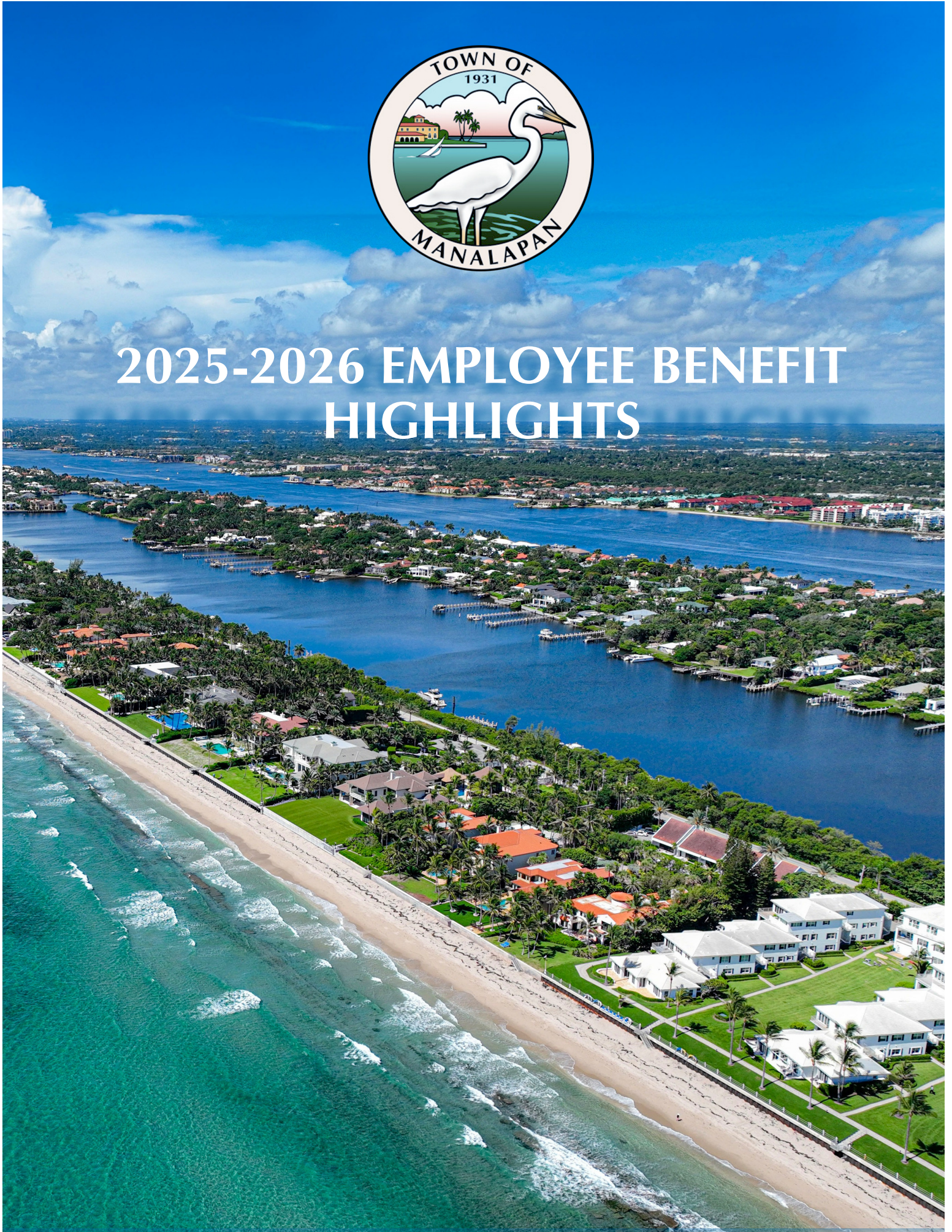




2025-2026 EMPLOYEE BENEFIT HIGHLIGHTS



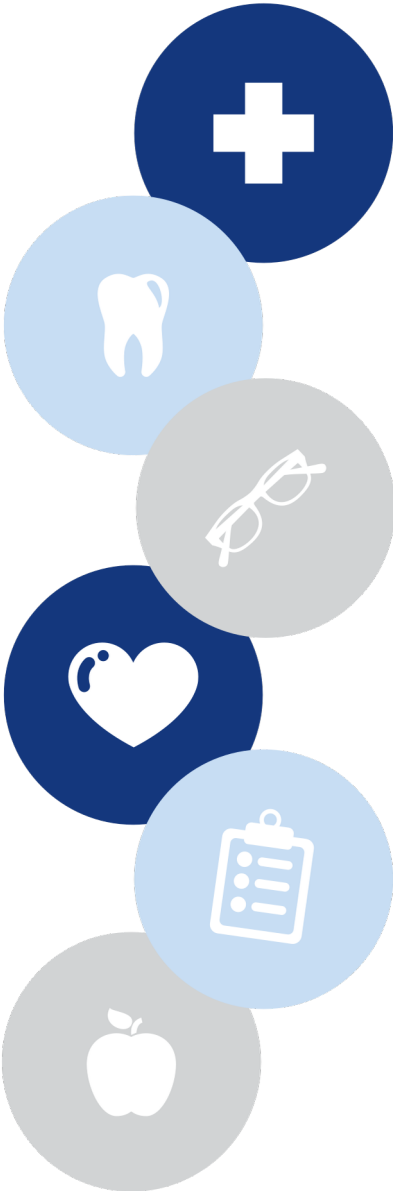


Contact Information

	Administration	Ashley Watson	Phone: (561) 383-2543 Email: awatson@manalapan.org
	Medical Insurance	Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Prescription Drug Coverage	Prime Therapeutics through Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Mail Order Program	Amazon Pharmacy through Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Health Reimbursement Account	Upswing	Customer Service: (866) 676-3665 www.upswing.wealthcareportal.com
	Dental Insurance	Lincoln Financial	Customer Service: (800) 423-2765 www.lincolffinancial.com
	Vision Insurance	VSP	Customer Service: (800) 877-7195 www.vsp.com
	Flexible Spending Account	Upswing	Customer Service: (866) 676-3665 www.upswing.wealthcareportal.com
	Basic Life and AD&D and Voluntary Life and AD&D Insurance	Lincoln Financial	Customer Service: (800) 423-2765 www.lincolffinancial.com
	Short Term & Long Term Disability Insurance	Lincoln Financial	Customer Service: (800) 423-2765 www.lincolffinancial.com
	Supplemental Benefits	Aflac	Agent: Jewel Sands Phone: (772) 631-8192 Email: jewel_sands@us.aflac.com
	Legal & ID Services	LegalShield	Agent: Line Doucet Phone: (561) 704-8483 Email: yoursequally@gmail.com
	Claims, Billing and Benefit Assistance	Marc Rheingold & Associates	Employee Assistance: Tina Davis Phone: (954) 368-2067 Email: Tina@marcrheingold.com Marc Rheingold: marc@marcrheingold.com www.employeeenavigator.com
	Employee Online Enrollment Portal	Employee Navigator	Employee Assistance with Employee Navigator: Tina Davis Phone: (954) 368-2067 Email: Tina@marcrheingold.com



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Introduction

The Town of Manalapan provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the Town's Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Administration for further information.

Group Insurance Eligibility



The Town's group insurance plan year is November 1 through October 31.

Employee Eligibility

Employees are eligible to participate in the Town's insurance plans if they are full-time employees working a minimum of 32 hours per week. Coverage will be effective the first of the month following the date of hire. For example, if employee is hired on April 11, then the effective date of coverage will be May 1.

Separation of Employment

If employee separates employment from the Town, insurance for medical, dental and vision will continue through the end of month in which separation occurred. Other coverage may terminate on the last date of employment. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. The term "child" includes any of the following:

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

Dependent Age Requirements

Medical Coverage : A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent (taxable dependent) may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- 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 disabled.

Dental Coverage: A dependent child may be covered through end of the month in which the child turns age 25.
Please see Taxable Dependents if covering eligible over-age dependents.

Disabled Dependents

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

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plans; and
- The dependent has been continuously insured.

Proof of disability will be required upon request. Please contact Ashley Watson if further clarification is needed.



Group Insurance Eligibility *(Continued)*

Taxable Dependents

Employee covering adult child(ren) under employee's 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 dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child. Contact Administration for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

Please Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

Premiums for medical, dental insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made **ONLY** during the Open Enrollment Period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event.

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year if the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of the Internal Revenue Code. Any requested changes must be consistent with and due to the Qualifying Event.

Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)



IMPORTANT NOTES

If employee experiences a Qualifying Event, Administration **must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements



Medical Insurance

The Town offers medical insurance through Florida Blue to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plan, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Florida Blue's customer service.

Medical Insurance – Florida Blue BlueOptions HRA Plan 26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$322.73
Employee + Child(ren)	\$206.22
Employee + Family	\$507.98

Florida Blue | Customer Service: (800) 352-2583 | www.floridablue.com

Summary of Benefits and Coverage

A Summary of Benefits & Coverage (SBC) for the Medical Plan is provided as a supplement to this booklet being distributed to new hires and existing employees during the Open Enrollment period. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

From: Administration
Address: 600 S. Ocean Blvd.
 Manalapan, FL 33462
Phone: (561) 383-2543
Email: awatson@manalapan.org

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 group certificate of coverage can be reviewed and obtained by contacting Administration

If there are any questions about the plan offerings or coverage options, please contact the Administration at (561) 383-2543.

Medical Plan Resources

FloridaBlue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, please contact Florida Blue's customer service at (800) 352-2583, or visit www.floridablue.com.

Mobile App

Mobile app provides on-the-go access to the medical benefit account. Download the Florida Blue mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View Benefits
- Download Member ID Cards
- Locate a Provider
- View Claims

Care Consultation & Advocacy Program

FloridaBlue provides access to The Care Consultant Team (CCT) offering advice and support to help manage members health needs and costs. The CCT can help members save time, money and make informed health care decisions through support such as:

- Benefit Optimization - Self-help tools, help with prescription, and out-of-pocket costs
- Clinical Support - Healthy lifestyle guidance, health care programs, and chronic conditions management support
- Social and Community Support - Family, financial, and transportation support resources

For more information about the program and to find a Care Consultant, please call (888) 476-2227.

Blue365

Blue365 is provided to Florida Blue members at no additional cost and offers access to discounted products and services at participating providers such as:

- Fitness Deals
- Nutrition
- Hearing and Vision
- Travel
- Home and Family Deals
- Personal Care
- Apparel and Footwear

Members may log on to www.blue365deals.com to learn more about these programs or call (855) 511-2583.

24/7 Nurseline

FloridaBlue offers a 24/7 nurseline for members who may have health questions plus helpful resources that can be utilized. The nurseline is always open whether a member has an immediate health concern or a general question about their doctor's plan of treatment. For further information, please contact the nurseline at (877) 789-2583.



Florida Blue BlueOptions HRA Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select **BlueOptions** network.



Plan References

***Out-Of-Network Balance Billing:**
For information regarding out-of-network balance billing that may be charged by out-of-network providers please refer to the Summary of Benefits and Coverage (SBC) document.

****Quest Diagnostics is the preferred lab for bloodwork through Florida Blue.**
When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueOptions network prior to receiving services.

Network		BlueOptions	
Calendar Year Deductible (CYD)		In-Network	Out-of-Network*
Single		\$2,500	\$5,000
Family		\$5,000	\$10,000
Coinsurance			
Member Responsibility		0%	20%
Calendar Year Out-of-Pocket Limit			
Single		\$2,500 \$10,000 \$5,000 \$20,000	
Family			
What Applies to the Out-of-Pocket Limit?		Deductible, Coinsurance, and Rx	
Physician Services			
Primary Care Physician		0% After CYD	20% After CYD
Specialist Office Visit		0% After CYD	20% After CYD
Non-Hospital Services; Freestanding Facility			
Clinical Lab (Bloodwork)**		0% After CYD	20% After CYD
X-rays		0% After CYD	20% After CYD
Advanced Imaging (MRI, PET, CT)		0% After CYD	20% After CYD
Outpatient Surgery in Surgical Center		0% After CYD	20% After CYD
Physician Services at Surgical Center		0% After CYD	20% After CYD
Urgent Care		0% After CYD	0% After CYD
Hospital Services			
Inpatient Hospital (Per Admission)		0% After CYD	20% After CYD
Outpatient Hospital (Per Visit)		0% After CYD	20% After CYD
Physician Services at Hospital		0% After CYD	0% After In-Network CYD
Emergency Room (Waived if Admitted)		0% After CYD	0% After In-Network CYD
Mental Health/Alcohol & Substance Abuse			
Inpatient Hospital Services		0% After CYD	20% After CYD
Outpatient Services (Per Visit)		0% After CYD	20% After CYD
Outpatient Visit		0% After CYD	20% After CYD
Prescription Drugs (Rx)			
Generic		0% After CYD	50% After In-Network CYD
Preferred Brand Name		0% After CYD	50% After In-Network CYD
Non-Preferred Brand Name		0% After CYD	50% After In-Network CYD
Mail Order Drug (90-Day Supply)		0% After CYD	50% After In-Network CYD



Health Reimbursement Account

The Town provides employees who participate in the FloridaBlue Blu eOptions HRA Plan, a Health Reimbursement Account (HRA) through Upswing. HRA monies are funded by the Town and can be used for any qualified medical expenses such as copayments, deductibles and coinsurance for physician services, hospital services, prescription drugs, etc.

HRA Funding Allotment

HRA Funding for 2025-2026 is as follows:

- Employees enrolled in the Town's medical plan with employee only coverage will receive \$2,000.00 for the plan year.
- Employees enrolled in the Town's medical plan with employee & dependent coverage will receive \$4,250.00 for the plan year.
- To receive the debit card – employees must have been employed with the Town for a minimum of one (1) year. The card will be mailed upon the anniversary of their hire date and automatically reloaded on January 1 each year.
- HRA amounts will be prorated for new hires eligible outside Town's annual Open Enrollment Period.
- No rollover of unused funds, "Use-it or lose-it."

Retain Receipts

During the year, employee should keep all receipts and documentation for prescriptions and medical related expenses if needed to verify a claim for Upswing or for IRS tax purposes. If asked to produce documentation, a valid Explanation of Benefits (EOB) and receipt of payment for the services rendered will be sufficient.

How to Check Available HRA Balance

Balance, activity and account history is available anytime online at www.upswing.wealthcareportal.com or by calling Upswing at (866) 676-3665.

Expenses Eligible for Reimbursement

Employee may request reimbursement of expenses for employee or covered dependent(s). Eligible expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical condition. Cosmetic expenses are not eligible for reimbursement. Reimbursement checks will be issued to employee throughout the year for incurred expenses up to the maximum annual benefit amount. Employee has the option to have reimbursement checks direct deposited into employee's bank account. For more information regarding eligible expenses, visit Upswing online at www.upswing.wealthcareportal.com

File a Claim

Debit Card

Each employee will be provided with a debit card to use for payment of out-of-pocket medical expenses (after one (1) year of employment). This may prevent the employee from having to pay an expense first and then seek reimbursement. However, employee may be required to submit documentation of any expenses that do not match a charge associated with a specific service under the plan.

Claim Form

Employee may submit claim forms to BenefitsWorkshop and must include a copy of carrier's Explanation of Benefits or receipts for eligible medical services received. Claim forms can be submitted via online portal, mail or fax. Forms may be obtained through the Finance Department. Employees within their first year of employment and/or have not been issued a debit card, will need to submit paperwork for reimbursements.

Claims Submission

Mailing Address: Upswing Compliance & Technology Solutions
PO Box 56828, Jacksonville, FL 32241
Fax: (321) 445-9605 Email: upswing_receipts@alegeus.com

Upswing

Customer Service: (866) 676-3665 | www.upswing.wealthcareportal.com

All claims must be filed within 90 days after the plan year ends October 31, or 30 days from the date employee becomes ineligible to file for expenses incurred while participating during the plan year.



Dental Insurance

Lincoln Financial Dental PPO

The Town offers dental insurance through Lincoln Financial to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Lincoln Financial's customer service.

Dental Insurance –Lincoln Financial Dental PPO Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$7.28
Employee + Child(ren)	\$10.11
Employee + Family	\$19.92

In-Network Benefits

The Lincoln Financial Dental PPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is Lincoln Dental Connect. These participating dental providers have contractually agreed to accept Lincoln Financial's contracted fee or "allowed amount." This fee is the maximum amount a Lincoln Dental Connect dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Lincoln Dental Connect provider. Lincoln Financial reimburses out-of-network services based on what it determines as Maximum Allowable Charge (MAC). The MAC is defined as the most common charge for a particular dental procedure that is based on the fee schedule of an In Network Provider. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Lincoln Financial's MAC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Lincoln Financial Dental PPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Lincoln Financial plan will pay for each covered member is \$2,000 for in-network and out-of-network services combined. All services, including preventive services, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

Lincoln Financial Maximum Rollover

Maximum Rollover benefit allows member and covered dependents to save a portion of unused Benefit Maximum for use the following year. Total covered claims paid during the calendar year must not exceed the payment threshold of \$800. Member will receive Rollover by submitting at least one (1) claim for covered dental service during the year, such as a routine cleaning.

Benefit Maximum	\$2,000	Lincoln Financial Dental calendar year benefit maximum
Rollover Threshold	\$800	Covered dental benefits received for the calendar year cannot exceed amount
Annual Carryover	\$600	Maximum Rollover amount added to the following year's benefit maximum
Maximum Rollover	\$1,500	Maximum possible accumulation for Rollover

Lincoln Financial
Customer Service: (800) 423-2765 |
www.LincolnFinancial.com/FindADentist



Lincoln Financial Dental PPO Plan At-A-Glance

Network	Lincoln Dental Connect	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member	\$50	
Per Family	\$150	
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum		
Per Member	\$2,000	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived <i>(Subject to Balance Billing)</i>
Routine Cleanings		
Bitewing X-rays <i>(2 Films)</i>		
Class II Services: Basic Restorative Care		
Surgical Extractions	Plan Pays: 80% After Deductible	Plan Pays: 80% After Deductible <i>(Subject to Balance Billing)</i>
Fillings <i>(Restrictions on Composite Fillings May Apply)</i>		
Simple Extractions		
Root Canal Therapy		
Periodontal Services		
Oral Surgery		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After Deductible	Plan Pays: 50% After Deductible <i>(Subject to Balance Billing)</i>
Bridges		
Dentures		



Locate a Provider

To search for a participating provider, contact Lincoln Financial customer service or visit www.lincolnfinancial.com/FindADentist. When completing the necessary search criteria, select Lincoln DentalConnect network.



Plan References

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



Important Notes

- Two(2) routine cleanings per calendar year under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed. Benefit frequency limitations may apply.
- Waiting periods and age limitations may apply.



Vision Insurance

VSP Choice Plan

The Town offers vision insurance through VSP to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact VSP's customer service.

Vision Insurance - VSP Choice Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$1.52
Employee + Child(ren)	\$1.61
Employee + Family	\$4.14

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the VSP Vision Care 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 the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the VSP Vision Care network. When going out of network, the provider will require payment at the time of appointment. VSP will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

Mobile App

Mobile app provides on-the-go access to the vision benefit account. Download the VSP Vision Care mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View Benefits
- Download Member ID Cards
- Locate a Provider
- View Claims

VSP | Customer Service: (800) 877-7195 | www.vsp.com



VSP Choice Plan At-A-Glance

Network	Vision Care	
Services	In-Network	Out-of-Network
Eye Exam	\$20 Copay	Up to \$45 Reimbursement
Contact Lens Exam (Fit and Follow-Up)	Up to \$60 Copay	Not Covered
Retinal Imaging	Up to \$39 Copay	Not Covered
Frequency of Services		
Examination	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contact Lenses	12 Months	
Lenses		
Single	\$20 Copay	Up to \$30 Reimbursement
Bifocal	\$20 Copay	Up to \$50 Reimbursement
Trifocal	\$20 Copay	Up to \$65 Reimbursement
Frames		
Allowance	Up to \$200 Allowance 20% Off Balance Over \$200 After \$20 Copay	Up to \$70 Reimbursement
Contact Lenses*		
Non-Elective (Medically Necessary)	\$20 Copay	Up to \$210 Reimbursement
Elective	Up to \$200 Allowance	Up to \$105 Reimbursement



Locate a Provider

To search for a participating provider, contact VSP's customer service or visit www.vsp.com.



Plan References

*Contact lenses are in lieu of spectacle lenses.



Important Notes

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



Flexible Spending Accounts

The Town offers Flexible Spending Accounts(FSA) administered through Upswing. The FSA plan year is November 1 through October 31.

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,200. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use from the first day coverage is effective.

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of \$5,000 if single or married and file a joint tax return (\$2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note, if family income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount taken from participant's paycheck for the Dependent Care FSA.

A sample list of qualified Health Care expenses eligible for reimbursement include, but not limited to, the following:

- | | | |
|---|--|-------------------------------|
| * Prescription/Over-the-Counter Medications | * Physician Fees and Office Visits | * LASIK Surgery |
| * Menstrual Products | * Drug Addiction/Alcoholism Treatment | * Mental Health Care |
| * Ambulance Service | * Experimental Medical Treatment | * Nursing Services |
| * Chiropractic Care | * Corrective Eyeglasses and Contact Lenses | * Optometrist Fees |
| * Dental and Orthodontic Fees | * Hearing Aids and Exams | * Sunscreen SPF 15 or Greater |
| * Diagnostic Tests/Health Screenings | * Injections and Vaccinations | * Wheelchairs |

Log on to <http://www.irs.gov/publications/p502/index.html> for additional details regarding qualified and non-qualified expenses.



Flexible Spending Accounts *(Continued)*

FSA Guidelines

- The HealthCare FSA has a 90 day run out period at the end of the plan year to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year. (November 1 - October 31).
- When a plan year ends and all claims have been filed, all unused funds will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment period, New Hire Orientation, or Qualifying Events.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail or fax. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. BenefitsWorkshop may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to Benefits Workshop. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.



HERE'S HOW IT WORKS!

An employee earning \$50,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$38.46 based on a 26 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$197.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$50,000	\$50,000
FSA Contribution	- \$1,000	- \$0
Taxable Pay	\$49,000	\$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	- \$9,628	-\$9,825
After Tax Expenses	- \$0	- \$1,000
Spendable Income	\$39,372	\$39,175
Tax Savings	\$197	

Please Note: Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in a Health Care FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year. This rule is known as **"use-it or lose-it."**

Claims Submission

Mailing Address: Upswing Compliance & Technology Solutions
PO Box 56828, Jacksonville, FL 32241
Fax: (321) 445-9605 Email: upswing_receipts@alegeus.com

Upswing

Customer Service: (866) 676-3665 | www.upswing.healthcareportal.com



Basic Life and AD&D Insurance

The Town provides Basic Term Life insurance for all eligible employees at no cost, through Lincoln Financial. Employee coverage amount will be determined by the following:

Full-Time Employees

Eligible Full-Time employees will receive a benefit amount of \$20,000.

Police Officers

Eligible Police Officers will receive a benefit amount of \$40,000.

Directors

Eligible Directors will receive a benefit amount equaling 1.5 times annual earnings; up to a maximum of \$100,000.

Retirees

Retired employees may elect to be covered for a benefit amount of \$20,000.

Accidental Death & Dismemberment Insurance

Also, at no cost to employee, the Town provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit amount, partial benefits may also be payable based on the schedule of benefits. For detailed coverages, exclusions and stipulations please refer to the carrier's benefits summary or contact Lincoln Financial's customer service.

Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Basic Term Life insurance benefit in excess of \$50,000 must be included as income and is subject to Federal, Social Security and Medicare taxes.

NEW

Voluntary Life and AD&D Insurance

The Town employees can elect to purchase Voluntary Life through Lincoln Financial on a voluntary basis through payroll deduction. An employee that enrolls, may also add coverage for their spouse or significant partner, and dependent children.

You can purchase in \$10,000 increments up to \$70,000 guaranteed issue. You may purchase \$35,000 for your spouse and \$10,000 for your children which is the guaranteed issue amount. You may only purchase for your spouse and/or children only if you enroll.

If you would like to purchase additional life insurance, you would complete an evidence of insurability (EOI) that is submitted to the carrier for approval or decline. You will find the rates for the insurance on the online portal.

Short Term Disability

The Town provides Short Term Disability(STD) insurance at no cost to all eligible employees through Lincoln Financial. The STD benefit pays employee a percentage of the weekly earnings if employee becomes disabled due to an illness or non-work related injury.

Short Term Disability (STD) Benefits

- STD provides a benefit of 60% of employee's weekly earnings up to a benefit maximum of \$2,000 per week.
- Employee must be disabled for seven (7) consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 8th day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 13 weeks.
- Benefits may be reduced by other income.
- Disability benefits may be taxable.

Long Term Disability

The Town provides Long Term Disability(LTD) insurance at no cost to all eligible employees through Lincoln Financial. The LTD benefit pays employee a percentage of the monthly earnings if employee becomes disabled due to an illness or non-work related injury.

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$10,000 per week.
- Benefits will begin once the employees Short Term Disability maximum benefits have been met.
- Benefits end at Social Security Normal Retirement Age (SSNRA)
- Benefits may be reduced by other income.
- Disability benefits may be taxable.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Administration

Lincoln Financial | Customer Service: (800) 423-2765
www.lincolnfinancial.com



Supplemental Benefits

Aflac

Aflac offers a variety of supplemental plans that may be purchased separately on a voluntary basis; premiums are paid by payroll deduction. Aflac pays money directly to employee. To learn more about these plans and/or to schedule a personal appointment, contact the local Agent below. Details regarding the following available plans and services are also available online.

- * Accident Indemnity Advantage
- * Cancer Protection Assurance
- * Hospital Choice
- * Critical Care and Recovery
- * Life Protector



Legal Services

LegalShield

The Town employees can elect to purchase a legal services plan through LegalShield on a voluntary basis through payroll deduction. When employees enroll, the plan covers the employee, the spouse or significant partner, and dependent children up to age 26 (unmarried, living at home or full-time student), all for the cost of one person.

The services available include:

- * Emergency 24/7 service covering car accidents, children
- * Free will, living will, and durable power of attorney
- * Traffic ticket representation
- * Removal of inaccurate or outdated information from credit report
- * Housing assistance with purchase, foreclosure, or bankruptcy
- * Letters or phone calls are free to resolve a consumer problem
- * Unlimited phone consultation on any matter
- * IRS audit
- * Free mobile app
- * Free contract and document review up to 15 pages
- * Uncontested divorce assistance, uncontested name change, uncontested adoption, Residential Loan services

LegalShield offers one (1) legal services plan option. This plan offers 60 hours of trial defense with up to 2.5 hours reserved for pre-trial services. Employees will receive an additional 60 hours of trial defense, without any price increase, after being a member with LegalShield for 5 years.

IDShield

The Town employees may elect to purchase IDShield through LegalShield on a voluntary basis through payroll deduction. IDShield offers an individual plan which covers employee only, if single. Family IDShield plan covers the employee, the spouse or significant partner, and dependent children (up to 8 dependent children) up to age 26. This service may be purchased separately, or at a reduced rate when bundled with the legal plan.

This benefit provides a comprehensive plan including:

- * 24/7 Monitoring (Credit, Social Security, Social Media, Dark or Black Web, Investment Accounts, Rent-to-Own, Username/Password, Medical Identity, full Digital DNA and social media and more).
- * Complete Restoration by Licensed Investigators
- * Up to \$3 million in reimbursement from identity theft
- * Free unlimited consultation with a US based licensed private investigator.
- * Perks discount program with over 800 merchants
- * Free Credit Report/Score
- * 24/7 Emergency Assistance
- * Free Mobile App



For more information about **Aflac** and **LegalShield** plan and/or **IDShield**, please contact the Town's dedicated Agents,

Agent: Jewel Sands. **AFLAC** | Email: jewel_sands@us.aflac.com | Phone: (772) 631-8192

Agent: Line Doucet. **LegalShield** | Email: yoursequally@gmail.com | Phone: (561) 704-8483

HOW TO ENROLL: Online enrollment guide

NEW

Step 1: Log In



First time users: Click on your registration link in the email sent to you by your admin or register as a new user. Create an account and create your own username and password.

You will need the following:

Company Identifier: [TownofMan2025](#)

*** Identifier is case sensitive**

Returning users: Log in with the username and password that you selected. If you forgot your username, you can contact Admin or our agent's office: Tina@marcrheighnold.com 954-368-2067 and they will be able to provide it to you. If you forgot your password: Click Forgot password.

Step 2: Welcome!

After you login click Let's Begin to complete your required tasks.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click Start Enrollment to begin your enrollments.



TIP

If you hit "**dismiss, complete later**" you'll be taken to your home page. You'll still be able to start enrollments again by clicking "**start enrollment**"

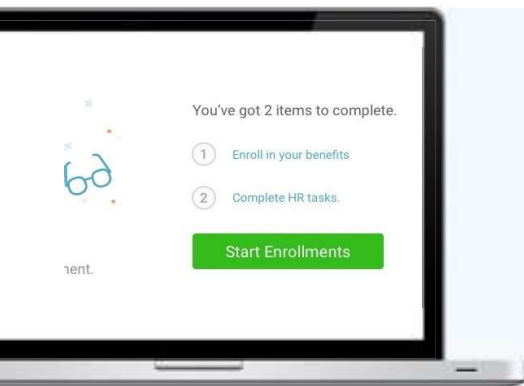
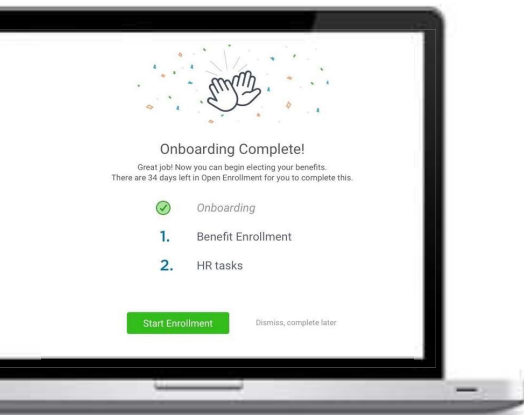
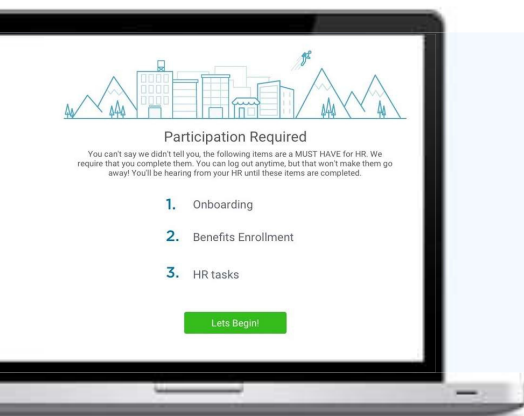
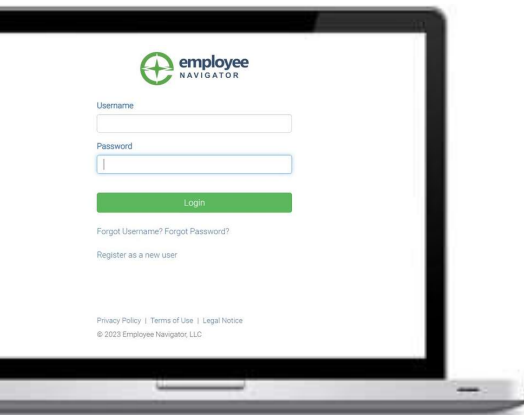
Step 4: Start Enrollments

After clicking [Start Enrollment](#), you'll need to complete some personal & dependent information before moving to your benefit elections.



TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.



HOW TO ENROLL: Online enrollment guide

Step 5: BENEFIT ELECTIONS

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

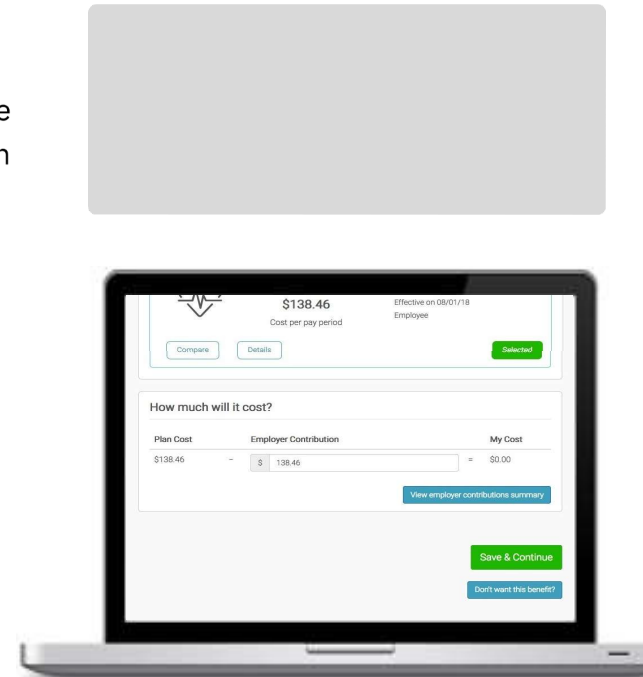
Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details



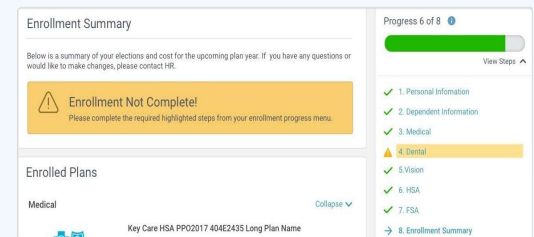
Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.



TIP

If you miss a step, you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

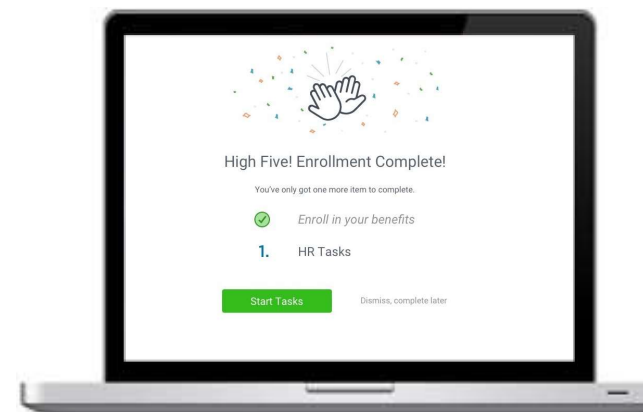


Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7



Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.