select a Primary Dental Provider who participates in the **Cigna Dental Care Network** to coordinate your care. You will only be subject to copays from in-network dental providers. The Dental Care DHMO Plan's copays are based on Cigna's discounted fee schedule.

Out-of-Network Benefits

The Dental Care DHMO Plan does not offer coverage for services from providers not in the network (out of network). If you utilize a provider not in the Cigna Dental Care Network, you will pay out of pocket and will not be reimbursed.

How To Locate a Provider

To search for a participating provider, contact Customer Service or go to www.cigna.com, select "Find a Doctor," then click on "Select a Plan For Your Search" and choose "**Cigna Dental Care**," then "Select." Fill in the rest of your search criteria and click "Search."

Calendar Year Deductible

The Dental Care DHMO Plan does not require you to meet a Plan Year Deductible before benefits begin.

Calendar Year Benefit Maximum

There is no Out-of-Pocket Maximum with the Dental Care DHMO Plan.

Please Note the Following:

- Each covered family member may receive up to 2 FREE cleanings per plan year. Members can also receive 2 additional cleanings at the charge of a \$55 copay.
- Coverage and age limitations may apply.

Dental Insurance: Cigna Dental Care DHMO Plan At-A-Glance

Network	Cigna Dental Care DHMO	
Calendar Year Deductible (CYD)	In Network Only	
Per Member	Does Not Apply	
Per Family		
Plan Year Maximum		
Class I Services: Diagnostic & Preventative	Code	In Network Copay
Office Visit	9430	\$6
Routine Oral Exam	0150	\$0
Routine Cleanings (2 Per Calendar Year)	1110/1120	\$0
Bitewing X-rays (2 Films)	0272	\$0
Complete X-rays (1 Every 3 Years)	0210	\$0
Fluoride Treatments to Age 19 (2 Per Calendar Year)	1203	\$0
Sealants (Per Tooth)	1351	\$12
Emergency Care to Relieve Pain (Minor Procedure)	9110	\$6
Class II Services: Basic Restorative	Code	In Network Copay
Fillings (Amalgam)	2140	\$0
Fillings (Composite, Anterior)	2330	\$0
Fillings (Composite, Posterior)	2391	\$70
Simple Extractions	7140	\$12
Root Canal Therapy (Molar; Excluding Final Restoration)	3330	\$305
Deep Cleaning (1 Per Lifetime)	4355	\$50
Periodontal Scaling (1 to 3 Teeth Per Quadrant; Limit 4 Quadrants Per 12 Months)	4342	\$40
Periodontal Scaling (4 or More Teeth; Limit 4 Quadrants Per 12 Months)	4341	\$50
General Anesthesia (First 30 Minutes; Per Visit)	9220	\$160
Class III Services: Major Restorative*	Code	In Network Copay
Crowns (Porcelain Fused to Metal)	6752	\$250
Bridges	5213/5214	\$240
Dentures	5110/5120	\$225
Class IV Services: Orthodontia - 24 Month Treatment Fee*	Code	In Network Copay
Benefit — Child to Age 19	8670	\$1,600
Benefit — Adult	8670	\$2,600

* Additional charges may apply for some services. Please see your plan summary or contact Cigna's Customer Service for details, specific to your procedure.

Dental Insurance: Cigna Dental Care PPO Core Plan

Cigna

Customer Service: (800) 244-6224 PPO

www.cigna.com

PSTA offers two dental plans through Cigna. A brief description of the PPO Core Plan is provided below, and the employee costs per pay period are shown on the premium table to the right. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Cigna's Customer Service.

Dental Insurance – Cigna Dental PPO Core Plan Monthly Payroll Deductions

Tier of Coverage	Employee Cost
Employee Only	\$10.05
Employee + 1	\$32.25
Employee + Family	\$66.36

In-Network Benefits

The Dental PPO Core 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 network of participating dental providers the plan utilizes is the **PPO Core Network**. The PPO plan provides benefits for services received from in- and out-of-network providers. You are responsible for a Plan Year Deductible (PYD) and then coinsurance based on the plan's Usual, Customary and Reasonable (UCR) charge limitations.

Out-of-Network Benefits

Providers who do not contract with insurance carriers because they do not accept their discounted rates are referred to as "non-participating" or "out of network." Understanding how your insurance company pays for out-of-network services is important because you will usually pay more.

The insurance company processes charges based on what it determines the "Usual, Customary and Reasonable (UCR)" charge is for a specific service. UCR or the "allowed amount" can be defined as the most common charge for a particular dental procedure performed in a specific geographic area. Since there is no contract in place between the insurance company and out-of-network provider, the dentist may charge an amount higher than the UCR. The difference between the UCR amount and the dentist's higher charge is called "balance billing." **Balance billing is in addition to your deductible and coinsurance responsibility.**

How to Locate a Provider

To search for a participating provider, contact Customer Service or go to www.cigna.com, select "Find a Doctor," then click on "Select a Plan For Your Search" and choose "**Cigna Dental PPO**" then "**Core Network**," and "Select." Fill in the rest of your search criteria and click "Search."

Calendar Year Deductible

This plan's benefits begin once each covered member satisfies the deductible. The deductible is applied collectively for either in-network or out-of-network services or any combination of both. There is \$50 individual and \$150 family Calendar Year Deductible. Once you satisfy your Calendar Year Deductible, your coinsurance responsibility will be based on the plan's discounted fee schedule and will be determined by the type of services you receive as summarized in the table on the following page. The Deductible is waived for Preventive Services.

Calendar Year Benefit Maximum

The maximum benefit the Dental PPO Plan will pay for each covered member is \$1,000 for in-network and out-of-network services combined. All services, including Preventive Services, accumulate towards the benefit maximum.

Please Note the Following:

- Each covered family member may receive up to 2 cleanings per plan year. Each cleaning has to be 6 months apart from one another.
- Coverage and age limitations may apply.
- Teeth missing prior to coverage with Cigna are not covered.
- Pre-treatment review is recommended when dental services are expected to exceed \$500.

Dental Insurance: Cigna Dental Care PPO Core Plan At-A-Glance

Network	PPO Core	
Calendar Year Deductible (CYD)	In Network	Out of Network
Per Member	\$50	
Per Family	\$150	
Waived for Class I Services?	Yes	
Plan Year Benefit Maximum	In Network	Out of Network
Per Member	\$1,000	
Class I Services: Diagnostic & Preventative	In Network	Out of Network*
Routine Oral Exam	Plan Pays: 90% Deductible Waived	Plan Pays: 90% Deductible Waived (Subject to Balance Billing)
Routine Cleanings		
Bitewing X-rays		
Class II Services: Basic Restorative	In Network	Out of Network*
Fillings (Amalgam and Composite)**	Plan Pays: 70% After Deductible	Plan Pays: 70% After Deductible (Subject to Balance Billing)
Complete X-rays		
Simple Extractions		
Root Canal Therapy/Endodontics		
Periodontics		
Emergency Care to Relieve Pain		
Class III Services: Major Restorative	In Network	Out of Network*
Oral Surgery (Except Simple Extractions)	Plan Pays: 50% After Deductible	Plan Pays: 50% After Deductible (Subject to Balance Billing)
Anesthetics		
Crowns		
Bridges		
Dentures		
Class IV Services: Orthodontia	In Network	Out of Network*
Lifetime Maximum	\$1,000	
Benefit (Dependent Children to Age 19)	50%	50% After Deductible (Subject to Balance Billing)

*Out-Of-Network Balance Billing

For information regarding Out-Of-Network Balance Billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.

**Restrictions apply to composite fillings.

Vision Insurance: Advantica Select Plus 150 Plan

Advantica

Customer Service: (866) 423-2323

www.advanticabenefits.com

PSTA offers vision insurance through Advantica. A brief description of the Select Plus 150 Plan is provided below and the premium payroll deductions are shown on the table to the right. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Advantica's Customer Service.

Vision Insurance – Advantica Select Plus 150 Plan Monthly Payroll Deductions

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Family	\$7.54

In-Network Benefits

The vision plan offers you and your covered dependents coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered members can select any network provider that participates in the **Advantica 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 your appointment.

Out-of-Network Benefits

You may also choose to receive services from vision providers who do not participate in the vision network. If you go out of network you would be required to make payment at the time of your appointment. Advantica will then reimburse you based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

How to Locate a Provider

To search for a participating provider, call Customer Service or go to www.advanticabenefits.com. Choose "Provider Search," then click "Vision Care Provider." Fill in the rest of your search criteria and click "Submit."

Calendar Year Deductible

There is no Plan Year Deductible.

Calendar Year Benefit Maximum

There is no Out-of-Pocket Maximum. However, there are benefit reimbursement maximums for certain services per year.

Please Note: Member options, such as Lasik, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

Vision Insurance: Advantica Select Plus 150 Plan At-A-Glance

Services	In Network	Out of Network
Eye Exam	No Charge	Up to \$40 Reimbursement After \$10 Copay
Contact Lense Exam (Fitting and Follow-up)	\$40 Allowance	No Reimbursement
Frequency of Services	In Network	Out of Network
Examination	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contact Lenses	12 Months	
Lenses	In Network	Out of Network
Single	Covered in Full After \$10 Copay	Up to \$20 Reimbursement After \$10 Copay
Bifocal		Up to \$40 Reimbursement After \$10 Copay
Trifocal		Up to \$60 Reimbursement After \$10 Copay
Frames	In Network	Out of Network
Special Frame Selection	\$10 Copay (Paid in Full with Lenses)	Up to \$60 Reimbursement After \$10 Copay (No Copay if Included with Lenses)
Non-Special Frame Selection	Up to \$150 Allowance (Less \$10 Copay)	
Contact Lenses*	In Network	Out of Network
Non-Elective (Medically Necessary) <i>Prior Authorization Required</i>	\$250 Allowance After \$10 Copay	Up to \$250 Reimbursement After \$10 Copay
Elective	\$150 Allowance After \$10 Copay	Up to \$80 Reimbursement After \$10 Copay

* Contact lenses are in lieu of spectacle lenses and a frame

Basic Life and AD&D Insurance

Minnesota Life

Customer Service: (800) 392-7295

www.minnesotalife.com

Basic Term Life

PSTA provides Basic Life insurance for all benefit-eligible employees through Minnesota Life, at no cost to the employee. All eligible employees are covered for an amount equal to one times your annual earnings, rounded to the next higher \$1,000, not to exceed \$200,000. Coverage is reduced to 75% at age 75. Age reductions occur based on your age at the beginning of the Calendar Year.

Accidental Death & Dismemberment

Also at no cost to the employee, PSTA provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit and follows the same age reduction schedule.

***Always remember to keep your beneficiary forms updated.
You may update your beneficiary at anytime through Human Resources.***

Voluntary Life and AD&D Insurance

Minnesota Life

Customer Service: (800) 392-7295

www.minnesotalife.com

Eligible employees may elect to purchase additional life insurance on a voluntary basis through Minnesota Life. This coverage may be purchased in addition to the Basic Term Life and AD&D coverages. Voluntary Life Insurance offers coverage for yourself, spouse or child(ren) at different benefit levels.

Voluntary Employee Life Insurance

- Units can be purchased in increments of 1x or 2x your annual earnings, not to exceed \$300,000.
- All increases in Voluntary Life require Evidence of Insurability.

New Hires can purchase Voluntary Employee Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$150,000.

Dependent Term Life Insurance

- Dependent Term Life covers your spouse and any eligible child(ren) for \$1.78 per month.
- Spouse Coverage: \$5,000
- A spouse is not eligible if they are eligible as an employee.
- Eligible unmarried children, from 6 months up to age 20, or up to age 24 if a full-time student: \$2,500
- Children under 6 months: \$250

Voluntary Life/AD&D Monthly Rates	
Age Bracket	Employee per \$1,000
Under 35	\$0.145
35-39	\$0.165
40-44	\$0.205
45-49	\$0.285
50-54	\$0.425
55-59	\$0.715
60-64	\$0.955
65-69	\$1.465
70-74	\$1.905
75	\$1.905

Long Term Disability Insurance

Lincoln Financial Group

Customer Service: (800) 423-2765

www.lfg.com

All benefit-eligible PSTA employees can purchase Long-Term Disability (LTD) through Lincoln Financial Group (LFG). The LTD benefit pays you a percentage of your gross monthly earnings if you become disabled due to an illness or non-work related injury. Please see Human Resources for more information or to enroll in the plan. A summary of the plan's benefits is provided below.

LTD Plan Summary

- The LTD benefit pays 60% of your monthly earnings up to a monthly maximum of \$10,000.
- An employee must be disabled for 60 days prior to becoming eligible for the LTD benefit (Benefits would begin on the 61st day).
- If you return to work on a part-time basis, you may continue to be eligible for partial benefits.
- Periodic evaluations will occur at the discretion of LFG.
- The duration of the LTD benefit payable is based on your age at the time the disabling event occurs.
- Benefits may be reduced by other income.

Employee Assistance Program

Bensinger, DuPont & Associates (BDA)

Phone: (800) 272-2727

www.bdaeap.com

Password: connect

A comprehensive Employee Assistance Program (EAP) is available to you and each member of your family through Bensinger, Dupont & Associates (BDA) at no cost. BDA offers access to licensed mental health professionals through a confidential program that is protected by state and federal laws. The EAP program is available to help you gain a better understanding of problems that affect you, locate the best professional help for your particular problem, and decide upon a plan of action. All EAP counselors are professionally trained and are certified and licensed in their fields. The EAP Plan provides up to five confidential (5) face-to-face counseling sessions with a Master's Level Clinician in your local area. If you or a family member require long term therapy, you will be referred to a qualified local resource to continue care. Master-level counselors are available 24 hours a day, 7 days a week.

What is an Employee Assistance Program?

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

- Anxiety
- Child & Elder Care
- Depression
- Life Improvement
- Family and/or Marriage Problems
- Stress
- Grief and Bereavement
- Substance Abuse
- Legal & Financial Consultation

Are your services confidential?

Yes. Receipt of EAP services is completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor will not, however, receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

Legal Insurance & Identity Theft Protection

LegalShield

Customer Service: (800) 729-7998

www.greatbenefitsplus.com

Agent: Craig & Virginia Miller

Phone: (386) 689-1010

Email: millercr2010@hotmail.com

Life Events Family Legal Plan

PSTA employees have the opportunity to enroll in a voluntary pre-paid legal program provided by LegalShield. By enrolling in this plan, a participant will have direct access to attorneys who will provide legal assistance, 24 hours a day, 7 days a week, for a variety of situations that include:

- Divorce
- Child Custody & Support
- Adoption
- Civil Litigation
- Bankruptcy
- Name Changes
- Criminal Defense
- Traffic Tickets
- Wills & Living trusts
- Real Estate
- Credit Report Issues
- Contract Review

The cost to the employee to participate in this legal plan is \$15.95 per month. This includes coverage for the entire household including your spouse and dependent children regardless of the number of eligible dependents enrolled in the plan. Plan benefits include unlimited phone consultations.

Identity Theft Shield

LegalShield has also teamed up with Kroll Background America to offer comprehensive Identity Theft Monitoring AND Restoration Service. This plan will give you and your spouse access to your credit report, plus daily monitoring of your credit report. If you are a victim of identity theft, this membership will provide an investigator to help you with the restoration process. This includes contacting the State DMV, the Medical Information Bureau, all 3 Credit Repositories, your Financial Institutions, the Social Security Administration, and even Criminal Records. This plan can be added to your legal plan for only \$9.95 per month. To learn more, about the benefits of this plan, contact Craig & Virginia Miller by using the contact information provided above.

Supplemental Insurance

Aflac

Customer Service: (800) 992-3522

www.aflac.com

Agent: John Domeier

Phone: (727) 398-4396

Email: john_domeier@us.aflac.com

Agent: Rodney Willis

Phone: (727) 204-5396

Email: wrodney254@aol.com

Aflac offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction on a post-tax basis. Aflac pays money directly to you, regardless of what other insurance plans you may have. Dependents up to age 26 may be included on any plan. To learn more about these Aflac plans and/or to schedule a personal appointment, contact your local Aflac agent. Details regarding available Aflac plans and services are also available online at www.aflac.com.

Available Aflac plans include coverages for:

- Accident Indemnity
- Cancer Care
- Hospital Care
- Critical Illness
- Intensive Care
- Disability Income Protector
- Term and Whole Life Insurance

Authority Programs

Direct Deposit

PSTA operates a direct deposit payroll system, which allows employees to authorize automatic payroll deposits into their checking or savings accounts. To enroll in direct deposit, complete an Enrollment Authorization form, available at the Human Resources department. Once your account information has been verified, your pay will automatically be deposited, and you will receive a non-negotiable pay stub via email summarizing your payroll information for that period.

Your pay may be deposited into three different financial institutions if you so choose; however, the entire amount of your pay will be direct deposited with no portion presented in check form.

Changes to your direct deposit can be made at any time, by visiting the Human Resources Department.

Fitness Center

PSTA employees may join our on-site Fitness Center, where staying in shape is convenient and inexpensive. Our Fitness Center is located on the second floor of the Operations Building, and includes various machines, free weights, and other exercise equipment. It also has a television and current selection of fitness magazines to keep you entertained and provide information on workouts and fitness strategies.

Membership is available to employees only, for a cost of \$10.00 per month. There is no contract term, so you may start or stop your membership at any time. Visit the Human Resources department to learn more, or to join.

YMCA Partnership

PSTA has partnered with YMCA of Pinellas County to offer a special membership deal for our employees. Join YMCA, bring proof of PSTA employment (ID badge or paystub), and they will waive the join fee, and give you 10% off your monthly membership fees. If you are already a YMCA member, go to your local branch and ask to be added to the corporate member group under PSTA to start receiving your 10% discount. Visit www.ymcatampabay.org for locations and hours of operation.



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www.gehringgroup.com