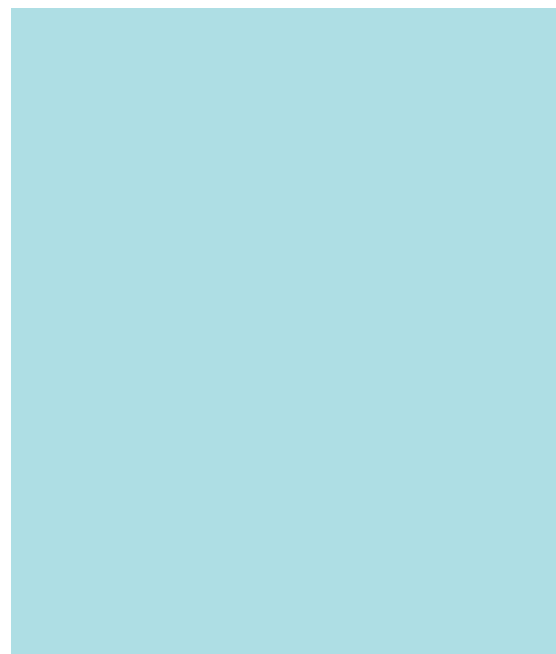


JANUARY 1, 2020 -
DECEMBER 31, 2020

YOUR
LIFE...

TAKE
CARE
OF IT.



2020 BENEFIT ENROLLMENT GUIDE



OUR COMMITMENT TO YOU

Tampa Housing Authority (THA) is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our benefits program offers health care, dental and vision coverage, as well as financial security to our employees and their families. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that is right for you.

ELIGIBILITY

As a regular, full-time employee of THA who works at least 30 hours per week for medical, 40 hours per week for dental, vision and life insurance, you can enroll in the benefit plans offered in this guide.

DEPENDENT ELIGIBILITY

You can also enroll your dependents (when available), including:

- Your legal spouse.
- Your eligible children, including stepchildren, adopted children, and other legally dependent children (you must provide court-ordered documentation).
- Your eligible children may be enrolled in your benefit plan(s) up to age 26. Limitations may apply to the life and AD&D plans. Please refer to your policy certificate.
- Extended medical plan coverage may be available for eligible adult children through the end of the calendar year in which he/she reaches age 30.
- Handicapped children up to age 65 may be eligible for coverage under your health care plans provided he/she is incapable of self-sustaining employment.

Notes:

Proof of dependents' eligibility is required, see Human Resources for more information. Common law relationships are not recognized in Florida and do not qualify as legal marriages.

ENROLLMENT PROCEDURES

The following steps will guide you through the enrollment process.

1. Carefully review the plan information in this benefit enrollment guide and all other plan materials included in your enrollment packet. The insurance carriers' websites provide important information and tools that can help you make informed enrollment decisions.

2. Consider the needs of any dependents you have. If you are married, review any coverage offered through your spouse's employer to avoid costly duplicative coverage.
3. Make your decisions then complete and return the appropriate enrollment form(s) to the Human Resources office. Should you decide to decline coverage you will still need to complete the enrollment form(s) indicating that you waive coverage.

SECTION 125 AND BENEFIT ELECTION CHANGES

Under Section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for certain group insurance premiums using pre-tax dollars. This means your payroll deductions are taken before federal income and social security taxes are calculated. Depending on your tax bracket, your savings could be significant.

However, you must make your benefit elections carefully, including the choice to waive coverage. That's because your pre-tax elections will remain in effect until the next annual Open Enrollment period, unless you experience an IRS-approved, qualifying change in status. Qualifying change-in-status events include, but are not limited to:

- Marriage, divorce, or legal separation
- Death of spouse or other dependent
- Birth or adoption of a child
- You or your spouse experience a change in work hours that affect benefit eligibility
- Relocation into or outside of your plan's service area
- A spouse's employment begins or ends
- A dependent's eligibility status changes due to age, student status, marital status, or employment

You must notify Human Resources within 30 days of your qualified status change. Please note that your qualified status change must be consistent with the event. For example, if you get married, you can add your spouse to your current medical coverage.

ENROLLMENT PERIODS

New Employees

As a new employee of THA, you become eligible for benefits on the first of the month following 30 days of continuous employment. If your 30th day falls on the first of the month, your benefits will be effective on that date. Our benefits plan year runs from January 1, 2020 through December 31, 2020.

Open Enrollment

As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our annual open enrollment period. Open enrollment is usually held in November with benefit elections effective January 1.

WHAT'S NEW FOR 2020!

THA is excited to share the following updates for plan year 2020:

- **Flexible Spending Accounts (FSA)** - FSAs enable you to set aside money for important eligible expenses and help you reduce your income taxes at the same time. THA now offers two types of FSAs – Health Care and Dependent Day Care. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent day care expenses. More information can be found on page 6.
- **Dental PPO** - 4% premium reduction.
- **Dental HMO** - 4% premium reduction.
- **Teladoc** - Lower \$10 visit copay. Teladoc is a telephonic and online service that grants you 24/7 access to a team of Board Certified physicians. Teladoc's doctors can diagnose, recommend treatment, and prescribe medication when necessary. More information can be found on page 7.

PAYING FOR YOUR BENEFITS

Some benefits are provided to you at no cost. The cost of other benefits, such as medical, is shared by you and THA. Additional benefits, such as dental, vision, and supplemental life insurance are paid for by you at discounted group rates. Having benefit options available means you can build a benefits program that meets your needs and your lifestyle.

BENEFIT	WHO CONTRIBUTES?
Medical/Prescription	THA and Employee
Dental	Employee
Vision	Employee
Basic Life and AD&D	THA
Supplemental Life and AD&D	Employee
Short-Term Disability	THA
Long-Term Disability	Employee
FSAs	Employee
Retirement Savings 401(k)	THA and Employee

MEDICAL BENEFITS

THA seeks to provide the best possible medical benefits at a reasonable cost. Employees are provided with two medical plan options that include prescription drug coverage.

Please refer to the chart on the next page for a comparison of medical plan benefits.

THA WELLNESS COMMITTEE

The THA Wellness Committee builds awareness of lifestyle, health, and wellness issues by encouraging behavioral change. The Committee aims to bring physical activity into everyday (work) life, increase awareness of physical activity options, and schedule wellness events for employees on a monthly basis. In 2020, the Wellness Committee will continue their dedication to wellness through Lunch and Learns, the Annual Employee Health Fair, weekly Fitness Club meetings, broadcasting cancer awareness, and various other wellness-related activities. Each of these will be designed to enrich your physical, mental, and occupational wellbeing through programs that support and promote healthy behaviors.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Aetna Resources for Living Employee Assistance Program (EAP) that is available to you and all household members, including dependent children. This is a service you receive through Tampa Housing Authority, so there's no charge when you call. In addition, it is confidential (information will be released as permitted or as required by law.)

Master's-degreed clinicians can be reached 24/7 by phone, online, live chat, email, and text. There's even a mobile EAP app and televideo services. EAP services can help with issues such as depression, grief, well-being, family, marital and other relationship issues, online will preparation, and many more! Visit www.resourcesforliving.com and enter login Housing Authority and password EAP or contact **1-800-563-0802** for more information.

Your program includes up to 6 face-to-face assessment and counseling sessions per issue per year, at no cost.

IN-NETWORK ADVANTAGE

Within some of the medical, dental and vision plans, you have the freedom to use any provider. However, when you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use a provider who is outside of the network, you may be responsible for paying for the difference between the Usual, Customary and Reasonable (UCR) charges and what the provider charges. You also may need to submit claim forms.

MEDICAL BENEFITS AT-A-GLANCE AND COST OF COVERAGE

THA offers you the opportunity to choose between two plans. Florida BlueCare Health Maintenance Organization (HMO) and BlueOptions Preferred Provider Organization (PPO). Members can save money by going to in-network physicians. These providers can be found on the Florida Blue website at www.floridablue.com. **Please keep in mind that if you elect the BlueCare plan (HMO), you must elect a Primary Care Physician or one will be selected for you.** The PCP you choose will help you manage all aspects of your health care; however, **no referral is necessary to see specialists.**

BENEFIT	HMO BLUECARE 055	PPO BLUEOPTIONS 03768	
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Calendar Year Deductible			
Single	\$0	\$250	\$1,000
Family	\$0	\$750	\$3,000
Out-of-Pocket Maximum			
Single	\$2,500	\$3,000	\$6,000
Family	\$7,500	\$6,000	\$12,000
Coinsurance	N/A	N/A	50%
Physician Services			
Doctor's office visit	\$10	\$20	50% after deductible
Specialist office visit	\$10	\$45	50% after deductible
Preventive care	\$0	\$0	50%
Teladoc virtual visit	\$10	\$10	N/A
Hospital Services			
Inpatient	\$250	\$700	50% after deductible
Outpatient	\$150	\$300	50% after deductible
Urgent Care	\$10	\$50	50% after deductible
Emergency Care	\$100; waived if admitted	\$200; waived if admitted	
Pregnancy and Maternity Care (prenatal)	\$10 initial visit \$250 delivery	\$45 initial visit \$700 delivery	50% after deductible
PRESCRIPTION DRUGS			
Retail (30-day supply)			
Generic	\$10	\$10	50%
Preferred brand	\$30	\$30	50%
Non-preferred brand	\$50	\$50	50%
Mail Order (90-day supply)			
Generic	\$25	\$25	50%
Preferred brand	\$75	\$75	50%
Non-preferred brand	\$125	\$125	50%
BI-WEEKLY PAYCHECK DEDUCTIONS			
Employee Only	\$119.21	\$128.23	
Employee + Spouse/Domestic Partner	\$283.72	\$305.20	
Employee + Child(ren)	\$219.35	\$235.95	
Family	\$371.94	\$400.09	

Notes: Deductibles, copays and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary and Reasonable charges apply for all out-of-network benefits.

As required by the Affordable Care Act, your Form W-2 for the 2020 tax year (that's the one we'll send you in early 2021 to file with your taxes) will show the non-taxable cost of your health care coverage.

Rates shown above are for eligible employees earning \$30,000 or more per year.

DENTAL BENEFITS AT-A-GLANCE AND COST OF COVERAGE

Dental coverage is key to your overall health. THA offers employees two dental plan options through Florida Combined Life. Review the details about each plan carefully so you can determine which plan meets your needs. Your dental plans offer choices that cover four main types of expenses:

- Preventive and diagnostic services like routine exams and cleanings, fluoride treatments, sealants, and x-rays
- Basic services such as simple fillings and extractions, root canals, oral surgery, and gum disease treatment
- Major services such as crowns and dentures
- Orthodontia

BENEFIT	DHMO FS305	DPPO CHOICE PLUS	
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Calendar Year Maximum	Unlimited	\$1,500	\$1,500
Calendar Year Deductible (Single/Family)	None	\$50/\$150	\$50/\$150
Preventive Services	\$0	\$0	\$0
Basic Services	Up to \$250 depending on service	10% after deductible	20% after deductible
Major Services	Up to \$425 depending on service + lab*	40% after deductible	50% after deductible
Orthodontia Lifetime maximum	\$1,900, all insured	\$1,500, child(ren) up to age 19	\$1,900, all insured
BI-WEEKLY PER-PAYCHECK DEDUCTIONS			
Employee Only	\$8.03	\$18.61	
Employee + Spouse/Domestic Partner	\$16.05	\$37.19	
Employee + Child(ren)	\$18.06	\$39.54	
Family	\$29.05	\$62.00	

*May also require a separate payment of laboratory charges (not to exceed \$200). The laboratory charges must be paid to the Participating Provider in addition to any applicable copayment for the services.

VISION BENEFITS AT-A-GLANCE AND COST OF COVERAGE

THA offers employees a vision plan through Florida Blue that includes coverage for eye exams and eyeglasses or contact lenses.

BENEFIT	BLUE VISION PLAN 1	
	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exam (every 12 months)	\$10	Up to \$40
Lenses (every 12 months)	\$25 up to \$105 for lens options	Up to \$100 depending on type of lenses
Frames (every 24 months)		
Exclusive Frame Collection:	Included	Up to \$50
- Fashion Level	\$15	
- Designer Level	\$40	
- Premier Level		
Non-Collection Frame Allowance (Retail)	Up to \$100 (plus 20% discount thereafter)	
Contact Lenses Instead of Glasses (every 12 months)*		
Conventional/Disposable	Up to \$100 (plus 15% discount thereafter Included)	Up to \$80
Medically Necessary		Up to \$225
BI-WEEKLY PER-PAYCHECK DEDUCTIONS		
Employee Only	\$2.76	
Employee + Spouse/Domestic Partner	\$4.97	
Employee + Child(ren)	\$5.24	
Family	\$8.27	

*Evaluation and Fitting NOT COVERED.

INCOME PROTECTION

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

All active full-time employees working 40 hours per week will receive basic life and accidental death and dismemberment (AD&D) coverage equal to 2 times your base salary, to a maximum of \$300,000, at no cost to you.

VOLUNTARY LIFE AND AD&D

You can elect voluntary life and AD&D insurance for:

Yourself:	Increments of \$10,000 to a maximum of \$500,000, not to exceed 5 times your annual earnings; guaranteed issue amount of \$140,000
Your Spouse:	Increments of \$5,000 to a maximum of \$250,000, not to exceed 50% of the employee's voluntary coverage amount; guaranteed issue amount of \$25,000
Your Child(ren):	Increments of \$2,000 to a maximum of \$20,000, not to exceed 50% of the employee's voluntary coverage amount

You pay 100% of the cost for voluntary life and AD&D insurance coverage. Please refer to the carrier materials for age-related rates.

WHAT DOES GUARANTEED ISSUE MEAN?

Guaranteed Issue is the amount of life insurance you can purchase without having to provide Evidence of Insurability (EOI), **provided you enroll when you are first eligible**. EOI is required if you enroll after your initial eligibility period or if you elect coverage over the Guaranteed Issue amount.

LIFE AND AD&D AGE BASED REDUCTIONS

When the covered person reaches age 65, his or her benefits will be reduced to 65% of the benefit amount selected and at age 70, 50%.

Coverage for your spouse ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 64.

HOUSING AUTHORITY INSURANCE GROUP (HAIG)

As an eligible employee, you receive basic Term Life Insurance coverage of \$5,000 at no cost to you.

SHORT-TERM DISABILITY

THA provides short-term disability (STD) coverage at no cost to you. Coverage is effective on the first of the month following 180 days of continuous employment with THA. You are eligible to receive STD benefits after 14 days of a qualified accident or a qualified illness. The plan pays 66 2/3% of your base salary up to a weekly maximum of \$1,000, for a maximum of 11 weeks.

VOLUNTARY LONG-TERM DISABILITY

You can elect to purchase additional long-term disability (LTD) coverage. Coverage is effective on the first of the month following 180 days of continuous employment with THA. You are eligible to receive LTD benefits after 90 days of a qualified disability (Pre-Existing Condition does apply). The plan pays 60% of your basic monthly earnings, up to a monthly maximum of \$5,000 for the duration of your disability or until the maximum benefit length as determined by the age when disability begins. Evidence of Insurability (EOI) is required if you enroll after your initial eligibility period.

FLEXIBLE SPENDING ACCOUNTS - NEW!

Flexible Spending Accounts (FSAs) help you save money by allowing you to pay for certain types of health care and dependent day care expenses on a pre-tax basis. You decide how much money to put aside each payday to cover these expenses up to the maximum.

This amount is then deducted from your pay before taxes and deposited into your FSA. When you need money to cover an eligible expense, you can get reimbursed using a variety of reimbursement methods. Remember to always keep your receipts.

HEALTH CARE SPENDING ACCOUNT

Use for:	Copayments, coinsurance, deductibles, dental and vision expenses, etc. for yourself and qualified dependents.*
Maximum Annual contribution:	\$2,750**

DEPENDENT DAY CARE SPENDING ACCOUNT

Use for:	Day care, nursery school, elder care expenses, etc.*
Maximum Annual contribution:	\$5,000 (or \$2,500 if married, filing separately)**

* See IRS Publications 502 and 503 for a complete list of covered expenses. Visit www.irs.gov for more information on Section 125 regulations.

IMPORTANT: USE IT OR LOSE IT!

Health Care FSA: Plan carefully when estimating your contributions. While up to \$500.00 in unused contributions automatically carry over to next year, unused amounts beyond \$500.00 are forfeited.

Dependent Day Care FSA: Any unused funds left in your Dependent Day Care FSA at the end of the plan year will not roll over.

View the plan document for the specific minimum and maximum contribution amounts and other plan rules.

TELADOC - NEW LOWER \$10 COPAY!

Quality care at your convenience 24/7. Speak to a licensed doctor by web, phone, or mobile app in under 10 minutes!

Schedule a doctor visit, manage your medical history, or send a prescription to your nearest pharmacy.

Doctors will diagnose, treat & prescribe medication for a wide range of conditions such as cold & flu, sinusitis, upper respiratory infections, and more!

SET UP YOUR ACCOUNT

Online: [Teladoc.com](https://teladoc.com) and click "set up account".

Mobile App: Download the app and click "Activate account." Visit teladoc.com/mobile to download the app.

Call Teladoc: Teladoc can help you register your account by calling **1-855-835-2362**.

FLORIDA BLUE RESOURCES

Florida Blue understands that each person has unique health care needs and navigating the health care system is not always easy. So, they've set up specialized care teams and personalized services to make it easier to manage your health and maximize your health plan benefits. These services are available to you at no extra cost to help you in your pursuit of health and well-being.

BLUE365® - DISCOUNT PROGRAM

You can save on a wide variety of healthy products and services through Florida Blue's members-only discount program – Blue365®. Take advantage of exclusive discounts at select local companies and leading national brands for your everyday health and wellness or family care – even healthy vacation destinations! To obtain more information on any of the products or services, visit www.Blue365Deals.com/BCBSFL.

E-LEARNING TOOL

The eLearning Tool is your digital resource to assist you with health insurance benefit options available to you and your qualified dependents. Access to medical plan summaries, money-saving tips, claim forms, provider search, medical cost comparison, and more! There is no registration required to access the eLearning Tool site. Simply text "**Blue 2650**" to **269311** or visit <https://gateway.bcbsfl.com/grp/2650>.

BENEFIT AND CARE CONSULTATIONS

Planning ahead can make important decisions easier, especially when you're dealing with a new diagnosis or managing a serious health condition. Florida Blue's CareConsultant Team will explain how your benefits work, identify helpful services, find specialists, compare health care options, and explore ways you can save money. Call a Care Consultant at **1-888-476-2227**.

FOCUS ON YOUR HEALTH CONDITION

Manage chronic and long-term health conditions with the help of specialized care teams. It's one more way you can stay ahead of your condition and help prevent other medical complications.

Call **1-888-476-2227** to let Florida Blue know how they can help you with your unique health care needs, including programs for diabetes, asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), heart failure, depression, and behavioral health.

NURSES ON CALL 24/7

When you need answers right away, call a health coach 24/7. Whether you or your family members have health concerns or general health questions, the nurseline is available at no cost. Simply call **1-877-789-2583**.

CARE COORDINATION

When you need hospital care or have complex health care needs, our Care Coordinators are there to assist you and your family. From handling benefits and approvals, to scheduling follow-up care and connecting you with health programs and resources, you'll have extra help so you can focus on getting well and staying well. Call Florida Blue at **1-888-476-2227**.

If eligible, you may also have access to physician home care if you are confined to your home. Home services can include receiving palliative or pain management care to help relieve the pain, symptoms and other stressors of a serious illness or hospice care management for individuals and families dealing with a terminal illness.

A PRENATAL PROGRAM FOR MOMS-TO-BE

Available to all moms-to-be, Healthy Addition® Prenatal Program is a prenatal education program that is particularly important if you have a high-risk pregnancy. You can talk with nurses who will walk you through steps for a healthy pregnancy, birth, and baby. Enjoy free educational materials and complimentary gifts. To join, call **1-800-955-7635, option 6**.



RETIREMENT SAVINGS 401(k)

THA understands that saving for retirement is an important priority for our employees. We offer two plans, a 401(a) Pension Plan and a 457 Retirement Plan, so you can make sure that more of your money is working for your future. Both plans allow you to save money for retirement through convenient pre-tax payroll deductions. The chart below provides highlights of the plans to help you make informed decisions.

FEATURES	401(A) PENSION PLAN	457 RETIREMENT PLAN
Eligibility	<ul style="list-style-type: none"> * You are eligible to participate on the first of the month after completing 6 months of continuous employment for THA * You must work 1,000 hours/year to qualify 	<ul style="list-style-type: none"> * You are eligible to participate on the first of the month after completing 6 months of continuous employment for THA
Your Contributions	<ul style="list-style-type: none"> * Up to 10% on an after-tax basis 	<ul style="list-style-type: none"> * Up to IRS limits on a pre-tax basis
THA Contributions	<ul style="list-style-type: none"> * 12.25% of your gross salary 	<ul style="list-style-type: none"> * None
Vesting —Vesting refers to your ownership of the money contributed to your retirement account. You are 100% vested after 5 years of employment	<ul style="list-style-type: none"> * Your contributions and their investment earnings are always 100% yours * THA's 12.25% contribution is split into two portions of 5.5% and 6.75% for vesting purposes: <ul style="list-style-type: none"> • You are 100% vested in the 5.5% portion of employer contributions • You will become vested in the 6.75% portion over a 5-year period at 20% per year 	<ul style="list-style-type: none"> * Your contributions and their investment earnings are always 100% yours
Investment	<ul style="list-style-type: none"> * Choose from a wide range of funds 	<ul style="list-style-type: none"> * You choose how to invest your funds
Loans	<ul style="list-style-type: none"> * Eligibility—you must complete 5 full, consecutive years of service in order to qualify for a loan * You may borrow the lesser of 50% of your vested account balance or \$50,000 * Minimum loan amount is \$1,000 	<ul style="list-style-type: none"> * N/A
Plan Administrator	CPI Qualified Plan Consultant, Inc. 1-800-279-4015, Ext. 206	
Website	www.benefitsforyou.com/landing	

REFERENCES AND RESOURCES FOR ADDITIONAL INFORMATION

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER
Medical/Prescription	Florida Blue	www.floridablue.com (You must create an account to view claims. Click on "Find a Doctor" to locate a provider)	1-877-352-2583 24-hour services
Dental HMO	Florida Combined Life	www.floridabluedental.com (Click "Find a Doctor", then click on "Dental BlueDental Care Prepaid" to find a doctor)	1-877-325-3979 (Select "option 2") Monday-Friday, 8 a.m. to 6 p.m.
Dental PPO	Florida Combined Life	www.floridabluedental.com (Click "Blue Dental Choice Plus" to find a doctor. You must create an account to view claims)	1-888-223-4892 (Select "option 2") Monday-Friday, 8 a.m. to 8 p.m.
Vision	Florida Blue	www.floridablue.com (Click on "Find a Doctor", then "BlueVision" to find a doctor)	1-800-643-2847 Monday-Sunday, hours vary
Life and AD&D	Cigna	www.cigna.com	1-800-362-4462 Monday-Friday, 8 a.m. to 6 p.m.
Voluntary Life and AD&D			
Voluntary Long-Term Disability			
Short-Term Disability			
Flexible Spending Accounts	HealthEquity	www.healthequity.com	1-866-346-5800
Retirement Savings 401(k) Plan	CPI Qualified Plan Consultant, Inc.	www.benefitsforyou.com/landing	1-800-279-4015, Ext. 206
Teladoc	Teladoc	www.teladoc.com (click "set up account")	1-855-835-2362 24-hour services
Employee Assistance Program	Aetna Resources for Living	www.resourcesforliving.com Login: Housing Authority Password: EAP	1-800-563-0802 24-hour services

ABOUT THIS GUIDE

This guide highlights all employee benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.