



CITY OF FORT LAUDERDALE 2024 BENEFITS RETIREE OPEN ENROLLMENT NEWSLETTER

OPEN ENROLLMENT PERIOD: OCTOBER 25 - NOVEMBER 15, 2023

CURRENT BENEFITS AUTOMATICALLY ROLLOVER FOR 2024



MEDICAL ENROLLEES ONLY:

- **ACTION REQUIRED**
YOU MUST COMPLETE AND RETURN THE TOBACCO AFFIDAVIT BY 11/15/2023 TO AVOID A \$54 MONTHLY SURCHARGE
- **BIOMETRIC SCREENING SURCHARGES HAVE BEEN REINSTATED FOR PLAN YEAR 2024**

SEE INSIDE

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WELCOME

Welcome to the City of Fort Lauderdale **2024 Benefits Open Enrollment, which begins October 25, 2023 and ends November 15, 2023 for coverage beginning January 1, 2024 through December 31, 2024.** Please review this newsletter and the Benefits web page for Open Enrollment plan information and Important Disclosure Notices at www.fortlauderdale.gov/benefits.

The information provided in this newsletter is a general summary of changes and options available for plan year 2024. If any information conflicts with governing plan documents, certificates of coverage or City resolutions and state/federal laws, the provisions of the governing plan documents, certificates of coverage or City resolutions and state/federal laws will prevail.





WHAT'S NEW FOR 2024 AND REMINDERS

1. Passive Enrollment

- Your current benefits (medical, dental and vision) will continue as of January 1, 2024, if you do not take any action. No action is required unless you are making a change to your current benefit plan enrollment or are enrolled in City medical (see 3 and 4 below).
- To make a change to your current coverage (change your current medical, dental or vision plan(s), delete dependents, or cancel coverage), please complete and return the enclosed 2024 Open Enrollment form.
- Retirees cannot add new coverage that they are not currently enrolled in. Retirees also cannot add dependents unless they meet the requirements of a Qualified Life Event (QLE).
- The completed 2024 Open Enrollment form must be received by the Benefits Section, HR no later than November 15, 2023. Please retain proof of mailing or a copy of the fax confirmation.
- Benefits Section, HR contact information: 954-828-5160 (Telephone); 954-828-5328 (Fax); and City of Fort Lauderdale, 100 N. Andrews Avenue, 3rd Floor, Fort Lauderdale, FL 33301 (Mailing Address) healthyliving@fortlauderdale.gov (Email Address)

2. REQUIRED Biometric Screening

- Biometric screening surcharges have been reinstated for plan year 2024 for both retirees and covered spouses/domestic partners who are enrolled in one of the City's medical plans.
- Biometric screenings must be completed by retirees, spouses, and domestic partners by November 18, 2023, to avoid a monthly \$54 monthly post-tax surcharge per covered person during plan year 2024.
- Retirees and covered spouses/domestic partners are encouraged to complete a biometric screening annually so they can be alerted of potential medical issues and to seek appropriate care to improve their health and well-being.

3. REQUIRED Dependent Social Security Numbers (SSN)

- You must provide the Social Security Number for all eligible dependents you wish to cover.
- You will NOT be allowed to enroll a new eligible dependent from a Qualified Life Event for 2024 unless you provide their SSN.

4. REQUIRED Tobacco Affidavit Submission

- This applies to retirees participating in one of the City's medical plans.
- **Eligible retirees MUST complete and return the enclosed Tobacco Affidavit form by November 15, 2023. Failure to return the completed Tobacco Affidavit will result in a \$54 monthly post-tax surcharge.**
- **Eligible retirees who are tobacco users must complete a City authorized Tobacco Cessation Program (if applicable) and provide proof of completion to avoid paying a \$54 monthly post-tax surcharge.**
- The City's authorized Tobacco Cessation Programs are:
 - One-on-one programs through the City's Health and Wellness Center: Call 754-206-2420
 - Online/phone program through Cigna: Register online at my.Cigna.com or call 866-417-7848
 - IQuit program with Area Health Education Center (AHEC) at ahectobacco.com/group-quit-calendar or call 877-848-6696

5. Cigna Medical and Dental

- Cigna Medical and Dental premiums will remain the same for plan year 2024.
- Medical PCP and Specialist copays have been reduced for the OAPIN1 (HMO1) and OAPIN2 (HMO2).
 - NEW PCP Copay = \$35.00 (Previously \$40.00)
 - NEW Specialist Copay = \$35.00 (Previously \$40.00)

- Prescription Copays and Coinsurance have been reduced for ALL Plans.
 - NEW OAPIN1 (HMO1) and OAPIN2 (HMO2) Copays = \$15 Generic/\$35 Preferred/\$55 Non-Preferred
 - NEW CDHP Coinsurance = 25% Generic/35% Preferred/55% Non-Preferred
- Please see the medical plan comparison summary provided in this newsletter or refer to the 2024 Benefits Handbook at www.fortlauderdale.gov/benefits for details and specific information.

6. Cigna ID Cards

- As of January 1, 2024, Cigna is no longer mailing ID cards for medical or dental.
- This applies to new enrollees and individuals who change plans.
- Employees can request a physical ID card by calling 800-244-6224 or you can access the digital ID Cards through your myCigna account at my.Cigna.com.

IMPORTANT DATES AND INFORMATION

• Open Enrollment Period*	• October 25 - November 15, 2023
• Tobacco Affidavit Deadline	• November 15, 2023
• Biometric Screening Deadline	• November 18, 2023
• Verify your 2024 Benefits	• On Your January 2024 Pension Paystub
• Last date to notify Benefits Section, HR of any discrepancies	• January 12, 2024

***To make a change to your current coverage (change your current medical, dental or vision plan(s), delete dependents, or cancel coverage), please complete and return the enclosed 2024 Open Enrollment form. Retirees cannot add new coverage that they are not currently enrolled in. Retirees also cannot add dependent coverage unless they meet the requirements of a Qualified Life Event (QLE). The completed 2024 Open Enrollment form must be received by the Benefits Section, HR no later than November 15, 2023.**

Benefits Section, HR contact information:

- | | |
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| <ul style="list-style-type: none"> ■ Call: 954-828-5160 ■ Fax: 954-828-5328 ■ Email: healthyliving@fortlauderdale.gov | <ul style="list-style-type: none"> ■ Mailing Address:
City of Fort Lauderdale
Attn: Benefits, HR
100 N. Andrews Avenue, 3rd Floor
Fort Lauderdale, FL 33301 |
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IMPORTANT DISCLOSURE NOTICES

Please refer to the 2024 Benefits Handbook at www.fortlauderdale.gov/benefits for details and specific information for the following important disclosure notices:

- | | |
|--|---|
| <ul style="list-style-type: none"> ■ Health Insurance Marketplace Options ■ Women’s Health and Cancer Rights Act ■ Prescription Drug and Medicare Part D Coverage ■ Premium Assistance Under Medicaid and the Children Health Insurance Program (CHIP) | <ul style="list-style-type: none"> ■ Collection, Use, and Disclosure of Social Security Numbers ■ Special Enrollment Rights |
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2024 MEDICAL PLAN COMPARISON SUMMARY

Medical Plan Coverage	OAPIN1 (HMO1)	OAPIN2 (HMO2)	Consumer Driven Health Plan (CDHP)	
Health Reimbursement Account (HRA)* (For Employees and their Tax Qualified Dependents ONLY)	N/A	N/A	N/A	
Medical Plan Coverage	OAPIN1 (HMO1) You Pay	OAPIN2 (HMO2) You Pay	Consumer Driven Health Plan (CDHP) You Pay	
	In-Network Only	In-Network Only	In-Network	Out-of-Network**
Deductible	No Deductible	\$1,000=EE \$2,000=EE+1 \$3,000=EE+Family	\$2,000=EE \$3,000=EE+1 \$4,000=EE+2 or more	\$2,000=EE \$3,000=EE+1 \$4,000=EE+2 or more
Coinsurance	See Below	See Below	You pay 10%	You pay 30%
Your Out-of-Pocket Maximum	\$5,000=EE; \$7,000=EE+1 \$10,000=EE+2 or more	\$6,350=EE \$10,000=EE+1 \$12,700=EE+2 or more	\$5,000=EE, \$7,000=EE+1, \$10,000=EE+2 or more (Includes calendar year deductible & coinsurance)	\$5,000=EE, \$7,000=EE+1, \$10,000=EE+2 or more (Includes calendar year deductible & coinsurance)
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Preventative Services	No Charge	No Charge	No Charge	See Below***
Primary Care Physician and Telehealth	\$35	\$35	Subject to calendar year deductible & coinsurance	Subject to calendar year deductible & coinsurance
Specialist Physician	\$35	\$35		
Maternity	\$40 Initial Visit****	\$40 Initial Visit****		
Hospital	\$500/day, \$2,500 Annual Maximum	Deductible then 20% Coinsurance		
Outpatient Surgery	\$500	Deductible then 20% Coinsurance		
Outpatient Diagnostics (X-rays, Ultrasound, etc.)	10% Coinsurance	10% Coinsurance		
Outpatient Diagnostics (CAT & PET scans, MRI)	\$200 per test	\$200 per test		
Routine Lab	10% Coinsurance	10% Coinsurance		
Emergency Room	\$200	\$200		
Urgent Care	\$60	\$60		
Mental Health (outpatient)	\$40	\$40		
Mental Health (inpatient)	\$500/day, \$2,500 Annual Maximum	Deductible then 20% Coinsurance		
Allergy Treatments/Injections	\$10	\$10		
Ambulance	no charge	\$100 copay	Subject to calendar year deductible & coinsurance of 25% generic, 35% preferred, 55% non-preferred	Not Covered
Prescription Drugs – Pharmacy, 30-day supply *****	\$15 generic \$35 preferred \$55 non-preferred	\$15 generic \$35 preferred \$55 non-preferred		
Prescription Maintenance Drugs - Retail or Mail Order, ***** Mandatory 90-day supply *****	\$30 generic \$70 preferred \$110 non-preferred	\$30 generic \$70 preferred \$110 non-preferred		
Prescription for Chronic Conditions & Preventative *****	Generic prescription provided - waiving copays	Generic prescription provided - waiving copays	Generic prescription provided - waiving copays	Not Covered
Vision	(only medical conditions)	(only medical conditions)	(only medical conditions)	(only medical conditions)

* Health Reimbursement Account (HRA) City annual contributions: The HRA funding is prorated for enrollment after January and only accessible to tax qualified dependents. HRA is not applicable for retirees.

** Cigna's reimbursement is based on Usual Customary and Reasonable (UCR) charges.

*** 30% after deductible, waived for children up to 16 years of age.

**** See the applicable plan document for details regarding benefit payments.

***** Members Pay the Difference generic program pharmacy benefit rules apply.

***** Cigna 90 Now Program: For specified maintenance medications, you must obtain a 90-day prescription (filled at either a 90-day network retail pharmacy or Cigna Home Delivery) for the medication to be covered by the plan. Otherwise, after three 30-day fill(s), you pay the entire cost of the prescription.

DENTAL PLANS

Cigna DHMO and DPPO: The City (excluding IAFF) offers two dental plan choices – DHMO and DPPO.

Go to www.cigna.com to view a list of participating dental providers. For DHMO providers select Cigna Dental Care Access. For DPPO providers select Total Cigna DPPO.

- As of January 1, 2024, Cigna is no longer mailing ID cards for dental enrollees. For more information, see page 3.
- Retirees cannot add new coverage that they are not currently enrolled in. Retirees also cannot add dependents unless they meet the requirements of a Qualified Life Event (QLE).

1. The Cigna Dental Care Access DHMO Plan: Go to www.fortlauderdale.gov/benefits for more information including covered services, limitations and exclusions.

- Network: P410X Plan Highlights:
 - In-network coverage only.
 - No referral for specialty services.
 - Must select a participating primary care dentist or facility. If you do not select a dentist who participates in the Cigna Dental Care Access DHMO network, Cigna will automatically assign a dentist based on your home ZIP code. You can change your dentist by contacting Cigna directly at 1-800-244-6224.
 - Covered services based on fee schedule, all other services received at a discount. Orthodontia coverage for children and adults.
 - No claim forms to file.

2. The Cigna DPPO Plan: Go to www.fortlauderdale.gov/benefits for more information including covered services, limitations and exclusions.

- In-Network: Cigna DPPO Highlights: Cigna's Dental DPPO plan features schedules of benefits for preventive (100%), basic (100%), major (60%) and orthodontic services (60%) and are subject to exclusions and limitations.
 - In or out-of-network coverage (deductibles and reduced benefits apply to out-of-network coverage).
 - Extensive national network.
 - Maximum annual benefit of \$1,500 per person combined in or out of network.
 - Orthodontia and implant coverage. Separate \$2,500 lifetime maximum.
 - Some exclusions and limitations.

3. Cigna DPPO Plan offered to IAFF only: Go to www.fortlauderdale.gov/benefits for more information including covered services, limitations, and exclusions.

- In-Network: Cigna DPPO Highlights: Cigna DPPO plan features schedules of benefits for preventive (100%), basic (80%), major (50%), and orthodontic services (50%) and are subject to exclusions and limitations.
 - In or out-of-network coverage (deductibles and reduced benefits apply to in and out-of-network coverage).
 - Extensive national network.
 - Maximum annual benefit of \$1,500 per person combined in or out-of-network.
 - Orthodontia coverage. Separate \$1,500 lifetime maximum.
 - Some exclusions and limitations.

Visit www.cigna.com to check out participating dentists. Non-participating dentists may bill you for charges above the amount covered by our Cigna Dental Plan.



CITY OF FORT LAUDERDALE HEALTH AND WELLNESS CENTER (OPERATED BY MARATHON HEALTH)

The City Health and Wellness Center provides employees and their families (children ages 6+) who are enrolled in the City's Medical Plans with high quality primary, preventive and acute care professional medical services for no cost (with the exception of drawn specimens sent to an external lab for testing). We are investing in your health because, over the long term, it will help mitigate costs to both you and the City. The services provided will help you understand your health and to manage it successfully.

The Center follows the same rules and privacy regulations that protect your privacy at your personal physician's office, a hospital, or other health provider. In fact, the privacy of your personal health information is protected by the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

Center Information	Services
<p>4750 North Federal Highway, Suite 300 Fort Lauderdale, FL 33308 Telephone: 754-206-2420 Fax: 1-954-867-5583 (must dial 1 in front)</p> <p>Monday - Wednesday / Friday: 7am – 4 pm Thursday: 7 am – 6 pm Saturday: 8 am – Noon Closed on Sundays and holidays Closed Daily for lunch 1 pm - 2 pm</p> <p>To schedule an appointment, call 754-206-2420 or visit the Marathon Health secure website at my.marathon-health.com or use the Marathon Health app. Get the app from Google Play or the App Store.</p>	<p>The Center provides high quality care and wellness services for the entire family including, but not limited to, treatment for:</p> <ul style="list-style-type: none"> • Common Illness • Chronic Conditions • Women's Health & Men's Health • Minor Injuries • Suture Removal • Allergy Shots • Sports Physicals • EKG • Health Coaching • Health Assessments • Nutrition <p>A complete list of services offered at the Center is available online at www.fortlauderdale.gov/benefits.</p>

The Center's staff is licensed to diagnose and treat a wide variety of common illnesses and injuries as well as prescribe various medications. The staff will work with you to address your concerns about stress, diet, exercise, smoking, and other forces that impact your health and well-being.

Your health is the priority of the Center. Their mission is to put you in the driver's seat of your health. The staff provides you with personal health reports, education, and guidance to help you understand your health.

With little to no wait times, your Marathon Health Center focuses on time spent with your provider developing a personalized health plan. You'll get healthier and they will help you celebrate with programs like "Healthy Like Me" to cheer your steps toward better health.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 9-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Benefits Section, HR

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name City of Fort Lauderdale		4. Employer Identification Number (EIN) 59-6000319	
5. Employer address 100 N. Andrews Avenue		6. Employer phone number 954-828-5160	
7. City Fort Lauderdale		8. State FL	9. ZIP code 33301
10. Who can we contact about employee health coverage at this job? Benefits Manager			
11. Phone number (if different from above)		12. Email address healthyliving@fortlauderdale.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

All full-time employees and part-time employees who satisfy the criteria under the Affordable Care Act (ACA).

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses, domestic partners, dependent children of employees up to the end of calendar year in which they turn age 26 and those who satisfy the guidelines under Florida Statute (FS627.6562) and a dependent child of a covered dependent from birth to 18 months.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

2024 IMPORTANT NOTICE FROM THE CITY OF FORT LAUDERDALE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE PART D TO ACTIVE EMPLOYEES, RETIREES AND DEPENDANTS PARTICIPATING IN THE FOLLOWING CITY-SPONSORED HEALTH PLANS:

Cigna Open Access Plus In-Network 1 (OAPIN1, aka HMO1) and Cigna Open Access Plus In-Network 2 (OAPIN2, aka HMO2) and Consumer Driven Health Plan (CDHP)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Fort Lauderdale and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available to everyone with Medicare in 2006. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Fort Lauderdale has determined that the prescription drug coverage under OAPIN1 (HMO1), OAPIN2 (HMO2) and Consumer Driven Health Plan (CDHP) are, on average, expected to pay out as much as standard Medicare prescription drug coverage pays for all plan participants and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you may keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current City of Fort Lauderdale coverage will not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage, and the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage.

For those individuals who elect Part D coverage and elect to drop coverage under the City of Fort Lauderdale's plan, coverage will end for the individual and all covered dependents. See the Centers for Medicare and Medicaid Services (CMS) Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at www.cms.hhs.gov/CreditableCoverage), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. Your current City of Fort Lauderdale coverage pays for other medical expenses in addition to prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current City of Fort Lauderdale medical plan, which includes prescription drug benefits, please be aware that you (if actively employed) and your dependents may not be able to get this coverage back until the next annual benefits open enrollment period, which has an upcoming effective date of January 1. Retirees who drop their current City of Fort Lauderdale plan, which includes prescription drug coverage, must be aware that they will not be able to get this coverage back at a later date.



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For those individuals who elect Part D coverage and elect to drop coverage under the City of Fort Lauderdale's plan, coverage will end for the individual and all covered dependents. See the Centers for Medicare and Medicaid Services (CMS) Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at www.cms.hhs.gov/CreditableCoverage), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. Your current City of Fort Lauderdale coverage pays for other medical expenses in addition to prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current City of Fort Lauderdale medical plan, which includes prescription drug benefits, please be aware that you (if actively employed) and your dependents may not be able to get this coverage back until the next annual benefits open enrollment period, which has an upcoming effective date of January 1. Retirees who drop their current City of Fort Lauderdale plan, which includes prescription drug coverage, must be aware that they will not be able to get this coverage back at a later date.

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number)
- For personalized help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained

Date:	October 16, 2023
Name of Entity/Sender:	City of Fort Lauderdale
Contact-Position/Office:	Benefits Section, Human Resources
Address:	100 North Andrews Avenue, 3rd Floor Fort Lauderdale, FL 33301
Phone Number:	954-828-5160



NOTES:

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BENEFITS DIRECTORY

MEDICAL AND DENTAL

• Cigna Medical and Dental	my.cigna.com	1-800-244-6224
• Personal Cigna Web Portal	my.cigna.com	
• Employee Assistance Program (EAP)		1-877-622-4327 (24/7)
• CIGNA Onsite Well-Being Coordinator		786-564-3127 Fax: 954-867-5583 Attn: Cigna Well-Being Coordinator / Jessica Law

VISION

• UnitedHealthcare Vision	www.myuhcvision.com	1-800-638-3120 Fax: 1-248-733-6060
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CITY HEALTH AND WELLNESS CENTER

• Marathon Health (Administrator)	my.marathon-health.com/login	1-754-206-2420 Fax: 954-867-5583
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LIFE INSURANCE & LONG-TERM DISABILITY

• Standard Insurance Company	www.standard.com	1-800-368-1135 Fax: 1-971-321-8400
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INCOME PROTECTION

(Short-Term Disability, Accident, Critical Illness Advantage and Hospital Indemnity Insurance)

• Aflac Group Products	cofl.fbmcbenefits.com	1-800-433-3036
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FSA ADMINISTRATOR (P&A Group)

• Health Care FSA	www.padmin.com	716-852-2611
• Dependent Care FSA	www.padmin.com	Fax: 877-855-7105

LEGAL SERVICES

• ARAG Legal	cofl.fbmcbenefits.com	1-800-247-4184
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DEFERRED COMPENSATION / LOANS

• MissionSquare Retirement	www.missionsq.org	1-800-669-7400 Fax: 1-202-682-6439 Attn: WMT
• Nationwide	www.nrsforu.com	1-877-677-3678 Fax: 1-877-677-4329
• BMG Loans at Work	www.loansatwork.com	1-800-316-8507



CITY OF FORT LAUDERDALE

Benefits Section | Risk Management Division | Human Resources
City Hall • 100 N. Andrews Avenue • Fort Lauderdale, FL 33301
(954) 828-5160 • www.fortlauderdale.gov/benefits • healthyliving@fortlauderdale.gov