

2022



CITY OF
TALLAHASSEE



ANNUAL EMPLOYEE BENEFITS ENROLLMENT

OCTOBER 16, 2026 - NOVEMBER 13, 2026

[TALGOV.COM/ENROLL](https://talgov.com/enroll)



MEET UPWISE© Powered by Nayya

Upwise® is an online tool that will help you select the best benefit plan for you and your family.

When you visit Upwise, answer a quick interactive survey about yourself and your family and receive a custom, comprehensive benefits recommendation. You can keep using Upwise year-round to make the most of your benefits with timely reminders and more.

How long will this take?

After answering a few quick questions, Upwise will provide your personalized and comprehensive recommendation in 10 minutes or less!

How should I prepare?

The more information Upwise has, the more precise recommendation you'll get. So, while not required, having your medical insurance ID available is beneficial, along with knowing your dependents' birthdays, pre-existing conditions, income, etc.

How does Upwise make benefits recommendations?

Upwise's patented system uses both a rules-based method (a set of pre-defined rules) and machine learning to create a personalized benefits recommendation for you. Fueled by external consumer data in conjunction with individual user data, Upwise provides personalized benefits recommendations for each user.

Can I use Upwise on my phone?

Yes! Upwise is a mobile-responsive platform.

Can I trust Upwise with my secrets?

Yes! None of the information provided is shared with your employer. Your privacy is Upwise's top priority. All of the data you provide to Upwise is collected with your consent and is maintained in accordance with the privacy policy located [here](#) and all applicable privacy laws. Your answers are primarily used to provide you with individual benefits recommendations and benefit-related reminders.

Visit Upwise!

[Get started here!](#)



When accessing Upwise from outside the City network, you will be prompted by Microsoft to enter your City issued email and network password.

A silhouette of a person in mid-stride, running across a body of water. The person's reflection is visible in the calm water below. The background is a dramatic sky with soft, warm light from a low sun, creating a gradient of orange, yellow, and blue. The overall mood is one of movement, health, and tranquility.

Better Health. Better Life.

**Explore how to be
healthier, more
balanced and
make informed
decisions.**

2027 Benefits & Wellness Event

Wednesday, October 21, 2026

7:30am-12:00pm

Jack L. McLean Community Center

700 Paul Russell Road

**Visit the event to meet with our benefit
providers, ask questions, and obtain valuable plan
information.**

For a list of participating vendors, visit the
enrollment website at

www.talgov.com/annualenroll

Dear City of Tallahassee Employees,

The Annual Enrollment period for benefit plan year 2027 is 5:00 p.m. Friday, October 16, 2026, through 5:00 p.m. Friday, November 13, 2026. The online system is available 24 hours per day, 7 days per week during the enrollment period. Annual enrollment is the time of year when all **eligible** City of Tallahassee employees can re-evaluate their benefit needs and review current plan elections to ensure they continue to meet their needs and those of their families. Now is the time to make changes to all 2026 elections. Any new elections and all changes will become effective January 1, 2027, and continue through December 31, 2027. *

This Guide includes helpful information for evaluating your benefits options. To ensure that you have the coverage you need, it is recommended that you carefully read all the information outlined in this guide and review plan summaries located throughout the online enrollment system.

UPWISE®, the official City of Tallahassee benefits education tool, is available to walk you through the process of picking your best benefits and receive a custom, comprehensive benefits recommendation. You can keep using Upwise year-round to make the most of your benefits with timely reminders and more.

Visit UPWISE® before making your annual enrollment elections to start your personalized enrollment experience now.

To make elections in the online annual enrollment system, visit www.talgov.com/annualenroll

We look forward to seeing you at the **2027 Annual Benefits & Wellness Event Wednesday, October 21, 2026, at Jack L. McLean Community Center.**

At the Benefits and Wellness Event, you can learn about your benefit plans and ask questions of the benefits staff and benefit plan representatives. Should you have any questions on any of the plan options or need assistance related to the Annual Enrollment process, Human Resources & Workforce Development is available Monday through Friday from 8:30 a.m. to 4:30 p.m. by phone at 850-891-8214 or email at HRBenefits@talgov.com.

Sincerely,

The City of Tallahassee's Human Resources & Workforce Development Department

* Your enrollment in some plans is NOT guaranteed. For employee and dependent life insurance and long-term disability, you may be asked to answer some medical questions. No deductions for new or increased coverage will be taken until the insurance company notifies the Human Resources & Workforce Development Department that you and/or your dependent(s) have been approved.





DO YOUR PART TO BE FLU SMART.

Please get your flu vaccination.

GET YOUR FLU VACCINE

Sam's Club Pharmacy

Will be on site to administer flu shots.

2027 Benefits & Wellness Event

Wednesday, October 21, 2026

7:30 a.m. to 12:00 p.m.

Jack L. McLean Community Center
700 Paul Russell Road

Please wear short sleeves and bring your
medical ID card.

2027 BENEFITS

ANNUAL ENROLLMENT GUIDE

6	WHAT DO I NEED TO DO & WHAT'S GOING ON IN 2027
8	ENROLLMENT PROCESS
10	HEALTH PLANS
10	Medical Plans
15	Critical Illness
17	Dental Plans
19	Vision Plan
21	GROUP EMPLOYEE, SPOUSE/DOMESTIC PARTNER & CHILD LIFE, ACCIDENTAL DEATH & DISMEMBERMENT, AND LONG-TERM DISABILITY INSURANCE
21	Optional Employee, Spouse/Domestic Partner & Child Life Insurance
22	Employee & Family Accidental Death & Dismemberment Insurance
22	Long Term Disability Insurance
24	LEGAL INSURANCE
25	HEALTH CARE & DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS
30	RETIRING ON OR BEFORE DECEMBER 31/ REMINDERS/CONTACT INFORMATION

What Do I Need to Do?

Annual Enrollment is an opportunity for you to review your current benefit plan elections to ensure they continue to meet your needs and those of your family. All changes made during the Annual Enrollment Period become effective on January 1, 2027. *

*Your enrollment in some plans is NOT guaranteed. For employee and dependent life insurance and long-term disability you may be asked to answer some medical questions. No deductions for new or increased premiums will be payroll deducted until the insurance company notifies the Human Resources & Workforce Development Department that you and/or your dependent(s) have been

WHAT BENEFITS REQUIRE RE-ELECTION?

If you want to contribute to a health care and/or dependent care flexible spending account (FSA), during the calendar year 2027, you **MUST** make a new election(s) in the online enrollment system. Even if you participated in these plans during the calendar year 2026, your deductions would default to \$0 for 2027 unless you re-enroll. More information and details available via the online enrollment site and on the FSA page in this guide.

NO CHANGES TO YOUR CURRENT ELECTIONS?

If you do not want to make any changes to your current medical, critical illness, dental, vision, legal, optional life, dependent life, accidental death & dismemberment, or long-term disability, elections, **you do not need to do anything**. Your 2026 elections for these benefit plans will automatically continue for the calendar year 2027. *

It is highly recommended that you review your current benefit elections to ensure accuracy.

*** REMEMBER!** Although you may not need to make any changes to certain benefits, you **MUST** re-enroll in Health Care and and/or Dependent Care Flexible Spending Accounts if you want an account for the 2027 calendar year.

WHAT ABOUT MY DEPENDENT CHILD WHO TURNED 26 IN 2026?

Your dependent child who turned or will turn 26 in 2026 will remain on your plans until the end of the 2026 calendar year. During this annual enrollment, if you would like to continue to cover your 26-year-old dependent child on **MEDICAL insurance only**, you will need to re-enroll them as an Overage Dependent. If you do not wish to continue coverage, you can remove them from your medical plan. For Overage Dependent premiums, see the online benefits enrollment system.

AM I ELIGIBLE TO MAKE CHANGES DURING THE 2027 ANNUAL ENROLLMENT PROCESS?

Regular employees and Other Personnel Service (OPS) employees hired **ON OR BEFORE September 16, 2026**, are eligible to participate in the 2027 Annual Enrollment Process.

CAN I MAKE MORE THAN ONE CHANGE TO MY BENEFITS DURING ANNUAL ENROLLMENT?

Yes. You may make multiple changes in the online enrollment system during the Annual Enrollment Period. The last save you make to your changes will process as your final election.

Any election you make, including the election NOT to change any of your benefits, is FINAL once the annual enrollment period has ended.

Federal laws that govern our benefit plans do not allow any exceptions to be made to this rule.

You may make your elections from 5:00 p.m. on October 16 through 5:00 p.m. on November 13, 2026.

NEED MORE DETAIL, OR SOME PERSONAL ASSISTANCE?

Visit [UPWISE®](#)! Answer a quick interactive survey about yourself and your family and receive a custom, comprehensive benefits recommendation.

[Get started here!](#)



upwise

As always, your Benefits Team is available to assist by phone or email at 891-8214 or HRBenefits@talgov.com.

AUTOMOBILE INSURANCE COVERAGE

As an employee of The City of Tallahassee, you have access to auto insurance from Farmers Group Select. **This benefit is available year-round, and you can enroll at any time!** This benefit provides you with special savings, outstanding customer service and a full suite of products. Take advantage of special discounts and benefits that could save you money, including:

- Automatic payment options
- Good driving rewards
- Multi-policy discounts
- And 24/7 claims reporting

Call 833-905-0408 to enroll and mention your discount code: C5F

What's Going on in 2027

MEDICAL PLANS

For the 2027 plan year, there will be no plan changes to Capital Health Plan or Florida Blue. **Premiums have increased; the cost share will remain the same for employee + 1 (2 Party) and employee + 2 or more (family) coverage. There is a 1% increase to the employee only (single) cost share** for the 2027 plan year.

HEALTH CARE FLEXIBLE SPENDING ACCOUNTS

The maximum annual contribution to the Health Care FSA plans has increased to \$3,384 for the 2027 plan year.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

The maximum annual contribution to the Dependents Care FSA plans has increased to \$7,488 for the 2027 plan year.

SAME PREMIUMS FOR 2027 (NO INCREASE!)

Dental, Vision, Critical Illness, Legal, Employee, Spouse/Domestic Partner and Child Life, Accidental Death & Dismemberment, and Long-Term Disability

There are no plan design changes, or rate increases for dental, vision, critical illness, employee, spouse/domestic partner life, accidental death & dismemberment, and long-term disability for the 2027 plan year.

Employee and Spouse/Domestic Partner Life & Long-Term Disability Plan Coverage Approval

During this annual enrollment period, any new enrollment or increased enrollment for employee and/or spouse/domestic partner life insurance and long-term disability plans will require a Statement of Health. This means, you will need to complete a medical questionnaire once enrollment has closed. *

* MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize for review. In certain cases, MetLife may request additional information to evaluate your request for coverage. Like most group life insurance policies, MetLife's group life insurance policies contain certain exclusions, limitations, and terms for keeping them in force.

Enrollment Process

The online benefits enrollment system is part of the Self-Service area of PeopleSoft HCM. You are probably most familiar with this system as the place you go to print your paycheck, view your benefit information, and COT pension information.

You can also view your current benefit elections in PeopleSoft. We encourage you to review them to ensure they continue to meet your needs. Elect your benefit choices carefully, as you will not be able to make changes after **November 13, 2026**, unless you experience an IRS Mid-Year Qualifying Event.

The benefit elections you make during this open enrollment period will become effective January 1, 2027, and are binding through December 31, 2027.

HOW DO I GET TO PEOPLESOFT?

Need help finding PeopleSoft or navigating to the enrollment area? It is highly recommended that you download and print the *Online Benefits Enrollment User Guide*. This guide will give you step-by-step instructions on how to make your benefit elections using the PeopleSoft HCM online enrollment system.

From any computer, log-on to www.talgov.com/annualenroll.

From the Online Enrollment home page, click the *Online Benefits Enrollment User Guide*.

Follow the steps in this guide to make your annual benefit elections.

WHAT HAPPENS AFTER I SAVE MY ELECTIONS?

Once you have completed and saved your online enrollment elections, you will receive a confirmation statement sent to the email address you provided on screen. You will receive a confirmation statement each time you make changes and click save.

Your confirmation statement will let you know which benefits you have enrolled for, any dependents you have selected to be on the plan, and the biweekly* cost of the plan.

It is recommended that you print/save a copy of your confirmation statement.

*In months with three (3) payroll checks, benefits will only deduct from the first two (2).

DO I NEED TO DO ANYTHING AFTER ANNUAL ENROLLMENT HAS ENDED?

Once Annual Enrollment has ended, you will receive a final Benefit Statement to the last email address you provided to the system.

The Benefits Statement will list any forms that you may be required to submit before enrollment can be processed.

All forms can be accessed, downloaded, and printed from a City computer or Non-City computer by visiting

<http://www.talgov.com/annualenroll>

and will be available after the enrollment period has ended.

Required benefit forms WILL NOT be included with your Benefits Statement.

Employees are responsible for ensuring required forms are completed and returned to the Human Resources & Workforce Development Department by December 31. *

* Please note that if required forms are not submitted, you may be paying for a benefit for which you will not have access.

WHERE DO I SUBMIT MY FORMS?

Required forms are due back to the Human Resources & Workforce Development Department by **December 31**.

Employees can submit forms via:

- Fax to 891-0830
- Email to HRBenefits@talgov.com

QUESTIONS/SPECIAL ASSISTANCE?

If you have questions or need assistance, contact your department benefit coordinator or the Human Resources & Workforce Department at 891-8214.

If, because of a disability, you require a special accommodation to participate in any aspect of Annual Enrollment, please notify your HR Generalist at 891-8214 or FRS TDD at 711 at least 48 hours (excluding weekends and holidays) prior to the event or activity.

To view a summary of Federal and State Regulations Impacting Employee Benefits, please visit the Human Resources & Workforce Development

[Click Here.](#)

To view information about the Health Care Reform Market Place, please visit <https://www.healthcare.gov>

WHO ARE ELIGIBLE DEPENDENTS?

Before you start the enrollment process in PeopleSoft, please review the following regarding eligible dependents.

LEGAL DEPENDENTS

- An employee's legal spouse under a legally valid, existing marriage
- An employee's natural/biological child(ren) and legally adopted child(ren) from birth to the end of the calendar year in which they turn 26
- Stepchild(ren) from birth to the end of the calendar year in which they turn 26
- Child(ren) for whom an employee has established legal guardianship or a court-ordered temporary custody from birth to the end of the calendar year in which they turn 26

OVER-AGE DEPENDENTS/ADULT CHILD (Ages 26 through 30)

- An employee's unmarried dependent between the ages of 26 through the end of the calendar year in which he/she turns 30 AND
- No children of their own AND
- Not covered under any other health insurance plan AND
- Not eligible for Medicare AND
- Living in Florida OR A Full/Part time student

DOMESTIC PARTNER: Both same & opposite sex (All apply)

- Is at least 18 years old and competent to consent to contract
- Not married, a partner to another domestic partnership relationship or a member of a civil union with anyone other than the employee under applicable law
- Not related by blood
- Considered to be a member of the immediate family of the employee
- Is jointly responsible for maintaining, supporting, and sharing the common necessities of life and is responsible for the employee's welfare
- Has resided with the employee for the past 12 (twelve) months, or are legally registered as the employee's domestic partner in a jurisdiction which recognizes domestic partners, or has a civil union or marriage in a jurisdiction which recognizes civil unions and/or same-sex marriages

CHILD(REN) OF A DOMESTIC PARTNER

- Natural/biological child(ren) and/or legally adopted child(ren) of a Registered Domestic Partner

NOTE! Premiums for all over-age dependents, domestic partners, and child(ren) of a Domestic Partner are deducted on an after-tax basis and may be subject to imputed taxes. Proper documentation is required.

WHAT ARE THE AGE LIMITATIONS FOR A DEPENDENT CHILD(REN)?

Medical (CHP/Florida Blue)

Dependent child(ren) are eligible to remain on a medical policy from birth through the end of the calendar year in which s/he turns age 26.

Overage dependents (Adult Child) can remain on a medical policy from age 26 through the end of the calendar year in which s/he turns age 30, provided they meet certain eligibility.

Dental/Vision/Legal/Critical Illness

Dependent child(ren) are eligible to remain on a dental, vision, legal and/or critical illness policy from birth through the end of the calendar year in which s/he turns age 26.

Child Term Life & Accidental Death – Dependent child(ren) are eligible to remain on a life insurance and/or ADD policy from birth until the end of the calendar year in which s/he turns age 26.

The City of Tallahassee may at any time during a period of insurability, request documentation demonstrating eligibility of a dependent.

Health Plans

Medical Plans

The City of Tallahassee offers two medical insurance plans, both of which provide coverage for pre-existing conditions, prescription drugs, mental health, and substance abuse with no lifetime maximum.

- Capital Health Plan (HMO)
- Florida Blue – Blue Options (PPO)

COST OF COVERAGE

You and the City of Tallahassee share the **biweekly*** cost for medical coverage. The City pays most of the cost.

Your cost is based on the coverage level you choose.

Capital Health Plan & Florida Blue premiums are listed below.

YOURSELF & LEGAL DEPENDENTS	Employee	City
Individual (Single)	\$71.76	\$440.80
Employee + 1 (2 Party)	\$202.80	\$832.91
Employee + 2/More (Family)	\$360.38	\$1,048.42

*In months with three (3) payroll checks, benefits will only deduct from the first two (2).

ADDITIONAL COST TO ENROLL AN OVER-AGE DEPENDENT (Adult Child) (AGES 26-30)

(For Medical Insurance ONLY)

The City will **not** subsidize any increase in cost due to the addition of a dependent in the 26-30-age category. Depending on the coverage you elect and the number of overage dependents you will be adding to your plan, you may be required to pay an additional premium to cover these dependents. The additional cost can be found via the online benefits enrollment system. *The premiums for overage dependent coverage will be taxed on an after-tax basis. Please seek the guidance of a tax professional if needed.*

HEALTH MAINTENANCE ORGANIZATION (HMO)

An HMO is a managed care group that provides services and supplies through its own network of doctors, hospitals, and other health care facilities. It covers your expenses only if you go to a health care provider within its network of providers (unless it's a life-threatening emergency).

When you enroll in an HMO plan, you will be required to select a primary care physician (PCP) who manages your care using the HMO network's physicians and facilities. Each member of your family may have his or her own PCP. You may need approval from your PCP before seeing certain specialists.

HMO's provide health care within specific geographic areas called service areas. To be a member of an HMO, you must live or work in its service area. Except for emergencies, you must use doctors in your HMO's network and within your service area.

With an HMO:

- There is NO deductible.
- There are NO claims to file.
- You pay a fixed copayment for each office visit, emergency room visit, and hospital stay
- Most specialists do not need a referral

Eligible Dependents living outside the network will be offered temporary enrollment in a Blue Cross Blue Shield participating HMO in cities nationwide.

(See plan documents via the online enrollment system for complete details.)

PREFERRED PROVIDER ORGANIZATION (PPO)

A PPO gives you freedom of choice and greater flexibility than an HMO. You are not required to choose a primary care physician and do not need a referral to see a specialist. The PPO offers a large network of contracting doctors and hospitals to choose from when care is needed. When a contracting network provider is used, the care is considered "in-network" and out-of-pocket costs will be less. If a provider outside the network is used, the care is considered "out-of-network" and coverage is still provided, but the out-of-pocket costs will be significantly higher. PPO members have access to care anywhere they live, work, or travel, across the country and around the world.

With a PPO:

- There is an annual deductible.
- Some services require a copay (including in-network prescription drugs)
- You pay a percentage of the charge after you have met your deductible for each office visit, emergency room visit, and hospital stay.

WHICH PLAN IS RIGHT FOR YOU?

The best medical plan for you depends on many factors such as:

- What are your anticipated medical expenses for next year?
- Do you want to participate in a Flexible Spending Account?
- What can you afford to pay out-of-pocket (in terms of deductibles and copayments) if you or a covered dependent needs medical care?
- Do you have other medical coverage (for example, through your spouse's employer)?
- Do you have a doctor whom you want to keep seeing, or would you be willing to switch to a network doctor, if necessary, to pay less for coverage?
- Do you travel often or are you away from the City of Tallahassee often?
- Do any of your dependents need routine medical care in an out-of-state location?

THE CHOICE IS YOURS!

Find the medical plan that is right for you by answering a few questions about your medical needs.

Visit **UPWISE®**! Answer a quick interactive survey about yourself and your family and receive a custom, comprehensive benefits recommendation.

[Get started here!](#)



upwise

As always, your Benefits Team is available to assist by phone or email at 891-8214 or HRBenefits@talgov.com.

Medical Plans at a Glance

Below is a highlight of the most common services utilized by employees. For a complete list, please visit the online enrollment site.

CAPITAL HEALTH PLAN

BENEFITS	UNIT	YOUR COST (COPAY)
Office Visits (Including Maternity Care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours	Per Visit	\$10
Specialty Care: Office visit for services provided by a participating provider when authorized by your primary care physician	Per Visit	\$40
Urgent Care: Office visit for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours	Per Visit	\$25
Preventive Services: Tests, immunizations, and services as defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act	Per Visit	\$0
Chiropractic Care/Podiatry Care/Dermatology Care	Per Visit	\$40
Mental health and substance use disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention	Per Visit	\$40
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	\$40
Routine eye exams	Per Visit	\$10
Hospital Services (Including Maternity Care)		
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement	Per Admission	\$250
Outpatient procedures performed in a hospital	Per Visit	\$250
Mental health inpatient hospital care	Per Admission	\$250

CAPITAL HEALTH PLAN (Continued)

BENEFITS	UNIT	YOUR COST (COPAY)
Emergency Services		
Emergency room visit	Per Visit	\$300
Medically necessary ambulance service	Per Transport	\$100
Other Health Services		
Home health services/Hospice	Per Occurrence	\$0
Skilled nursing facility for up to 60 days per admission with subsequent admission available following 180 days from discharge date of the previous admission	Per Confinement	\$0
Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$100
Diagnostic Imaging including MRI, PET, and CT scan	Per Scan	\$100
Orthotic and Prosthetic medical appliances /Durable medical equipment	Per Appliance/ Per Device	\$0/\$0
Prescriptions		
Outpatient Prescription drugs <i>(Capital Health Plan reserves the right to add, remove or reclassify any prescription drug between tiers at any time. Covered prescription drugs must be medically necessary, prescribed by a medical professional acting within the scope of his/her license, and dispensed by a pharmacist.)</i>	TIER 1 TIER 2 TIER 3	\$7 \$30 \$50

- You are responsible for the payment of charges for Health Care Services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Schedule of Copayments.
- The maximum amount of copayment required in any calendar year is limited to \$2,000 per member and \$4,500 per family, excluding copayments for prescription drugs.

VALUE ADDED FEATURES

These value-added features are included in your care as a Capital Health Plan Member.

- CHP Health Coaching, a 24/7 health information and decision support line
- Access to Healthwise Knowledgebase symptom checker, video library, and shared decision-making tools
- Fitness Reimbursement – Up to \$150 per year per household for membership at qualified health fitness centers or other qualified memberships such as Peloton/Beach Body on Demand/Weight Watchers/Noom

FLORIDA BLUE – BLUE OPTIONS

Below is a highlight of the most common services utilized by employees. For a complete list, please visit the online enrollment site.

COVERED SERVICE	UNIT	IN NETWORK	OUT OF NETWORK
Primary Care Physician	Per Visit	\$25 copay	DED + 40% Co-Ins
Urgent Care	Per Visit	\$55 copay	DED + 40% Co-Ins
Specialist	Per Visit	\$50 copay	DED + 40% Co-Ins
Hospital Services	Per Admission	DED	DED + 40% Co-Ins
Emergency Room - (Waived if admitted)	Per Visit	\$150 copay	\$150 copay
Physician Services at the ER	Per Visit	DED	DED
Ambulance - (Ground, air & water travel)	Per Transport	DED	DED
Outpatient Procedure – Hospital Facility Services	Per Visit	DED <i>(Excludes Therapy Services)</i>	DED + 40% Co-Ins
Outpatient Therapy	Per Visit	\$50 copay	DED + 40% Co-Ins
Diagnostic Imaging – (MRI, PET, CT scan)	Per scan	DED	DED + 40% Co-Ins
Prescription Drugs		\$10/\$50/\$80	
FINANCIAL FEATURES			
Deductible (DED) (Per Person/Family aggregate)			
In Network		\$2,000/\$6,000	
Out of Network		Combined w/In Network	
Co-insurance			
In Network		0%	
Out of Network		40%	
Out-of-Pocket Max (Per person/Family aggregate)			
In Network		\$2,000/\$6,000	
Out of Network		\$6,000/\$12,000	
Total Lifetime Maximum Benefits		No Limit	

Worldwide benefits! As a Blue Cross and Blue Shield member, you take your healthcare benefits with you — across the country and around the world. Your membership gives you a world of choices.

Call BlueCard Access at 1-800-810-BLUE for more info.

Critical Illness Plan

The City of Tallahassee offers two (2) Critical Illness coverage options, provided by The Standard (Formerly Allstate):
Plan 1: \$10,000 or Plan 2: \$20,000 option.

CRITICAL ILLNESS PLAN OVERVIEW

Critical illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

You choose a benefit coverage option to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

MEETING YOUR NEEDS

- Guaranteed Issues, meaning no medical questions to answer at initial enrollment.
- Coverage is available for individual and child(ren) or family. Child(ren) coverage at no additional cost!
- Covered spouse receives 100% & children receive 50% of your Basic-Benefit Amount.
- Benefits paid regardless of any other medical or disability plan coverage.

USING YOUR CASH BENEFITS

Cash benefits provide you with options because you decide how to use them.

- FINANCES- Can help protect FSA's, savings, and retirement plans from being depleted.
- TRAVEL -Can help pay for expenses while receiving treatment in another city.
- HOME – Can help pay the mortgage, continue rental payments, or perform needed home repairs or after care.
- EXPENSES – Can help pay your family's living expenses such as bills, electricity, and gas.

COST OF COVERAGE

You pay the full cost for your critical illness coverage based on:

- The plan you choose and
- The coverage level you choose
- Use the chart below to determine your coverage costs

For a complete list of benefits, please visit the online enrollment site.

	BIWEEKLY* PREMIUMS			
	\$10,000 OPTION		\$20,000 OPTION	
Age	EE/EE+CH	EE+SP/FAM	EE/EE+CH	EE+SP/FAM
18-24	\$0.89	\$1.77	\$1.35	\$2.68
25-29	\$1.11	\$2.20	\$1.78	\$3.55
30-34	\$1.51	\$3.02	\$2.57	\$5.14
35-39	\$2.20	\$4.40	\$3.91	\$7.82
40-44	\$3.05	\$6.08	\$5.55	\$11.11
45-49	\$4.30	\$8.60	\$8.01	\$16.01
50-54	\$5.98	\$11.95	\$11.28	\$22.54
55-59	\$7.96	\$15.91	\$15.14	\$30.26
60-64	\$11.32	\$22.64	\$21.73	\$43.44
65-69	\$15.87	\$31.73	\$30.62	\$61.23
70-74	\$21.61	\$43.22	\$41.88	\$83.76

*In months with three (3) payroll checks, benefits will only deduct from the first two (2).

THE CHOICE IS YOURS!

Visit UPWISE®! Answer a quick interactive survey about yourself and your family and receive a custom, comprehensive benefits recommendation.

[Get started here!](#)



upwise

As always, your Benefits Team is available to assist by phone or email at 891-8214 or HRBenefits@talgov.com.

Critical Illness Plan at a Glance

Below is a highlight of the Critical Illness plan and coverages offered. For a complete list of benefits, please visit the online enrollment site.

BENEFITS AMOUNTS (Subject to maximums.)

Percentages below are based on the Benefit Amount of \$10,000 (Plan 1) or \$20,000 (Plan 2).

Covered spouse receives 100% & children receive 50% of your Basic-Benefit Amount.

*Reoccurrence Benefits (pays a percentage of the benefit amount when a second diagnosis occurs for which a critical illness benefits was already paid).

CRITICAL ILLNESS BENEFITS*	PLAN 1	PLAN 2	BENEFIT	REOCC*
Heart Attack	\$10,000	\$20,000	100%	100%
Stroke	\$10,000	\$20,000	100%	100%
End Stage Renal Failure	\$10,000	\$20,000	100%	100%
Major Organ Failure	\$10,000	\$20,000	100%	100%
Coronary Artery Bypass Surgery	\$2,500	\$5,000	25%	25%
Bone Marrow or Stem Cell Transplant	\$2,500	\$5,000	25%	25%
Invasive Cancer	\$10,000	\$20,000	100%	100%
Carcinoma In Situ	\$2,500	\$5,000	25%	25%
Waiver of Premium (employee only)	YES	YES	INCLUDED	NONE
CARDIO BENEFIT	PLAN 1	PLAN 2	BENEFIT	
Sudden Cardiac Arrest	\$2,500	\$5,000	25%	
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS	PLAN 1	PLAN 2	BENEFIT	
Advanced Alzheimer's Disease	\$10,000	\$20,000	100%	
Advanced Parkinson's Disease	\$10,000	\$20,000	100%	
Benign Brain Tumor	\$10,000	\$20,000	100%	
Coma	\$10,000	\$20,000	100%	
Complete Loss of Hearing	\$10,000	\$20,000	100%	
Complete Loss of Sight	\$10,000	\$20,000	100%	
Complete Loss of Speech	\$10,000	\$20,000	100%	
Paralysis	\$10,000	\$20,000	100%	
CHILDHOOD BENEFITS	PLAN 1	PLAN 2	BENEFIT	
10 Childhood Benefits (see policy for complete list of covered conditions)	\$5,000	\$10,000	100%	
ADDITIONAL RIDER BENEFITS	PLAN 1	PLAN 2	BENEFIT	
FIXED HEALTH SCREENING SERVICES	\$50	\$50	YEARLY	
SKIN CANCER	\$250	\$250	YEARLY	

Dental Plans

The City of Tallahassee offers three (3) dental plans provided by MetLife. All three dental plans use a preferred provider organization (PPO) network.

DENTAL PLANS OVERVIEW

Regular visits to the dentist may do more than just brighten your smile—they can be important to your overall health. Many diseases produce oral signs and symptoms. All City of Tallahassee dental insurance plans provide coverage for preventive care, basic care, and major care. Two plans offer orthodontia coverage.

Choosing and personalizing your benefits depends on your specific dental care needs, budget, and the type of plan you prefer. Under the plans, you are free to visit any licensed dentist you choose. The dental plans offer a network of contracting providers to choose from when dental care is needed.

When a contracting network provider is used, the care is considered “in-network,” where out-of-pocket costs will be less, and the highest level of benefits is received. If a provider outside the network is used, the care is considered “out-of-network” and coverage is still provided, but the out-of-pocket costs will be significantly higher.

USING YOUR DENTAL BENEFIT IS EASY

- To find a preferred provider, visit www.metlife.com/dental or download the MetLife App
- Scroll to the middle of the page and click “**Find a participating dentist**”.
- Select Network Type “**PDP Plus**” (enter a zip code)

If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application. The website and phone number are for use by dental professionals only.

COST OF COVERAGE

You pay the full cost for your dental coverage based on:

- The plan you choose and
- The coverage level you choose

BIWEEKLY*	SINGLE	EE+1	EE+ 2/MORE
PPO A	\$6.08	\$12.01	\$21.36
PPO B	\$17.99	\$35.67	\$64.53
PPO C	\$12.44	\$24.71	\$44.85

*In months with three (3) payroll checks, benefits will only deduct from the first two (2).

WHICH PLAN IS RIGHT FOR YOU?

The best dental plan for you depends on several factors:

- What are your anticipated dental expenses for next year?
- What can you afford to pay out-of-pocket (in terms of deductibles) when dental care is needed?
- Do you have other dental insurance?
- Is the dentist you want to see in-network?
- If the dentist you want to see is not in the network, can you afford the out-of-network costs?

THE CHOICE IS YOURS!

Find the dental plan that is right for you by answering a few questions about your dental needs.

Visit **UPWISE®**! Answer a quick interactive survey about yourself and your family and receive a custom, comprehensive benefits recommendation.

[Get started here!](#)



upwise

As always, your Benefits Team is available to assist by phone or email at 891-8214 or HRBenefits@talgov.com.

Dental Plans at a Glance

Below is a highlight of the most common services utilized by employees.

METLIFE DENTAL

PLAN FEATURE	PPO A PLAN		PPO B PLAN		PPO C PLAN	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Choice of Dentist	PPO Network	Any dentist	PPO Network	Any dentist	PPO Network	Any dentist
Deductible* Per Calendar Year	Per Patient -\$50 Per Family - \$150	Per Patient -\$100 Per Family - \$300	Per Patient - \$25 Per Family - \$75	Per Patient -\$50 Per Family - \$150	Per Patient - \$25 Per Family - \$75	Per Patient -\$50 Per Family - \$150
Annual Maximum Per Calendar Year	\$1,250	\$1,250	\$2,250	\$2,250	\$1,750	\$1,750
Preventative Care TYPE A	You pay 0% Plan pays 100%**	You pay 30% Plan pays 70%***	You pay 0% Plan pays 100%**	You pay 0% Plan pays 100%***	You pay 0% Plan pays 100%**	You pay 20% Plan pays 80%***
Basic Care TYPE B	You pay 50% Plan pays 50%**	You pay 60% Plan pays 40%***	You pay 10% Plan pays 90%**	You pay 20% Plan pays 80%***	You pay 20% Plan pays 80%**	You pay 40% Plan pays 60%***
Major Care TYPE C	You pay 65% Plan pays 35%**	You pay 65% Plan pays 35%***	You pay 40% Plan pays 60%**	You pay 50% Plan pays 50%***	You pay 50% Plan pays 50%**	You pay 50% Plan pays 50%***
Orthodontia TYPE D	Not Covered	Not Covered	You pay 50% Plan pays 50%** Lifetime Maximum Per Individual - \$1,800 ONLY plan that Includes Adult Ortho	You pay 50% Plan pays 50%*** Lifetime Maximum Per Individual - \$1,800 ONLY plan that Includes Adult Ortho	You pay 50% Plan pays 50%** Lifetime Maximum Per Individual - \$1,800	You pay 50% Plan pays 50%*** Lifetime Maximum Per Individual - \$1,800

* Plan A - Applies only to Type B & C Services for In-Network and Type A, B & C Services for Out-of-Network.

Plans B & C - Applies only to Type B & C Services for both In and Out-of-Network.

** Payment for percentage of negotiated fees as determined by MetLife, subject to cost sharing, deductible, and benefit maximums.

*** Payment for percentage of usual and customary charges for PPO B & PPO C, or a negotiated fee schedule as determined by MetLife for PPO A. You are responsible for 100% of any charges more than the usual and customary charge or negotiated fee schedule.

Vision Plan

The City of Tallahassee offers a vision plan through Davis Vision.

VISION PLAN OVERVIEW

The City of Tallahassee's vision plan offers comprehensive coverage, including eye exams and discounts on eyewear. With open access to see any eye care provider, you can see the one who is right for you.

Eye exams are an important part of overall health care for you and your entire family. The summary on the next page may help you decide if you or your family need a separate vision plan to save money, stay healthy, and look great.

The Davis Vision plan offers a large network of contracting providers to choose from when vision care is needed. When a contracting network provider is used, the care is considered "in-network," out-of-pocket costs will be less, and the highest level of benefits is received. If a provider outside the network is used, the care is considered "out-of-network" and coverage is still provided, but the out-of-pocket costs will be significantly higher.

In addition, Davis Vision offers the Davis Vision Collection for both frames and contact lenses. Choosing materials from the Davis Vision Collection will save you even more money.

USING YOUR VISION BENEFIT IS EASY

- To find a Davis Vision provider, visit www.davisvision.com or call 1-800-999-5431. Remember, you can save even more money by choosing a provider that offers materials from the Davis Vision Collection.
- At your appointment, tell them you have Davis Vision. No ID card is necessary. If you would like a card, you can visit www.davisvision.com and print your personalized member vision card after you create an account.

COST OF COVERAGE

You pay the full cost for your vision coverage based on:

- The coverage level you choose

YOURSELF & LEGAL DEPENDENTS	Employee Biweekly*
Individual (Single)	\$2.14
Employee + 1 (2 Party)	\$4.27
Employee + 2/More (Family)	\$7.97

*In months with three (3) payroll checks, benefits will only deduct from the first two (2).

IS VISION INSURANCE RIGHT FOR YOU?

Deciding if vision insurance is right for you, depends on a number of factors:

- What are your anticipated vision expenses for next year?
- What can you afford to pay out-of-pocket (in terms of copayments) when vision care is needed?
- Do you have other vision insurance?
- Is the vision provider you want to see in-network? If not, can you afford the out-of-network costs?

THE CHOICE IS YOURS!

Find the dental plan that is right for you by answering a few questions about your dental needs.

Visit **UPWISE®**! Answer a quick interactive survey about yourself and your family and receive a custom, comprehensive benefits recommendation.

[Get started here!](#)



upWise

As always, your Benefits Team is available to assist by phone or email at 891-8214 or HRBenefits@talgov.com.

Vision Plan at a Glance

Below is a highlight of the most common services utilized by employees. For a complete list, please visit the online enrollment site.

DAVIS VISION

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK EIMBURSEMENT
Routine Eye Exam	Every January 1, Covered in full after \$10 copayment	Eye Examination up to \$40
Spectacle Lenses	Every January 1, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$10 copayment	Spectacle Lenses (per pair) up to: Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100
Frames	Every other January 1, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection* (value up to \$195) OR \$150 retail allowance toward any frame from provider, plus 20% off balance/** OR \$200 allowance, plus 20% off balance** to go toward any frame from a Visionworks family of store locations	Frame up to \$50
Contact Lens Evaluation, Fitting & Follow Up Care	Every January 1, Collection Contacts: Covered in full OR Non-Collection Contacts: Standard Contacts: 15% discount** Specialty Contacts/3: 15% discount**	\$0
Contact Lenses (in lieu of eyeglasses)	Every January 1, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection* OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance**	Elective Contacts up to \$105, Medically Necessary Contacts up to \$225
MOST POPULAR LENS OPTIONS (based on in-network usage and average retail values)	WITHOUT DAVIS VISION	WITH DAVIS VISION
Scratch-Resistant Coating	\$25	\$0
Standard Progressives (no-line bifocal)	\$198	\$50
Standard Anti-Reflective (AR) Coating	\$83	\$35

LASER VISION CORRECTION- Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. A one-time/lifetime allowance is available up to \$200.

* The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select Toric and multifocal contacts.

** Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

Group Life, Accidental Death & Dismemberment & Long Term Disability Insurance

Whether you're just getting started or preparing for what's next in life, someone is depending on you. Adequate protection means your loved ones can pursue their plans and dreams, even if something happens to you.

Life Insurance

VOLUNTARY OPTIONAL EMPLOYEE TERM LIFE

The City of Tallahassee offers you the opportunity to purchase life insurance protection for yourself through MetLife. Enrollment is voluntary and you decide how much to purchase.

- During the Annual Enrollment period, you have the opportunity to enroll for life insurance by selecting a coverage amount between \$30,000 through \$500,000.
- During annual enrollment, evidence of insurability is required for all coverage elections and will not become effective until approved by MetLife. You will be contacted directly by MetLife through US mail and/or email for any approval/denial.
- You, as the employee, pay the full cost of this coverage through payroll deductions.

VOLUNTARY SPOUSE OR DOMESTIC PARTNER LIFE INSURANCE

The City of Tallahassee offers you the opportunity to purchase life insurance protection for your spouse or domestic partner (DP) who is registered with the City. Enrollment is voluntary and you decide how much to purchase.

- You may purchase coverage for your spouse OR domestic partner by selecting a coverage amount between \$15,000 through \$100,000.
- Your spouse/domestic partner can have no more than one half of your coverage amount as an employee.
- During the Annual Enrollment period, evidence of insurability is required for all coverage elections. Coverage will not become effective until evidence of insurability is approved by MetLife. You will be contacted directly by MetLife through US mail and/or email.
- You as the employee MUST be approved for/enroll in a life insurance policy to enroll a spouse or domestic partner.
- You, as the employee, pay the full cost for this coverage through payroll deductions.

VOLUNTARY DEPENDENT CHILD(REN) LIFE INSURANCE

The City of Tallahassee offers you the opportunity to purchase life insurance protection for your child(ren).

Enrollment is voluntary.

- You may purchase coverage for your eligible dependent child(ren) (up to age 26) for \$10,000.
- You may cover one child or multiple children in your family. You will only pay the premium based on the election of coverage and not for each individual child you cover.
- There is no evidence of insurability required for children.
- You as the employee MUST be approved for/enroll in a life insurance policy to enroll a dependent child(ren).
- You, as the employee, pay the full cost for this coverage.

COST OF COVERAGE

You pay the full cost for your life insurance coverage based on:

- The coverage level you choose and age brackets.
- Once you enroll and are approved for coverage, the cost for employee and spouse/domestic partner life insurance will increase every five (5) years.
- Use the chart in this Guide to determine your coverage costs.

For a complete list of benefits, please visit the online enrollment site.

Accidental Death & Dismemberment (ADD) Insurance

The City of Tallahassee offers accidental death & dismemberment insurance through MetLife. This insurance provides a benefit that helps protect you and your family from financial hardship if you or a covered family member dies or suffers a serious injury in an accident. You may purchase between \$25,000 through \$150,000 of ADD insurance for you and your dependents. Participation is voluntary and you decide how much to purchase. You will receive a certain percentage of the full principal if you accidentally lose a hand, foot, or your sight, speech, or hearing.

- Evidence of insurability is not required.
- If you are married (or have a domestic partner) with child(ren), your spouse/domestic partner may be covered for 40% of your principal amount and your child(ren) for 10% each.
- If you are married (or have a domestic partner) without children, your spouse/domestic partner may be covered for 50% of your principal amount. If you are single and have a child(ren), your child(ren) may each be covered for 15%.
- You, as the employee, pay the full cost of this coverage through payroll deductions.

COST OF COVERAGE

You pay the full cost for ADD insurance coverage based on:

- The coverage level you choose and who you will cover.
- Use the chart in this Guide to determine your coverage costs.

For a complete list of benefits, please visit the online enrollment site.

Long Term Disability (LTD) Insurance

The City of Tallahassee offers long-term disability insurance (LTD) through MetLife, which provides supplemental income to allow you to focus on your recovery when you suffer an illness, injury, or disabling condition that prevents you from working. You can choose from two (2) plan options. The 90-day waiting period or the 180-day waiting period.

ABOUT THE PLANS

Under the LTD plan, you receive 50% of your eligible monthly salary, up to a maximum monthly benefit of \$5,000, less any benefits you receive from other sources, such as personal or sick leave. Benefits begin after the end of the waiting period. The waiting period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your waiting period for Long Term Disability is 90 or 180 days depending on your elected Long-Term Disability plan. Generally, you are considered disabled and eligible for long term benefits if due to sickness, pregnancy, or accidental injury, you are receiving appropriate care and treatment and are complying with your requirements of treatment and you are unable to perform each of the material duties of your own occupation.

COST OF COVERAGE

You pay the full cost for LTD insurance coverage based on:

- The coverage level you choose, your age bracket and your wages.
- To calculate the biweekly* cost for this coverage, complete the calculation below. (You must use your exact salary.)
- Use the chart in this Guide to determine your coverage costs.

$$\frac{\text{Annual Salary}}{\text{(divided by) } 100} = \frac{\text{Your Rate}}{\text{(see rate table below)}} \times (\text{times}) = \frac{\text{Annual Cost}}{\text{\$24}} = \frac{\text{Cost per paycheck*}}{\text{\$24}}$$

NOTE: If your annual salary exceeds \$120,000, use \$120,000 as your annual salary in the calculation.

*In months with three (3) payroll checks, benefits will only deduct from the first two (2).

For a complete list of benefits, please visit the online enrollment site.

GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT AND LONG-TERM DISABILITY INSURANCE

EMPLOYEE LIFE INSURANCE BIWEEKLY COST*

AGE	Per \$1000 of Cvg	\$30,000.000	\$50,000.000	\$80,000.000	\$100,000.000	\$130,000.000	\$150,000.000	\$180,000.000	\$200,000.000	\$230,000.000	\$250,000.000
Under 25	\$0.046	\$0.69	\$1.15	\$1.84	\$2.30	\$2.99	\$3.45	\$4.14	\$4.60	\$5.29	\$5.75
25-29	\$0.058	\$0.87	\$1.45	\$2.32	\$2.90	\$3.77	\$4.35	\$5.22	\$5.80	\$6.67	\$7.25
30-34	\$0.069	\$1.04	\$1.73	\$2.76	\$3.45	\$4.49	\$5.18	\$6.21	\$6.90	\$7.94	\$8.63
35-39	\$0.092	\$1.38	\$2.00	\$3.68	\$4.60	\$5.98	\$6.90	\$8.28	\$9.20	\$10.58	\$11.50
40-44	\$0.104	\$1.56	\$2.60	\$4.16	\$5.20	\$6.76	\$7.80	\$9.36	\$10.40	\$11.96	\$13.00
45-49	\$0.161	\$2.42	\$4.03	\$6.44	\$8.05	\$10.47	\$12.08	\$14.49	\$16.10	\$18.52	\$20.13
50-54	\$0.263	\$3.95	\$6.58	\$10.52	\$13.15	\$17.10	\$19.73	\$23.67	\$26.30	\$30.25	\$32.88
55-59	\$0.493	\$7.40	\$3.00	\$19.72	\$24.65	\$32.05	\$36.98	\$44.37	\$49.30	\$56.70	\$61.63
60-64	\$0.689	\$10.34	\$17.23	\$27.56	\$34.45	\$44.79	\$51.68	\$62.01	\$68.90	\$79.24	\$86.13
65-69	\$1.240	\$18.60	\$31.00	\$49.60	\$62.00	\$80.60	\$93.00	\$111.60	\$124.00	\$142.60	\$155.00

SPOUSE/DOMESTIC PARTNER LIFE INSURANCE BIWEEKLY COST*

AGE	Per \$1000 of Cvg	\$15,000	\$25,00	\$40,000	\$50,000	\$65,000	\$70,000	\$95,000	\$100,000	\$10,000
Under 25	\$.042	\$0.32	\$0.53	\$0.84	\$1.05	\$1.37	\$1.47	\$2.00	\$2.10	\$0.28 – For 1 or more
25-29	\$.049	\$0.37	\$0.61	\$0.98	\$1.23	\$1.59	\$1.72	\$2.33	\$2.45	
30-34	\$.07	\$0.53	\$0.88	\$1.40	\$1.75	\$2.28	\$2.45	\$3.33	\$3.50	
35-39	\$.084	\$0.63	\$1.05	\$1.68	\$2.10	\$2.73	\$2.94	\$3.99	\$4.20	
40-44	\$.098	\$0.74	\$1.23	\$1.96	\$2.45	\$3.19	\$3.43	\$4.66	\$4.90	
45-49	\$.14	\$1.05	\$1.75	\$2.80	\$3.50	\$4.55	\$4.90	\$6.65	\$7.00	
50-54	\$.264	\$1.98	\$3.30	\$5.28	\$6.60	\$8.58	\$9.24	\$12.54	\$13.20	
55-59	\$.432	\$3.24	\$5.40	\$8.64	\$10.80	\$14.04	\$15.12	\$20.52	\$21.60	
60-64	\$.787	\$5.90	\$9.84	\$15.74	\$19.68	\$25.58	\$27.55	\$37.38	\$39.35	
65-69	\$1.351	\$10.13	\$16.89	\$27.02	\$33.78	\$43.91	\$47.29	\$64.17	\$67.55	

CHILD LIFE BIWEEKLY*

ACCIDENTAL DEATH & DISMEMBERMENT BIWEEKLY COST*

COVERAGE	EMPLOYEE ONLY	EMPLOYEE + ONE/MORE
\$25,000	\$0.39	\$0.61
\$50,000	\$0.78	\$1.23
\$75,000	\$1.16	\$1.84
\$100,000	\$1.55	\$2.45
\$125,000	\$1.94	\$3.06
\$150,000	\$2.33	\$3.68

LONG-TERM DISABILITY RATE CHART*

AGE	90 DAY WAIT	180 DAY WAIT
<24	\$0.139	\$0.109
25 to 29	\$0.222	\$0.176
30 to 34	\$0.343	\$0.252
35 to 39	\$0.475	\$0.264
40 to 44	\$0.720	\$0.351
45 to 49	\$0.704	\$0.459
50 to 54	\$0.663	\$0.591
55 to 59	\$1.130	\$0.455
60 to 64	\$1.245	\$0.500
65 +	\$1.043	\$0.419

*Cost may vary slightly due to rounding. For employee life rates over \$250,000, please refer to the online enrollment system. In months with three (3) payroll checks, benefits will only deduct from the first two (2).

Legal

The City of Tallahassee offers legal insurance to City of Tallahassee employees and their dependents. Legal insurance helps you address everyday situations like dealing with traffic tickets, resolving warranty issues, or buying a home. When you need help, don't waste time looking for the right attorney or paying costly attorney fees.

- You can choose coverage for yourself, or yourself and your dependents.
- **In-Office Services:** You receive access to a nationwide network of more than 11,000 credentialed attorneys who can advise and represent you.
- **Telephone Advice:** You can call a Network Attorney for unlimited legal advice to help prepare documents, letters, or a will.
- **Online Resources:** ARAG provides online tools and useful information to learn more about legal issues on your own. Use our DIY Docs® to help you create any of 300+ state specific, legally valid documents online.
- You'll also receive a minimum 25% reduced fee on a Network Attorney's normal rate for any other non-covered, non-excluded issues.
- You, as the employee, pay the full cost of this coverage through payroll deductions.

COST OF COVERAGE

You pay the full cost for legal insurance coverage based on:

- The coverage level you choose.

YOURSELF & LEGAL DEPENDENTS	Employee Biweekly*
Individual (Single)	\$9.25
Employee + 1 (2 Party)	\$12.19
Employee + 2/More (Family)	\$12.19

*In months with three (3) payroll checks, benefits will only deduct from the first two (2).

For a complete list of benefits, please visit the online enrollment site.

What does legal insurance cover?

With an Ultimate Advisor legal insurance plan from ARAG, count on a wide range of coverage and services, like the examples below and many more, when you work with a Network Attorney to address the legal situations you may occur in life.

Consumer Protection Matters

- Auto repair
- Buying or selling a car
- Consumer fraud
- Consumer protection for goods or services
- Home improvement
- Personal property disputes
- Small claims court

Criminal Situations

- Juvenile
- Parental responsibility

Family Law Events

- Adoption
- Domestic partnership
- Guardianship/conservatorship
- Name change
- Pet-related matters and damages
- Pre-marital agreements
- Divorce

General Needs

- Credit records correction
- Document review
- Document preparation

Finance, Tax & Debt-Related Matters

- Debt collection
- Garnishments
- Personal bankruptcy
- Student loan debt
- Tax audit

Home Ownership or Renter Matters

- Boundary disputes
- Buying and selling a home
- Contractor issues
- Contracts/lease agreements
- Deeds
- Foreclosures or evictions
- Disputes with a landlord
- Neighbor disputes
- Property title disputes
- Real estate disputes

Traffic Troubles

- License suspension/revocation
- Traffic tickets

Wills & Estate Planning Needs

- Funeral directives
- Powers of attorney
- Wills
- Trusts



HEALTH CARE & DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts

The City of Tallahassee offers flexible spending accounts (FSA) from which the payment for certain health and dependent care expenses are paid with tax-free dollars through TASC. IRS regulations require re-enrollment into the FSAs each year. If you are enrolled in a health and/or dependent care FSA during calendar year 2026, your elections **will not automatically** continue for calendar year 2027. Per IRS regulations, your health and/or dependent care FSA contribution elections for 2027 must remain in effect through December 31, 2027.

HEALTH CARE FSA

The Health Care FSA offers you the opportunity to pay for certain health care expenses for yourself and your dependents as long as these expenses are not covered by your medical, dental, or vision plans. Eligible health care expenses include:

- Medical, dental, and vision deductibles, coinsurances, and office visits
- Prescription medication
- Certain over-the-counter drug expenses
- Unreimbursed vision expenses

DEPENDENT CARE FSA

The Dependent Care FSA offers you the opportunity to pay for certain eligible dependent care expenses incurred while you and your spouse works.

An eligible dependent care expense includes:

- Before- and after-school care
- Extended day programs
- Day care, preschool, or nursery school
- Summer day camp
- Elder day care

An eligible dependent is:

- A child under age 13, who is claimed as a dependent on your income tax
- A child aged 13 and older, who • Depends on you for at least half of his/her support; • Regularly spends at least eight hours a day in your household; and • Is physically or mentally unable to care for himself/herself
- A disabled spouse or an elderly parent

ELECTION LIMITS

You may contribute the following:

For **Health Care FSA**

- A minimum of \$5 and a maximum of \$141 biweekly*

For **Dependent Care FSA**

- A minimum of \$10 and a maximum of \$312 biweekly*

HOW THE ACCOUNTS WORK

You elect an annual contribution, which will be deducted on a pre-tax basis from each of your paychecks in equal amounts (24 times per year). As a pre-tax contribution, the amount will be deducted from your salary before federal income tax, and, in most cases, state and local taxes.

- Your total HCFSA annual elected amount is **immediately** available to you, even if the money is not yet in the account.
Example: If you put \$10 per month into your account, your annual election is \$120 (\$10 times 12 months). If you had an eligible expense in February, you could make an out-of-pocket payment of \$120 and get your reimbursement immediately, even though your account might only have \$10 in it.
- If you are a new participant and enroll in an FSA for 2027, you will be issued a new TASC MasterCard prior to January 1, 2027, and can begin using your new TASC MasterCard beginning January 1, 2027. (If you are not a new participant, you can continue to use your old card.)
- Plan carefully. Any balance not used by March 15, 2028, will be forfeited; you cannot receive the balance back and you cannot carry it over to the next year.
- For DCFSA's, you are reimbursed up to the cash balance in your account. In the month of January, you could experience essentially a double childcare payment because you will be paying your provider while your first deductions will come out of your January paychecks, **so plan accordingly!**

*IRS rules limit elections for DCFSA's. You can elect to put \$156 per check, (or \$312/month if you are married but file separate income tax returns) into your account.

*In months with three (3) payroll checks, benefits will only deduct from the first two (2).

Retiring on or Before December 31

If you will be retiring on or before December 31 of this year, please be advised that any election(s) you make in the online enrollment system during the annual enrollment period **WILL NOT** be processed/valid into retirement. If you plan to retire early next year and you elect employee/dependent life during this annual enrollment, you **MUST BE APPROVED** for coverage BEFORE you retire if you want to take the benefit with you into retirement.

For information about retiree benefits, please call 850-891-8323 or visit

<https://www.talgov.com/employment/retirement>

Reminders

OCTOBER 16 – NOVEMBER 13, 2026

Enroll for your benefits online. Visit

www.talgov.com/annualenroll

Contact Information

How to Contact the Benefits Office

Address: 300 South Adams Street Tallahassee, FL 32301

Phone: 850-891-8214

Fax: 850-891-0830

Email: HRBenefits@talgov.com

Web: www.talgov.com/annualenroll

Office hours: 8:30 a.m.–4:30 p.m., weekdays

Contact Information

MEDICAL			
HMO	CAPITAL HEALTH PLAN	850-383-3311	www.capitalhealth.com
PPO	FLORIDA BLUE – BLUE OPTIONS	800-322-2808	www.floridablue.com
DENTAL			
PPO A PPO B PPO C	METLIFE DENTAL	1-800-438-6388	www.metlife.com/dental
VISION			
DAVIS VISION	DAVIS VISION	800-999-5431	www.davisvision.com
LEGAL			
ARAG	ARAG	800-888-4184	www.araglegal.com
CRITICAL ILLNESS			
THE STANDARD	THE STANDARD	1-866-828-8501	https://mybenefits.standard.com
FLEXIBLE SPENDING ACCOUNTS			
TASC	TASC	800-422-4661	www.tasconline.com
LIFE, ACCIDENTAL DEATH & DISMEMBERMENT & LONG-TERM DISABILITY			
City of Tallahassee is the record holder. Please contact Human Resources & Workforce Development. 850-891-8214.			



**CITY OF
TALLAHASSEE**

The City of Tallahassee does not discriminate based on race, color, religion, sex, sexual orientation, gender identity, national or ethnic origin, age, status as an individual with a disability, protected veteran status, genetic information, or other protected classes under the law. For more information and resources, contact Human Resources & Workforce Development at 850-891-8214.

This brochure provides an overview of your City of Tallahassee benefit plans. It is for informational purposes only. It is neither intended to be an agreement for continued employment, nor is it a legal plan document. If there is a discrepancy between this brochure and the plan documents, the plan documents will govern. In addition, the plans described in this brochure are subject to change without notice. Continuation of benefits is at the City of Tallahassee's discretion.