

## 2017 Optional Benefits

### **Dental Benefits:**

Dental coverage is a separate plan from your medical coverage. Your enrollment selection can be for Single, Plus One or Family coverage regardless of who is covered under your medical plan.

The rates for Dental coverage are as follows:

Tier of Coverage	Active Employee Bi-Weekly Rates	Retiree Monthly Rates	Retiree Monthly Rates (for those who move onto United Healthcare Plan)
Single	\$2.00	\$0.00	\$4.34
Plus One	\$4.00	\$8.67	\$8.67
Family	\$6.00	\$13.00	\$13.00

The dental PPO option is an "open access" plan that allows you to receive services from any dental provider without selecting a Primary Dental Provider and does not require referrals to specialists. In order to receive services, you can select any participating dental provider in the **Radius Network**.

The PPO plan also provides benefits for services received from out-of-network providers (providers that do not participate in the network). You are responsible for coinsurance. In addition to your coinsurance, out-of-network providers may also "balance bill", which is the difference between the plan's allowable amount and the out-of-network provider's retail fee for any particular service. Therefore, you have the potential to maximize your benefits when services are received by in-network providers.

There is a \$50 deductible per person per calendar year. You do not have to meet your deductible for cleanings or annual x-rays. You are allowed two cleanings per calendar year. They will be processed at 80%. However, if you go out of network and the amount exceeds the allowable amount, you are responsible to pay the difference.

After meeting your deductible, claims will be paid at 80% for basic services (fillings, x-rays, root canals) and at 50% for special services (bridges, crowns, etc.) Our plan has a limit of \$1,500 per calendar year per person for eligible dental expenses so please advise your dentist of this limit. Orthodontia is provided in the amount of \$1,500, details of which are in the SPD (Summary Plan Description).

Online at [www.my.cigna.com](http://www.my.cigna.com) for dental claim or eligibility questions.

### **ARAG (Legal Plan):**

Two plans are available:

Plan	Active Employee Bi-Weekly Rates	Retiree Monthly Rates
Ultimate Advisor Plan (Basic)	\$8.08	\$17.50
Ultimate Advisor Plus Plan (Enhanced)	\$10.62	\$23.00

New coverage options for you and your family have been added for 2016. Examples of services covered include: Will preparation, identity theft, traffic tickets, document review, financial and tax planning

services, real estate issues and much more. For further information call (800)247-4184 or on-line at [www.members.ARAGgroup.com/sarasota](http://www.members.ARAGgroup.com/sarasota).

**OptiCare Vision Plan:**

Tier of Coverage	Active Employee Bi-Weekly Rates	Retiree Monthly Rates
Single	\$2.90	\$6.29
Family	\$6.98	\$15.12

This plan includes one routine vision exam and new lenses every 12 months; frames every 24 months; \$125.00 allowance for contact lenses.

Exam co-pay is \$10.00

Materials co-pay is \$20.00

Show membership card at participating provider. Participating providers are listed at [www.opticare.com](http://www.opticare.com). **Customer Service: (877)334-3937**

**Flexible Spending Accounts (FSAs) for Medical and Day Care Expenses: (Retirees not eligible)**

If you have predictable medical expenses for yourself or your family, such as deductibles and copays, or any work-related day care expenses, FSAs may be right for you. FSAs allow you to set aside money for reimbursement of medical and day care expenses you regularly pay. The amount you set aside is not taxed and is automatically deducted from your paycheck and deposited into the FSA. During the year, you have access to this account for reimbursement of qualified expenses. There are two types of FSAs:

Health Care Reimbursement Account	Dependent Care Reimbursement Account
<p>This account allows you to set aside <b>up to an annual maximum of \$2,550</b> for health care expenses.</p> <p><b>NOTE:</b> The entire Health Care FSA election is available to you on the first day coverage is effective</p>	<p>This account allows you to set aside up to an annual maximum of \$5,000 (\$2,500 if you file a separate tax return) for work-related day care expenses.</p> <p><b>NOTE:</b> Unlike the Health Care FSA, you will only be reimbursed up to the amount that has been deducted from your paycheck for Dependent Care expenses.</p>

Please decide on the amount to contribute to your FSA accounts carefully. At the end of the year, up to \$500 of any unused balance in the Health Care Reimbursement Account Only may be carried over into the next calendar year. Unused balances in the Dependent Care Reimbursement Account will be forfeited.