Dive
into your
benefits
2021
The Canaveral Port Authority Benefits Plan is designed for you and your eligible dependents, and addresses health and financial planning issues, both current and long-term. The health plans emphasize prevention and wellness, contributing to a longer, healthier life for you and your family, while our Retirement Plan helps you plan for a comfortable, secure future. We encourage you to become familiar with all of your benefits to take full advantage of them.

This guide provides valuable information regarding plan features, your cost for coverage, how to contact the insurance companies, and enrollment procedures. You should keep it as a handy tool to refer to throughout the year. Keep in mind, however, that your policy documents contain full details of all of the plans; please refer to these if you need further information about the benefit plans we offer.
Contents

First Things First ................................................. 4
  Selecting your Plans ........................................ 4
  How to Choose your Benefits ....................... 4
  Eligibility .................................................. 5

Medical Insurance ........................................... 6
  An Overview of your Options ...................... 6
  Making the Most of your Medical Plan ......... 7
  Medical Plan Summaries ......................... 8
  Navigating your Benefits ....................... 9

Dental Insurance ............................................. 10

Vision Insurance ............................................. 11

Your Cost for Coverage ................................. 12

Flexible Spending Accounts (FSAs) .......... 13
  Health Care FSA .................................... 13
  Dependent Care FSA ............................... 13

Life Insurance and AD&D ............................... 14
  Basic Life and AD&D ............................... 14
  Voluntary Life Insurance ....................... 14

Voluntary Benefits ........................................ 15
  Critical Illness and Accident - Aflac ....... 15
  Pet Insurance - Nationwide ................... 15

Disability Insurance ........................................ 16
  Short-Term Disability (STD) ................. 16
  Long-Term Disability (LTD) ................. 16

Resources for Assistance ............................. 17
  Employee Assistance Program (EAP) ....... 17
  Benefit and Claims Advocacy Service ....... 18

Retirement Savings ....................................... 20
First Things First

Selecting your Plans

There are up to three times during the year when you’re able to select your benefits.

When you're first hired

Your benefit eligibility date, when your coverage can be effective, is the first day of the month following your date of hire.
You have up to 30 days from your hire date to submit your benefit elections.

At Annual Enrollment

Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.
The choices you make during Annual Enrollment are effective January 1 through December 31.

If you have a life change

Certain life events like marriage, divorce, birth or adoption of a child, or a change in employment status may allow you to change your coverage during the year.
If this occurs, you may submit change through ADP Self-Service or contact Human Resources within 30 days of the event to update your benefits.

Make your selections carefully! The choices you make at enrollment are effective through December 2021.

How to Choose your Benefits

There are now two options to utilize employee self service to enroll in benefits:
My ADP Mobile App and Desktop Enrollment. Tablets are not supported with this application at this time.
Log into ADP Self-Serve ADP Mobile App info (https://workforcenow.adp.com) to elect and manage your benefits.
Desktop enrollment
You can:
• Select your benefits when you're first hired
• Submit your selections during Annual Enrollment
• Request a change in your benefits due to a life change (documentation may be required).
• Review your current benefit choices
• Select or change your beneficiary designation
If you have questions about enrollment, please contact Human Resources.

Termination of Employment

Should your employment with the Port terminate, your coverage will end on the last day of the month that your employment ends. Following your termination, you will receive a letter providing you with information on how to sign up for COBRA benefits if you would like to, as well as instructions to review options available to you on the Marketplace (healthcare.gov).
Eligibility

For you

Regular employees scheduled to work at least 30 hours per week are eligible for benefits with Canaveral Port Authority.

For your family

You may elect to cover your legal spouse and eligible dependent children on your benefit plans.

An eligible dependent child is usually defined as your natural or adopted child, step child, a child placed in your care for adoption, or a child you or your spouse have legal guardianship over. Dependent children are eligible:

<table>
<thead>
<tr>
<th>Medical</th>
<th>Through the end of the year when they turn 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Through the end of the month when they turn 26</td>
</tr>
<tr>
<td>Vision</td>
<td>Through the end of the month when they turn 26</td>
</tr>
<tr>
<td>Child Life</td>
<td>Through their 26th birthday</td>
</tr>
</tbody>
</table>

AS A REMINDER: As of 1/1/20, Canaveral Port Authority no longer offered benefits to domestic partners. If your domestic partner is currently enrolled in your benefits, they will remain eligible until 12/31/21.

Disabled dependents: children who became disabled before age 26 and rely on you for support are also eligible for health coverage. Please contact Human Resources if this applies to you.

Extended medical coverage: children ages 26-30 may be eligible for extended medical coverage; please contact Human Resources for details.

See page 9 for details about our activities designed to help you get - and stay - Ship Shape.
## Medical Insurance
### An Overview of your Options

Coverage, choice, cost and convenience are important factors each of us considers when selecting a medical plan. You may choose from the two medical plans offered through Cigna or you may choose to opt out of coverage. Both plans we offer cover the same types of medical services; the difference is the level of coverage and the amount you are required to contribute each pay period toward the premium.

<table>
<thead>
<tr>
<th>OAPIN Low Plan (Network Plan)</th>
<th>OAP High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network Coverage</strong></td>
<td></td>
</tr>
<tr>
<td>Coverage is available in the Cigna OAPIN network only.</td>
<td>In- and out-of-network coverage available; balance billing applies if you use a provider outside of the Cigna OAP network.</td>
</tr>
<tr>
<td><em>In the event of a true emergency, coverage is available regardless of network participation.</em></td>
<td></td>
</tr>
<tr>
<td><strong>How you pay for care</strong></td>
<td></td>
</tr>
<tr>
<td>Mostly copays. Deductible (DED) then coinsurance (a percentage) applies for a few services</td>
<td>Mostly copays. Deductible (DED) then coinsurance (a percentage) applies for a few services</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
</tr>
<tr>
<td>Coverage is included with your medical insurance. You pay a copay depending on the level (tier) of medication.</td>
<td>Coverage is included with your medical insurance. You pay a copay depending on the level (tier) of medication.</td>
</tr>
<tr>
<td><strong>Your Cost for Coverage</strong></td>
<td></td>
</tr>
<tr>
<td>Your annual cost will be $455.78-$1,798.86 depending on who you cover</td>
<td>Your annual cost will be $980.20-$4,338.28 depending on who you cover</td>
</tr>
</tbody>
</table>

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**Cigna**

**Group:** 610014  
**Website:** [www.mycigna.com](http://www.mycigna.com)  
**Phone:** 1.866.494.2111

*Download the Cigna app to access your ID card, find a doctor, get care using our telemedicine service, check your claims, and more!*
Making the Most of your Medical Plan

Health care can be expensive, but there are steps you can take to keep your costs in check while ensuring quality health care for you and your family.

**Try Telemedicine**
Getting sick at work, at night, or on weekends can be disruptive and plain uncomfortable. Telemedicine allows you to see a doctor from your couch, the parking lot at work, or even vacation 24 hours a day, 7 days a week from your computer or smartphone. Visit [www.mycigna.com](http://www.mycigna.com) for more information.

**Stay in-network**
In the [In-Network Plan](#), any coverage you receive out of [Cigna's OAPIN](#) network will not be covered. The [High Plan](#) offers coverage both in and out of [Cigna's OAP](#) network, though your costs will be significantly lower if you use a network provider. If you have a true emergency, please use the nearest facility. Emergency care is covered regardless of network.

**Use Outpatient Diagnostic and Testing Centers**
The larger the building, the larger the bill. When possible, have your lab work and scans (MRI, CT, x-ray, etc.) at smaller outpatient diagnostic facilities instead of the hospital. Smaller centers have the same - or better - quality treatment at a lower cost.

**Save the Emergency Room for Emergencies**
Emergency rooms are loud, stressful, full of germs, and very expensive. Emergencies are life threatening and include chest pain, head injuries, traumatic injuries, severe burns, asthma attacks, severe allergic reactions, etc. For less urgent medical needs, Telemedicine, a [Convenience Clinic](#) (inside a drugstore), or Urgent Care might offer you better care at a lower cost.

<table>
<thead>
<tr>
<th>Consider <strong>Telemedicine</strong> or a <strong>Convenience Clinic</strong> for:</th>
<th>Consider <strong>Urgent Care</strong> for:</th>
<th>Use the <strong>Emergency Room</strong> for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cold or flu</td>
<td>• Sprains</td>
<td>Life threatening conditions or symptoms</td>
</tr>
<tr>
<td>• Sinus or ear infection</td>
<td>• Broken bones</td>
<td>$200 Cost of an Emergency Room visit</td>
</tr>
<tr>
<td>• Pinkeye</td>
<td>• Stitches</td>
<td></td>
</tr>
<tr>
<td>• UTI</td>
<td>• Vomiting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Diarrhea</td>
<td></td>
</tr>
</tbody>
</table>

$20 Cost of a Telemedicine or Convenience Clinic Visit

$30 - $50 Cost of an Urgent Care visit

$200 Cost of an Emergency Room visit

**Shop Around**
If you need surgery, a scan (like an MRI or CT), or just aren't sure how much something costs, log onto [www.mycigna.com](http://www.mycigna.com) to find a provider, compare costs of providers in your area, and review how your plan will cover your care.

**Try Generic Medication**
When you need a prescription, ask your doctor if a generic is appropriate. Generic medications are significantly less expensive than equivalent brand names, and they're clinically proven to be just as safe and effective - the FDA requires it. If you see a medication advertised on TV, it is likely these are among the most expensive medications available. When you check to see if a generic option is available, you might just save quite a bit of money.
<table>
<thead>
<tr>
<th>Medical Plan Summaries</th>
<th>OAPIN Low Plan (Network Plan)</th>
<th>OAP High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>$400 per person $800 family maximum</td>
<td>$400 per person $800 family maximum</td>
</tr>
<tr>
<td>Coinsurance <em>(your share)</em></td>
<td>20% after DED</td>
<td>10% after DED</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$4,500 per person $9,000 family maximum</td>
<td>$3,000 per person $6,000 family maximum</td>
</tr>
<tr>
<td>Preventive Care <em>(Physician Office)</em></td>
<td>100% Covered</td>
<td>100% Covered</td>
</tr>
<tr>
<td>Primary Doctor Visit</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Specialist Doctor Visit</td>
<td>$40 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>You pay 20% <em>(Deductible may apply - depends on service received)</em></td>
<td>You pay 10% <em>(Deductible may apply - depends on service received)</em></td>
</tr>
<tr>
<td>Therapy <em>(speech, physical, occupational)</em></td>
<td>$40 copay <em>(visit limits may apply)</em></td>
<td>$40 copay <em>(visit limits may apply)</em></td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>$40 copay <em>(visit limits may apply)</em></td>
<td>$40 copay <em>(visit limits may apply)</em></td>
</tr>
<tr>
<td>Outpatient Mental Health Care</td>
<td>$40 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Lab Testing <em>(at an independent center)</em></td>
<td>100% Covered</td>
<td>100% Covered</td>
</tr>
<tr>
<td>Outpatient X-rays</td>
<td>100% Covered</td>
<td>100% Covered</td>
</tr>
<tr>
<td>Complex / Advanced Imaging <em>(MRI, CT, PET, etc.)</em></td>
<td>At a physician office: DED then 20%</td>
<td>At a physician office: DED then 10%</td>
</tr>
<tr>
<td></td>
<td>At an outpatient facility: $100 copay</td>
<td>At an outpatient facility: $150 copay</td>
</tr>
<tr>
<td>Convenience Clinic <em>(inside drugstores like Walgreens or CVS)</em></td>
<td>$20 copay, Many locations have evening and weekend hours</td>
<td>$20 copay, Many locations have evening and weekend hours</td>
</tr>
<tr>
<td><strong>Telemedicine</strong></td>
<td><strong>$20 copay (available 24/7)</strong></td>
<td><strong>$20 copay (available 24/7)</strong></td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>$30 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$200 copay</td>
<td>$200 copay</td>
</tr>
</tbody>
</table>
| Inpatient Hospitalization  | *Facility*: $200 per day *(first five days per year)*  
|                           | *Professional Services*: DED then 20% | *Facility*: $250 per admission  
|                           | *Professional Services*: DED then 10% |
| Outpatient Surgery / Services | *Facility*: $250 per admission  
|                           | *Professional Services*: DED then 20% | *Facility*: $250 per admission  
|                           | *Professional Services*: DED then 10% |
| Durable Medical Equipment (DME) | DED then 20% | DED then 10% |

<table>
<thead>
<tr>
<th>Out-of-Network Coverage</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td><em>Not covered except in a true emergency</em></td>
<td>$1,500 per person</td>
</tr>
<tr>
<td>Coinsurance <em>(your share)</em></td>
<td><em>Not covered except in a true emergency</em></td>
<td>20% after DED</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td><em>Not covered except in a true emergency</em></td>
<td>$5,000 per person</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>Retail (30 days)</td>
<td>Mail order (90 days)</td>
</tr>
<tr>
<td>Generic medication</td>
<td>$10 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Preferred brand name</td>
<td>$30 copay</td>
<td>$80 copay</td>
</tr>
<tr>
<td>Non-preferred brand name</td>
<td>$60 copay</td>
<td>$170 copay</td>
</tr>
</tbody>
</table>
Navigating your Benefits

Get Ship Shape through a variety of activities and programs designed to improve your overall health and wellbeing. 

- Flu Shots (when available)

For more information, please see TEAM NEWS or Human Resources.

Helpful coverage terms

- **Copay** – a flat fee you pay each time you use certain medical services, like a doctor visit.
- **Deductible** – the dollar amount you are responsible for paying in the calendar year before your coverage begins paying deductible-eligible medical and pharmacy claims.
- **Coinsurance** – the percentage of covered medical expenses you are responsible for paying after you’ve met your deductible and until you reach your out-of-pocket maximum.
- **Out-of-pocket maximum** – the most you will pay during the calendar year for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.
- **Balance billing** – the amount you are billed to make up the difference between what your out-of-network provider charges and what coverage reimburses. This amount is in addition to and does not count toward your out-of-pocket maximum.

Additional programs and challenges:

- **Loosen your moorings and get your sea legs**
  Enter a heart-healthy walk or run to get your blood flowing and your heart beating. Start slow and work your way up; you’ll be surprised what you can accomplish! (2 races per quarter)

- **Check your Gauges**
  Participate in preventive care and know your numbers. Gift cards are available for some preventive care services. Please see HR for more details.

- **Inspect your Hull**
  The time to find and fix health issues is before they become issues. Get preventive check-ups and flu shots each year (they’re covered 100% under insurance!) to stay in top working order.
Dental Insurance

Good dental health is important to your overall well-being. Our Cigna PPO dental plans allow you to visit any licensed dentist you like, but you make the most of your plan when you choose an dentist in the Cigna DPPO network.

In-network dentists provide:

<table>
<thead>
<tr>
<th>Quality Assurance</th>
<th>Network dentists are monitored for proper licensing, cleanliness, and safety.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No balance billing</td>
<td>You won’t be charged more than the contracted rate.</td>
</tr>
<tr>
<td>No pre-payment</td>
<td>You’ll pay only your portion of the bill; insurance pays your dentist directly.</td>
</tr>
<tr>
<td>Lower prices</td>
<td>Through reduced fees.</td>
</tr>
</tbody>
</table>

To locate a Cigna DPPO network provider, visit www.mycigna.com.

<table>
<thead>
<tr>
<th>Calendar Year Deductible</th>
<th>Low Plan</th>
<th>High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>DED</td>
<td>$50 individual; $150 family</td>
<td>$50 individual; $150 family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Benefit Maximum</th>
<th>Low Plan</th>
<th>High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,250 per person</td>
<td>$1,750 per person</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Cost for Care</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>100% covered</td>
<td>100% covered plus balance billing</td>
<td>100% covered</td>
<td>100% covered plus balance billing</td>
</tr>
<tr>
<td>Exams, Cleanings, X-Rays</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Care</td>
<td>DED then 30%</td>
<td>DED then 30% plus balance billing</td>
<td>DED then 30% plus balance billing</td>
<td></td>
</tr>
<tr>
<td>Fillings, Simple Extractions, Endodontics / Periodontics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Care</td>
<td>DED then 60%</td>
<td>DED then 60% plus balance billing</td>
<td>DED then 40% plus balance billing</td>
<td></td>
</tr>
<tr>
<td>Crowns, Bridges, Dentures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Orthodontia (to age 19)</td>
<td>50% covered; $1,000 lifetime maximum</td>
<td>50% covered; $1,000 lifetime maximum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Out-of-network Cost for Care

- Cigna pays out-of-network dentists less on this plan, which means your cost for care will likely be higher than on the High plan due to balance billing.
- Cigna pays out-of-network dentists more on this plan, which means your cost for care will likely be lower than on the Low plan due to balance billing.

Balance billing – the amount you are billed to make up the difference between what your out-of-network provider charges and what coverage reimburses.

Group: 610014
Website: www.mycigna.com
Phone: 1.866.494.2111

Download the Cigna app to access your ID card, find a provider, check your claims, and more!

iPhone or iPad (Apple)
Android (Samsung)
Vision Insurance

Keep your eyes healthy and your vision sharp with comprehensive vision coverage offered through Cigna utilizing the Vision Service Plan (VSP) network. This plan provides both an eye exam and materials (lenses and frames or contact lenses). You may choose to receive care from any provider of your choice, though you get the best value when you visit a participating provider.

To locate a Cigna network provider, visit www.mycigna.com.

<table>
<thead>
<tr>
<th>Copays</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Examination</strong>&lt;br&gt;Once every 12 months</td>
<td>$10 copay</td>
<td>Up to $45 reimbursement</td>
</tr>
<tr>
<td><strong>Materials Copay</strong>&lt;br&gt;Lenses and/or Frames</td>
<td>$15 copay</td>
<td>Does not apply</td>
</tr>
<tr>
<td><strong>Glasses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses - Single</strong>&lt;br&gt;Once every 12 months</td>
<td>Covered in full after materials copay</td>
<td>Up to $32 reimbursement</td>
</tr>
<tr>
<td><strong>Lenses - Lined Bifocal</strong>&lt;br&gt;Once every 12 months</td>
<td>Covered in full after materials copay</td>
<td>Up to $55 reimbursement</td>
</tr>
<tr>
<td><strong>Lenses - Lined Trifocal</strong>&lt;br&gt;Once every 12 months</td>
<td>Covered in full after materials copay</td>
<td>Up to $65 reimbursement</td>
</tr>
<tr>
<td><strong>Frames</strong>&lt;br&gt;Once every 24 months</td>
<td>$130 allowance&lt;br&gt;20% off balance exceeding allowance</td>
<td>Up to $71 reimbursement</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Elective Contact Lenses</strong>&lt;br&gt;Once every 12 months</td>
<td>$130 allowance</td>
<td>Up to $105 reimbursement</td>
</tr>
<tr>
<td><strong>Medically Necessary Contacts</strong></td>
<td>Covered in full</td>
<td>Up to $210 reimbursement</td>
</tr>
</tbody>
</table>

**Elective contact lenses** are in lieu of glasses (lenses & frames). You are not eligible for glasses under our plan until 12 months after you receive contacts and vice-versa.
Your Cost for Coverage

Your per-paycheck (bi-weekly) cost for coverage:

<table>
<thead>
<tr>
<th>Medical Insurance</th>
<th>Monthly Premium</th>
<th>CPA Cost (Bi-Weekly)</th>
<th>Your Cost (Bi-Weekly)</th>
<th>CPA %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OAPIN Low Plan</strong> <em>(Network Plan)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$759.82</td>
<td>$333.15</td>
<td>$17.53</td>
<td>95%</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$1,595.61</td>
<td>$697.42</td>
<td>$39.01</td>
<td>95%</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$2,355.41</td>
<td>$1,018.01</td>
<td>$69.11</td>
<td>94%</td>
</tr>
<tr>
<td><strong>OAPIN High Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$856.56</td>
<td>$357.64</td>
<td>$37.70</td>
<td>90%</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$1,798.71</td>
<td>$724.62</td>
<td>$105.55</td>
<td>87%</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$2,655.22</td>
<td>$1,056.70</td>
<td>$168.78</td>
<td>86%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Insurance</th>
<th>Monthly Premium</th>
<th>CPA Cost (Bi-Weekly)</th>
<th>Your Cost (Bi-Weekly)</th>
<th>CPA %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPO Low Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$23.53</td>
<td>$9.88</td>
<td>$0.98</td>
<td>91%</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$46.89</td>
<td>$8.83</td>
<td>$12.81</td>
<td>41%</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$76.03</td>
<td>$9.01</td>
<td>$26.08</td>
<td>26%</td>
</tr>
<tr>
<td><strong>PPO High Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$34.97</td>
<td>$10.84</td>
<td>$5.30</td>
<td>67%</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$70.62</td>
<td>$13.36</td>
<td>$19.23</td>
<td>41%</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$117.01</td>
<td>$13.92</td>
<td>$40.08</td>
<td>26%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision Insurance</th>
<th>Monthly Premium</th>
<th>CPA Cost (Bi-Weekly)</th>
<th>Your Cost (Bi-Weekly)</th>
<th>CPA %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$5.17</td>
<td>$2.29</td>
<td>$1.00</td>
<td>96%</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$8.94</td>
<td>$2.33</td>
<td>$1.80</td>
<td>56%</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>$13.35</td>
<td>$2.77</td>
<td>$3.39</td>
<td>45%</td>
</tr>
</tbody>
</table>

Additional benefit options are also available for purchase through AFLAC and Nationwide. Please see Human Resources for details.
Flexible Spending Accounts (FSAs)

Pay for qualifying health care and dependent care expenses with tax-free money using a Flexible Spending Account (FSA). You may enroll in one or both accounts depending on your needs.

**Health Care FSA**
Pay for eligible health-related expenses with pre-tax money deducted from each paycheck. Use your FSA debit card to pay your provider when you receive care.

- **Medical**
  - deductibles, copays, coinsurance
- **Pharmacy**
  - prescription drug copays
- **Dental**
  - dental and orthodontic expenses
- **Vision**
  - glasses options, contact lenses, copays

**Numbers and Dates:**
- Contribute up to **$2,750** per year ($101.92 per paycheck).
- Use your funds on eligible claims between **January 1, 2021** and **December 31, 2021**.
- All claims must be submitted by **March 15, 2022**.
- You may **roll over up to $550** in unused funds to the next year; any additional remaining balance will be forfeited per IRS requirements.
- The entire amount you’ve elected to contribute is available on January 1, 2021.
- You must enroll annually to participate.

**Dependent Care FSA**
Pay for eligible dependent-care expenses with pre-tax money deducted from your paycheck. Care must be for a **qualifying individual** while you and your spouse (if applicable) work, look for work or attend school.

**Eligible Expense Examples:**
- Before or after school care (not tuition expenses)
- Daycare / nursery school / preschool
- Summer day camp (not overnight)
- Adult day care
- Other expenses specified by the IRS

**Qualifying Individuals include:**
- Dependent child under age 13
- Child over the age of 13 not capable of self care
- Other adult tax dependent (i.e. spouse, dependent parent) not capable of self care

**Numbers and Dates:**
- Contribute up to **$5,000** per year ($2,500 if you’re married filing separately).
- Use your funds on eligible claims between **January 1, 2021** and **December 31, 2021**.
- All claims must be submitted by **March 15, 2022**.
- Any leftover funds at the end of the year are forfeited per IRS requirements.
- Only the amount actually contributed year to date is available for use.

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**TASC**

**Website:** [www.TASConline.com](http://www.TASConline.com)

**Phone:** 1.800.422.4661

**Download the MyTASC Mobile app to manage your FSA on the go!**

- iPhone or iPad (Apple)
- Android (Samsung)
Life Insurance and AD&D

Basic Life and AD&D
As a full-time employee, Canaveral Port Authority provides you with life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you. Coverage is through Lincoln Financial Group Group in the amount of your annual earnings up to $250,000. Coverage reductions begin at age 65. Please be sure to designate a beneficiary during enrollment and verify it annually.

AD&D Coverage
AD&D, or Accidental Death & Dismemberment insurance, is equal to the basic life insurance policy you receive through Canaveral Port Authority and may pay a benefit in one of two ways:
- Death: If your death is caused due to an accident, the AD&D benefit pays in addition to your life insurance (your beneficiary would receive both the life insurance amount and the AD&D amount).
- Dismemberment: If, as the result of an accident, you either lose a covered body part (such as a limb) or lose the function of a covered body part, you may receive a percentage of the total AD&D benefit depending on the specific functions that have been lost.

Voluntary Life Insurance
You may choose to purchase additional supplemental life insurance through Lincoln Financial Group to provide you and your family with extra financial protection. In order to cover your spouse and/or children, you must purchase coverage on yourself.

<table>
<thead>
<tr>
<th>Coverage For:</th>
<th>You</th>
<th>Your Spouse*</th>
<th>Your Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available increments</td>
<td>$10,000</td>
<td>$5,000</td>
<td>Flat $10,000 policy covers all eligible dependent children</td>
</tr>
<tr>
<td>Maximum coverage</td>
<td>$300,000 (max 5x income)</td>
<td>$150,000 (max 50% of employee amount)</td>
<td>children under 6 months: $250 benefit</td>
</tr>
<tr>
<td>Medical question limit</td>
<td>$150,000</td>
<td>$30,000</td>
<td></td>
</tr>
<tr>
<td>Annual Enrollment Increase</td>
<td>Up to 2 increments maximum $150,000 total coverage</td>
<td>Up to 2 increments maximum $30,000 total coverage</td>
<td></td>
</tr>
</tbody>
</table>

Coverage reduces by 35% at age 65; an additional 15% at age 70; additional 15% at age 75. Benefits terminate at retirement. *Spouse Voluntary Life rate based on Employee age.

Medical question limit: If you elect coverage as a newly eligible employee, you may purchase up to this amount with no medical questions or approval required. Medical questions and approval by Lincoln Financial Group will be required for any requests to: enroll at a later date, increase coverage in excess of the annual increase amount, or when your requested coverage amount exceeds the medical question limit.

Please contact Human Resources for coverage and claim information
Voluntary Benefits

Critical Illness and Accident - Aflac
Voluntary benefits provide the flexibility of choosing plans that are right for you and your family based on your individual needs. These plans complement existing coverage by filling the financial gaps ensuring more protection and less out-of-pocket responsibility. Benefits are paid regardless of any other coverage you have and work to provide financial protection or money-saving options for various aspects of your life. Additionally, these plans often offer portability allowing you to take these plans with you into retirement.

**Note: The AFLAC Critical Illness and Accident policies are available for enrollment at Open Enrollment ONLY.**

Critical Illness Insurance
Critical Illness insurance offers a way to supplement your regular medical coverage and ensures you are covered for the unexpected. Critical Illnesses can often lead to extended time away from work and unplanned expenses providing additional stress. Critical Illness insurance works to offset some of those lost wages and helps you pay routine living expenses such as child care, transportation, rent or mortgage payments so you can focus on recovering.

Upon diagnosis of any of the covered conditions you are able to submit a claim. After submitting a claim, Aflac will review your claim and issue a lump-sum payment of either $10,000 or $20,000 depending on the plan option chosen at time of enrollment. This payment is made directly to you regardless of any medical or disability insurance you might have and you choose how to spend the money.

Accident Insurance
Accident Insurance provides coverage for accidental injuries that occur, helping to fill financial gaps caused by out-of-pocket expenses. Accidental injuries range from minor to major incidents.

The Aflac Accident insurance will deliver a payment to you for various qualifying incidents. These may include the following:

- Injuries such as fractures, dislocations, burns, concussions, cuts and lacerations, eye injuries,coma, torn knee cartilage, broken tooth, ruptured disc and paralysis
- Medical services and treatments such as ambulance (ground and air), emergency care, non-emergency care, hospital (admission, confinement and inpatient rehab), intensive care unit confinement, physician follow-up, therapy services, medical testing (X-rays, MRIs and CT scans), medical appliances, inpatient and outpatient surgery, and blood and blood plasma
- Family lodging and travel needs related to an accident and follow-up care
- Accidental death and dismemberment

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Pet Insurance - Nationwide
You care about your pets and consider them members of your family. So, why not give your pets the best health care available?

The my Pet Protection suite of pet protection is composed of plans specifically designed to give your pet protection at unbeatable pricing. Plans feature:

- 90% back on vet bills
- One set price, regardless of pet’s age
- A wellness plan option that includes spay/neuter, preventive dental cleaning and more

There are 3 ways to enroll:
1. Go directly to the dedicated URL created for Canaveral Port Authority: [http://www.petinsurance.com/portcanaveral](http://www.petinsurance.com/portcanaveral)
2. Visit [PetsNationwide.com](http://www.petsnationwide.com).
3. Call 877.738.7874 and mention that you’re an employee of Canaveral Port Authority to receive preferred pricing.
4. To enroll your bird, rabbit, reptile or other exotic pet, please call 888.899.4874.

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**Website:** [https://aflacgroupinsurance.com; Groupclaimfiling@aflac.com](https://aflacgroupinsurance.com; Groupclaimfiling@aflac.com)
**Phone:** (800) 433.3036 (Customer Service); (866) 849.2970 (To file a claim)

**Website:** [https://www.petinsurance.com/portcanaveral; PetsNationwide.com](https://www.petinsurance.com/portcanaveral; PetsNationwide.com)
**Phone:** 877. 738.7874 (Customer Service); (888) 899.4874 (To enroll your pet)
## Disability Insurance

### Short-Term Disability (STD)

Short-Term Disability insurance is designed to provide you with income protection on a more immediate, short-term basis if you are unable to work due to an illness or injury. Canaveral Port Authority provides you with Short-Term Disability coverage through Lincoln Financial Group at no cost to you.

<table>
<thead>
<tr>
<th>Benefits begin:</th>
<th>After 14 days of your inability to work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit amount:</td>
<td>60% of your income up to $1,000 per week</td>
</tr>
<tr>
<td>Payments last:</td>
<td>Up to 11 weeks if you remain unable to work</td>
</tr>
</tbody>
</table>

### Long-Term Disability (LTD)

Long-Term Disability insurance is designed to provide you and your family with continuing income protection if you remain unable to work once Short-Term Disability ends. Canaveral Port Authority provides you with Long-Term Disability coverage through Lincoln Financial Group at no cost to you.

<table>
<thead>
<tr>
<th>Benefits begin:</th>
<th>After 90 days of your inability to work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit amount:</td>
<td>60% of your income up to $6,000 per month</td>
</tr>
<tr>
<td>Payments last:</td>
<td>Up to 2 years if you are unable to perform the duties of your occupation; to age 65 if you are unable to perform the duties of any occupation</td>
</tr>
</tbody>
</table>

Pre-existing condition limitations apply to Long-Term Disability coverage. You will not be covered for any disability that happens in the first twelve months of coverage if you received treatment during the three month period before coverage began.

### Lincoln Financial Group

Please contact Human Resources for coverage and claim information.
Resources for Assistance

Employee Assistance Program (EAP)

Canaveral Port Authority offers all benefits eligible employees and their families access to a confidential Employee Assistance Program (EAP) tailored to your needs. You can access our EAP services 24 hours a day, seven days a week, 365 days a year and reach a licensed, professional counselor available for immediate assistance.

Our program offers telephone, face-to-face, and web-based assistance. Assistance is available for you or an immediate household member and can include up to six in-person sessions per year for short-term problem resolution.

Our EAP can help you navigate some of life’s toughest challenges, including:

- adoption
- alcohol
- anxiety
- buying a car or home
- cancer
- child and elder care
- diabetes
- dieting
- eating disorders
- fitness
- grieving
- heart health
- military life
- pregnancy
- smoking
- wills
- debt and bankruptcy
- divorce and child custody
- post-traumatic stress disorder
- financial planning (estate, retirement, investing)
- hurricane preparedness
- marriage and living together
- and more

If you need to continue services after your in-person sessions are exhausted, you may use your Cigna health plan. Network providers are available under Mental Health at www.mycigna.com.

Compsych

Website: www.guidanceresources.com
Web Id: PORTEAP
Phone: 1.800.272.7255
Benefit and Claims Advocacy Service

Have you ever felt like you wanted a personal assistant to help coordinate information about your benefits? Our fully licensed dedicated advocate, is available to answer your questions, provide support, and offer a one-stop-spot for maximizing your benefits plan and your health.

If you are enrolled in our Canaveral Port Authority benefit plans, you have access to our dedicated advocate. From finding an in-network provider, to teaching you how to best utilize your FSA, or providing assistance with a claim is supported by a team of medical, employee assistance, and benefit experts. Any conversations with will be conducted in a confidential manner, fully protecting your privacy.

Advocacy services are provided at no cost to you!

When to reach out

Your Benefit Advocate is ready to handle any situation that may arise in a discreet and confidential manner. She can help you get the most from our benefit programs by providing assistance with a variety of issues and questions, such as:

- **Claims** you believe haven’t been paid properly
- **Explaining** what your benefits cover
- **Questions** regarding bills you receive from your doctor, hospital, dentist or lab
- **Assistance** with prescription or pharmacy issues
- Help finding **in-network** providers

**Gallagher**

**Email:** bac.canaveralportauthority@aig.com

**Phone:** 844.978.0738 (available M-F, 8am - 6pm)
PERSONAL GUIDANCE MAKES IT EASY
Helping you save and stay healthy

Now it’s easier for you to take control of your health and health spending.

Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. It’s our highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools and reminders can help you stay healthy and save money.

Your One Guide team is a click or call away to help you:

Understand your plan
- Know your coverage and how it works
- Get answers to all your health care or plan questions

Get care
- Find an in-network doctor, lab or urgent care center
- Connect to health coaches, pharmacists and more
- Stay on track with appointments and preventive care
- Take advantage of dedicated one-on-one support for complex health situations

Save on care
- Learn ways to save and get the most value from your plan
- Get cost estimates and service comparisons to avoid surprises

Start using the Cigna One Guide service today – by app, chat or phone.

Download the myCignaSM app* or call the number on the back of your ID card to talk with your personal guide.

Together, all the way.

Offered by: Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company.

904124 06/17
Retirement Savings

401(a) and 457b Plans: Benefits that go together

You may participate in a 401(a) defined contribution plan and a 457b deferred compensation plan. Both plans work together to help you build a secure retirement.

CPA's 401(a) Money Purchase Plan allows you to save and invest money for retirement with tax benefits. Contributions are made to an account in your name for the exclusive benefit of you and your beneficiaries. The value of the account is based on the contributions made and the investment performance over time. No taxes are due, including on earnings, until you make withdrawals.

The 401(a) is funded entirely by CPA at 10.77% annually. There is a one year vesting period. The 457b is a similar fund in which you can contribute pre-tax retirement savings, but there is no match from CPA. A Roth IRA is also available to invest in a post-tax retirement savings plan.

Contact HR to schedule a time to meet and talk about your options.
Start saving to a Payroll Roth IRA with as little as $10 per pay period and aim to increase your savings over time. **In 20 years, your savings add up!**

<table>
<thead>
<tr>
<th>If you save $10 bi-weekly, and...</th>
<th>If you save $50 bi-weekly, and...</th>
<th>If you save $100 bi-weekly, and...</th>
</tr>
</thead>
<tbody>
<tr>
<td>...keep saving $10 bi-weekly</td>
<td>...keep saving $50 bi-weekly</td>
<td>...keep saving $100 bi-weekly</td>
</tr>
<tr>
<td>...increase your savings by $5 each year</td>
<td>...increase your savings by $10 each year</td>
<td>...increase your savings by $20 each year</td>
</tr>
<tr>
<td>$9,837</td>
<td>$49,187</td>
<td>$98,374</td>
</tr>
<tr>
<td>$47,245</td>
<td>$124,001</td>
<td>$248,003</td>
</tr>
</tbody>
</table>

Total savings amounts are illustrative. Actual amounts depend on multiple factors; this illustration is not a guarantee of your savings.
This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting

Contact HR at cpahr@portcanaveral.com with any questions.