



City of Homestead New Employee Benefits Guide

October 1, 2024 through September 30, 2025

Introduction

City of Homestead offers a valuable benefits package that provides choices and flexibility for the diverse and changing needs of our employees. Review the information in this guide to learn about benefit changes and options, choose the right coverage for you and your family's unique needs and benefit from an array of year-round resources for your total well-being.



WHO IS ELIGIBLE?

Full-time employees working a minimum of 30 hours per week, are eligible to participate in the benefits program the first of the month following 60 days of active employment.

Family members eligible for dependent coverage include:

- Your legal spouse
- Natural, adopted, foster or stepchild(ren)
- Child(ren) for whom court appointed or legal guardianship has been awarded
- Your unmarried, dependent children / step-children if they are incapable of self-support due to a physical or mental disability.
- Your domestic partner, through a Declaration of Domestic Partnership and Domestic Partnership Certificate
 - Declaration of Domestic Partnership – Must be completed and signed by you and your domestic partner.
 - Domestic Partnership Certificate - issued by the Miami Dade County (MDC) Department of Regulatory and Economic Resources (RER), Consumer Services, and domestic partnership certificate authorized by law in a different jurisdiction within the State of Florida.

Eligible dependent children may be covered until:

- Medical, Dental & Vision: end of the calendar year they turn age 26, or age 30 if unmarried with no dependents; a Florida resident or student; not enrolled in any other health coverage policy or plan; not entitled to Medicare benefits

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

QUALIFYING LIFE EVENTS

Once your benefits are effective, you may not make changes to your benefits until the next open enrollment period unless you experience a qualifying life event.

Qualified changes in status include, but not limited to:

- Marriage, divorce, legal separation
- Birth or adoption of child
- Death of spouse, child or other qualified dependent
- Loss/gain of other group coverage
- Loss/gain for Medicare, Medicaid, or CHIP
- Change of dependent status
- Change in employment status
- Medicare or Medicaid entitlement

If you experience a qualified “change in status,” you must make benefit changes within 30 days of the event except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event. It is your responsibility to notify Human Resources within 30 days of the qualifying event.

Contact Human Resources if you have any questions or believe that you may qualify for an election change

Access the City of Homestead intranet through the link below:

<https://cityofhomesteadgcc.sharepoint.com/sites/HomesteadIntranet>

TERMS TO KNOW

Discounted Rate

When you enroll in coverage you become a United Healthcare member. A member of United Healthcare gets access to their network of providers (doctors or facilities) – these are in-network providers. United Healthcare members receive Discounted Rates with these in-network providers.

Copays

Copays are set dollar amounts you pay for specific services. these cost are typically collected at the time of service. Ex: you have a \$50 copay for a visit to your primary care physician.

Deductible

Services not subject to a copay are subject to your deductible. You pay first dollar costs for claims subject to your deductible and you receive the Discounted Rate for all covered claims with an in-network provider.

Coinsurance

Coinsurance is a cost share. Once you meet the deductible United Healthcare will share in the cost of the claims. The percent of the cost for the claim you are responsible for. The amounts you pay in coinsurance apply to your out-of-pocket maximum.

Out-of-Pocket

This amount is the maximum amount you will pay towards covered services on the plan for the calendar year from January 1st through December 31st. This amount includes the amounts you pay in deductible, coinsurance, copays, and prescription drugs.

Say Hello to the Designated Diagnostic Provider benefit!

More value and savings for members

Designated Diagnostic Providers (DDP) are qualified outpatient hospitals and qualified freestanding facilities that meet requirements for providing quality and efficient services. When you choose a DDP for your outpatient imaging services, you'll receive the highest level of benefit from the health plan. This means more value for imaging services and more value for you.

Look for the green check when searching for a diagnostic provider!

Participating imaging providers will be designated in the provider search on www.myuhc.com.

Imaging services performed by a non-Designated Diagnostic Provider can cost on average 3 to 5 times more than services performed by a Designated Diagnostic Provider. For Example:

	DDP 	Non-DDP
CT Scan	\$315	\$1,257
MRI	\$541	\$1,603

Any descriptions and photos herein are for illustration purposes only.



XYZ Imaging Center

X-ray and Radiology Facility

1010 Any Highway
Big City, ST 12345

(123) 456-7890 PHONE

4.1 Miles Away | [Get Directions](#) 



Designated Diagnostic Provider

Neighborhood Health Partnership, A United Healthcare Company

Medical insurance

How to find a provider: www.uhc.com

1. Select "Find a Doctor" from top task bar
2. Scroll down and select "Guest provider search"
3. Choose Medical Directory
4. Choose "Employer & Individual Plans"
5. Select Network: NHP HMO/POS Enter search criteria

Benefits at a Glance	Option 1	Option 2	Option 3
PLAN NAME	NHP HMO OA DU1R	NHP POS OA Flex DUZT	Choice OA DU90
Network Name	NHP HMO/POS	NHP HMO/POS	Choice
CALENDAR YEAR DEDUCTIBLE			
Individual	\$750	\$1,500	\$3,000
Family	\$1,500	\$3,000	\$6,000
Coinsurance	80% / 20%	80% / 20%	80% / 20%
CALENDAR OUT OF POCKET MAX (INCLUDES COINSURANCE, COPAYS & DEDUCTIBLE)			
Individual	\$5,000	\$5,000	\$6,000
Family	\$10,000	\$10,000	\$12,000
MEDICAL CARE			
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Physician Visit	\$15	\$15	\$30
Specialist Visit	\$30	\$30	\$60
Virtual Care	\$0	\$0	\$0
PCP Selection Required	Yes	Yes	No
Referral Required	No	No	No
Urgent Care	\$50*	\$50*	\$75
Emergency Room	\$250*	\$250*	\$250
Inpatient Care	Deductible + coinsurance*	Deductible + coinsurance*	Deductible + coinsurance
Outpatient Surgery	Deductible + coinsurance*	Deductible + coinsurance*	Deductible + coinsurance
Physician Fees	Deductible + coinsurance*	Deductible + coinsurance*	Deductible + coinsurance
Diagnostic Lab	Covered at 100%*	Covered at 100%*	Covered at 100%
Diagnostic X-ray	\$0*	\$0*	\$0
Complex Diagnostic Imaging <i>DDP = Diagnostic Designated Provider</i>	DDP: \$500* Non DDP: deductible + 50% cost share*	DDP: \$500* Non DDP: \$750*	DDP: deductible + coinsurance Non DDP: 50% cost share
PRESCRIPTION DRUGS			
Tier 1	\$10	\$10	\$10
Tier 2	\$35	\$35	\$35
Tier 3	\$70	\$70	\$70
Specialty (GH, Self Injectable, etc.)	Applicable to cost share	Applicable to cost share	Applicable to cost share
Mail Order - 90 day supply	2.5x retail copay	2.5x retail copay	2.5x retail copay
OUT-OF-NETWORK BENEFITS – REFER TO SUMMARY OF BENEFITS & COVERAGE			
Benefits Available	This plan does not have Out-of-Network benefits	\$3,000 Individual / \$6,000 Family	This plan does not have Out-of-Network benefits
Coinsurance		60% / 40%	
Maximum Out-of-Pocket		\$6,250 Individual / \$12,500 Family	
	*services applicable to APL GAP coverage	*services applicable to APL GAP coverage	Gap is not available
Coverage Level			
Employee Only	\$10.00	\$10.00	\$10.00
Employee & Spouse	\$50.00	\$50.00	\$50.00
Employee & Child(ren)	\$50.00	\$50.00	\$50.00
Employee & Family	\$50.00	\$50.00	\$50.00

American Public Life

Gap Insurance

Supplemental Health Plan

This plan works in conjunction with the medical plan to help reduce out-of-pocket expenses for treatment of accidents and sickness that can happen to anyone, at any time.



Employees and their family members covered under the NHP medical plans will receive the APL Gap Plan at no cost, paid for by City of Homestead. Employees enrolled in the UHC Plan are NOT eligible for this coverage.

Benefits at a Glance		American Public Life Gap Plan	
Plan Name		Inpatient	Hospital Benefits
Maximum In-Hospital Benefit		\$2,500 calendar year maximum per covered person	
Maximum per Calendar Year		\$5,000 calendar year maximum for all covered individuals	
In-patient Hospital Benefits Include		<ul style="list-style-type: none"> • Inpatient hospital stays • Inpatient procedures • Inpatient physician charges • Inpatient mental health and substance abuse treatment All benefits are subject to the in-hospital maximum.	
Outpatient Hospital Benefits			
Maximum Outpatient Benefits		\$1,500 calendar year maximum per covered person	
Maximum per Calendar Year		\$3,000 calendar year maximum for all covered individuals	
Outpatient Hospital Benefits Include		<ul style="list-style-type: none"> • Hospital emergency room • Urgent care facility • Surgery in a hospital outpatient facility or freestanding outpatient surgery center • Diagnostic testing in a hospital outpatient facility or MRI facility • Physical therapy facility • Ambulance • Outpatient treatment for mental or emotional disorder in a hospital outpatient facility (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year). 	
Additional Outpatient Services		Office Treatment Rider & Cancer Outpatient Treatment Rider (All benefits subject to the outpatient benefit maximum)	
Amendment Riders		Dependent Child Maternity Amendment Rider Included	
Customer Service		(800) 256-8606 / ampublic.com	

Benefits are only payable if the insured is covered by a medical plan when charges are incurred, and the medical plan provides benefits for such charges.

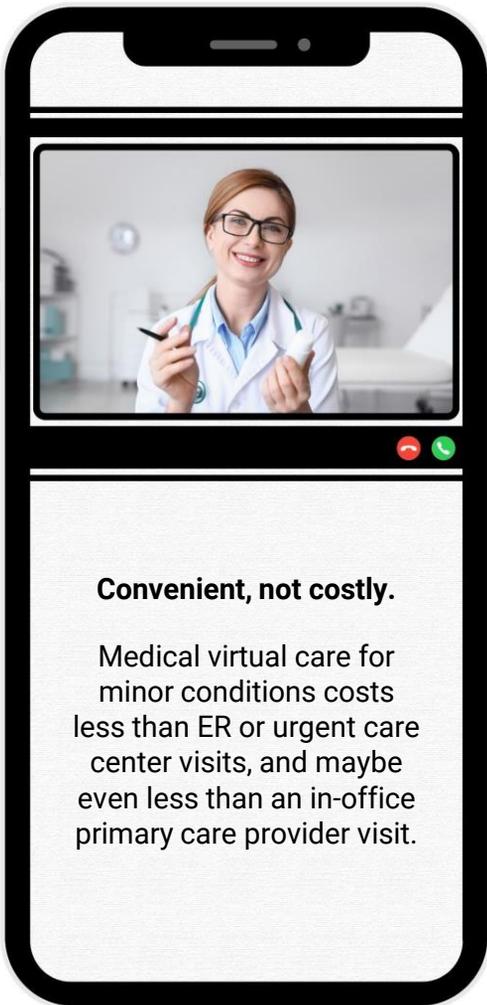
Once enrolled, you will receive an identification card to present at the time of service that allows providers to be paid directly after the medical carrier determines your financial responsibility for the claim.

United Healthcare Virtual Care

Health care options that make sense for your health and your pocket!

You don't have to leave home to see the doctor

Sometimes it's not easy to get to the doctor's office when a health issue pops up. Try a virtual visit, and see the doctor anytime, from anywhere. United Healthcare offers Virtual Healthcare for minor medical and behavioral health. This can be accessed via www.myuhc.com. These services provide members with affordable and convenient quality care available at your fingertips. With the United Healthcare plan, your cost for most Virtual Visits may be as low as **\$0**.



Convenient, not costly.

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

Minor medical virtual care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

Benefits of using a virtual visit:

Visits anywhere

Install the mobile app and access healthcare from anywhere, at any time.

Open 24 hours

Doctors are available 24 hours a day, 365 days a year.

No appointments for Urgent Care

Just sign in and have your visit. No more germmy waiting rooms.

Prescriptions

Prescriptions are sent electronically to the pharmacy of your choice.

Get in on UHC Rewards

Good news – your health plan comes with a program where you may earn up to \$300.

[Click here for UHC Rewards Presentation](#)



What's better than earning rewards for reaching goals and taking care of your health? Being able to choose how those rewards are earned and spent. UnitedHealthcare Rewards is designed to meet members where they're at and is included in eligible employer sponsored health plans at no additional cost.

There's so much good to get

And so many ways to earn up to **\$300** in rewards, depending on your plan.

\$15

for completing health survey

\$50

for getting annual checkup

\$25

for connecting an activity tracker

\$5

for tracking 14 days of sleep

\$50

for getting annual checkup



Earn up to **\$300**

THERE ARE TWO WAYS TO GET STARTED

On the UnitedHealthcare app

- ✓ Scan this code to download the app
- ✓ Sign in or register
- ✓ Select the Menu tab and choose UHC Rewards
- ✓ Activate UHC Rewards and start earning
- ✓ Though not required, connect a tracker and get access to even more reward activities

On myuhc.com

- ✓ Sign in or register
- ✓ Select UHC Rewards
- ✓ Choose reward activities that inspire you and start earning

Isolved Benefit Services

FSA - Flexible Spending Account

With an FSA, you elect to have your annual contribution (up to the annual limit set by the IRS) deducted from your paycheck each pay period in equal installments throughout the year. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.



Total 2024 Limits

May defer to an annual maximum of **\$3,200**

FSA Deductions & Funds

- Pre-tax dollars are payroll deducted monthly
- IRS has a “use it or lose it” provision stating that unused funds are forfeited at the end of the year

Carryover Feature

Participants can carry over up to \$610 of unused funds into the next year

Accessing FSA Funds

Prepaid Benefits Card (MasterCard) mailed from ISolved
Manage your FSA on the Customer Portal or on the ISolved app

Dependent Care FSA

Separate account that allows for pre-tax reimbursements of out-of-pocket expenses for dependent care under the age of 13 • \$5,000 max for married couples • \$2,500 for single tax filers

**You must Enroll Annually into the Flexible Spending Account in order to participate!
There is a \$5 replacement card order fee and \$4.38 monthly maintenance fee.**

For more information, resource videos and eligible products please visit
www.isolvedbenefitservices.com/benefits/fsa

Think beyond the doctor's office

Because of tax savings on contributions, you can save an average of 30% on qualified medical expenses. Here are a few examples of items you can buy without a prescription:

- Acne medication and treatments
- Athletic and orthopedic braces and supports
- Breast pumps and accessories
- Blood glucose monitors and testing strips
- Blood pressure monitors
- Cold and flu remedies
- Contact lenses and supplies
- Denture cream and cleaners
- Eye drops
- First aid supplies and kits
- Glucosamine supplements
- Hot & Cold packs
- Incontinence products
- Lip balm
- Medical supplies
- Walking aids and wheelchairs
- Menstrual products
- Motion sickness aids
- Nasal Spray
- Pregnancy and fertility test
- Prenatal vitamins
- Reading glasses
- Sinus products
- Shoe inserts and insoles
- Sleep aids
- Sunscreens
- Vaporizers and inhalers

United Healthcare

Dental Insurance DHMO Plan

Dental Maintenance Organization (DHMO) Plans offer coverage with no deductibles and no annual benefit maximum.



If you choose to enroll in this Plan, you must select a dentist participating in the Dental DHMO Network. Should you require the care of a specialist, your Primary Care Dentist (PCD) will refer you to a specialist within the Dental DHMO network.

How to find a provider: www.myuhc.com

1. Scroll all the way to "Find a Dentist"
2. Select "Employer and Individual Plans"
3. Enter search criteria

Or Call: **800-955-4137**

Benefits at a Glance

	Plan Name	Solstice 800B
	Network Name	800B Network
Code	Preventive Services	Copay
D0120	Periodic Oral Evaluation	\$0
D0210	Intraoral Radiographs	\$0
D1110	Prophylaxis Cleaning - Adult (1 time in 6 months)	\$0
D1120	Prophylaxis Cleaning - Child (1 time in 6 months)	\$0
D1510	Space Maintainers - unilateral	\$0
	Basic Services	
D2140	Amalgam - One Surface	\$12
D2150	Amalgam - Two Surfaces	\$20
D2330	Resin-based composite - One Surface	\$35
D2331	Resin-based composite - Two Surfaces	\$45
D2750	Crown - Porcelain fused to high noble metal	\$290
D3310	Root Canal - Anterior	\$200
D3320	Root Canal - Bicuspid	\$210
D3330	Root Canal - Molar	\$310
D4210	Gingivectomy (per quadrant)	\$180
D4260	Osseous Surgery (per quadrant)	\$375
D4341	Periodontal Scaling and root planning	\$70 + labs
D7230	Removal of Impacted tooth - soft tissue	\$90
	Major Services	
D5110	Complete Denture - Maxillary	\$440
D5120	Complete Denture - Mandibular	\$440
	Orthodontic Services	
D8080	Orthodontic Treatment - Adolescent	\$2,500 - \$2,800
D8090	Orthodontic Retention - Adult	\$2,500 - \$2,800

Coverage Level	Dental DHMO
Employee Only	\$2.23
Employee & Spouse	\$4.47
Employee & Child(ren)	\$5.19
Employee & Family	\$7.42

United Healthcare

Dental Insurance DPPO Plan

Preferred Provider Organization (PPO) Plans provide you with the freedom to use a dentist of your choice or access the PPO network of dentists.



If you use a dentist participating in the PPO network, your out-of-pocket expenses will be reduced, as fees are subject to a negotiated rate. If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount.

How to find a provider: www.myuhc.com

1. Click on "Find a Dentist"
 2. Select option: Employer and Individual Plans
 3. Enter search criteria
 4. Choose Network: **National Options PPO30**
- Or call **877-816-3596**

Benefits at a Glance

Plan Name	Dental PPO	
Network Name	PPO 30 Network	Out-of-Network
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Plan Maximum	\$2,500	\$2,000
Preventive Services - Deductible does not apply		
Oral Examinations	Plan pays 100%	Plan pays 80%
Cleanings (two times in 12 Months)	Plan pays 100%	Plan pays 80%
Fluoride	Plan pays 100%	Plan pays 80%
Sealants (permanent molars)	Plan pays 100%	Plan pays 80%
Bitewing Images	Plan pays 100%	Plan pays 80%
Basic Services		
Anesthesia	Plan pays 80%	Plan pays 70%
Filings	Plan pays 80%	Plan pays 70%
Periodontal Surgery	Plan pays 80%	Plan pays 70%
Root Canal	Plan pays 80%	Plan pays 70%
Simple Extractions	Plan pays 80%	Plan pays 70%
Major Services		
Bridges and Dentures	Plan pays 50%	Plan pays 40%
Dental Implants	Plan pays 50%	Plan pays 40%
Single Crown	Plan pays 50%	Plan pays 40%
Inlays & Onlays	Plan pays 50%	Plan pays 40%
Orthodontic Services – Adult & Child(ren)		
Comprehensive Treatment	50% up to \$1,000	50% up to \$1,000

Coverage Level	Dental PPO
Employee Only	\$9.69
Employee & Spouse	\$22.19
Employee & Child(ren)	\$22.28
Employee & Family	\$36.10

United Healthcare

Vision Insurance PPO Plan

Your vision benefits provide affordable vision coverage for eye exams, eyeglasses and contact lenses.



Scheduling regular exams helps your eye doctor identify vision correction needs, changes inside the eye and early stages of eye diseases, such as glaucoma, cataracts and macular degeneration. The vision plan allows you and your family members the freedom to visit any in-network or out-of-network doctor. However, when an In-Network doctor is used, you will typically have lower out-of-pocket costs.

Find a provider

1. Search webpage: www.myuhcvision.com
 2. Under "Provider Quick Search" select Network: **UnitedHealthcare Vision Plans**
 3. Enter search criteria
- Or call **800-638-3120**

Benefits at a Glance

Plan Name	Vision PPO	
Network Name	United Healthcare Vision Network	Out-of-Network
Exam		
Eye Exam	\$10	Up to \$40 reimbursement
Frames		
Frames - any	\$130 allowance	Up to \$45 reimbursement
Standard Plastic Lenses		
Single Vision	\$20	Up to \$40 reimbursement
Bifocal	\$20	Up to \$60 reimbursement
Trifocal	\$20	Up to \$80 reimbursement
Lenticular	\$20	Up to \$80 reimbursement
Contact Lenses		
Elective	\$130 allowance	Up to \$130 reimbursement
Medically Necessary	Covered at 100%	Up to \$210 reimbursement
Frequency		
Exam	Once every 12 months	
Eyeglass Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	
In-Network Discounts Available		
Additional pairs of eyeglasses or prescription sunglasses	Up to 20% discount on additional pair of eyeglasses or contact lenses	
Contact lenses	Order extra contact lenses at uhcontacts.com for 10% off	
Lasik Laser vision correction	Member savings represent up to 35% off the national average price	

Coverage Level	Vision PPO
Employee Only	\$1.60
Employee & Spouse	\$3.10
Employee & Child(ren)	\$2.97
Employee & Family	\$4.83

Guardian

Life Insurance

Life insurance is meant to protect your family's financial future. A life insurance policy helps secure your family's financial stability if you pass and could help mitigate the stress and burden of an already difficult time.



City of Homestead provides Basic Life and AD&D insurance which provides your beneficiaries important financial protection if you pass away at no cost to all eligible employees. Life Insurance can help your loved ones pay ongoing living expenses, debts, medical bills and funeral costs, in addition to future needs such as college tuition or retirement.

Employer Paid Basic Life & AD&D Insurance

All eligible employees

Based on job class, visit Employee Navigator for coverage details.

Benefits are reduced 35% at age 70, 50% at age 75

You also have the option of purchasing additional Voluntary Life & AD&D. If you elect coverage for yourself, you then may elect coverage for your spouse and/or dependent children. No medical information is required if benefit is elected during your initial enrollment period.

If you do not elect coverage for yourself or your dependents during your initial enrollment period, you may enroll during Open Enrollment, however, Evidence of Insurability (EOI) may be required and processed through underwriting.

Voluntary Life & AD&D Insurance

Employee Life

\$10,000 increments up to \$100,000

\$100,000 less than age 65

Guaranteed Issue

\$50,000 ages 65-69

\$10,000 age 70+

Benefits reduce by 35% at age 65, 60% at age 70, 75% at age 75

Voluntary Life AD&D Weekly Deductions

Guardian

Disability Insurance

One of the best ways to protect your future earnings potential and keep you and your family on solid financial ground is through a disability insurance policy. Disability insurance steps in to help you cover expenses by paying a percentage of your salary if an illness or injury prevents you from working.



City of Homestead offers Short-Term and Long-Term Disability Insurance to their eligible employees. This benefit provides valuable income replacement in the event you have a non-occupational injury or illness which prevents you from working for an extended period of time. Disability is more common than you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illnesses, including common conditions like heart disease and arthritis.

Voluntary Short-Term Disability

Maximum weekly benefit	60% up to \$1,000
Definition of Disability	Accident or Illness
Benefits begin	Day 8
Duration of benefits	13 weeks
Pre-existing Conditions	3 month look back; 12 months after exclusion

Voluntary Long-Term Disability

Monthly maximum benefit	60% up to \$10,000
Elimination period	90 days
Duration of benefits	Social Security Normal Retirement Age
Pre-Existing conditions	3 months prior, 12 months after exclusion
Survivor Benefit	3 months

If you do not elect coverage for yourself during your initial enrollment period, you may enroll during Open Enrollment, however, Evidence of Insurability (EOI) may be required and processed through underwriting.

Voluntary Life AD&D Weekly Deductions

United Healthcare

Hospital Indemnity Protection Plan



Hospital Indemnity Protection Plan is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, health plan deductible and other out-of-pocket costs.

Voluntary Hospital Indemnity Overview

Plan Benefits	Frequency	Payout
Hospital Admission	1 day/plan year	\$1,000
Hospital Confinement	Up to 364 days/plan year	\$100
ICU Confinement	Up to 364 days/plan year	\$100
ICU Admission	1 day/plan year	\$1,000
Inpatient Drug & Alcohol	Up to 30 days/plan year	\$100
Inpatient Mental & Nervous Disorder	Up to 30 days/plan year	\$100
Outpatient Rehab/Therapy	Up to 30 days/plan year	\$75
Outpatient Surgery	Up to 2 days/plan year	\$1,000
Additional Benefits		
Wellness Benefit Rider	Once every plan year	\$50

Coverage Level	Hospital Indemnity
Employee Only	\$6.43
Employee & Spouse	\$13.39
Employee & Child(ren)	\$9.93
Employee & Family	\$17.73

Managed Care Concepts

Employee Assistance Program (EAP)



Offered through Managed Care Concepts

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

Your employer understands personal problems can affect the lives of employees both at home and at work. With the Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life. Learn more about the Employee Assistance Program services available to you.

Help is here!

The Employee Assistance Program provided by City of Homestead provides employees and their family members with professional counseling for a variety of problems. Early detection and assistance can often prevent more serious problems from developing. The EAP offers personal confidential counseling services for a wide range of concerns including:

- Alcohol abuse
- Interpersonal problems on the job
- Drug abuse
- Stress
- Parenting problems
- Depression
- Marital/family relationships
- Anxiety

Preferred Legal Plan

Legal Services

Have Your Own Attorney on Retainer for Less than the Cost of a Cup of Coffee a Day!



The Preferred Legal Plan (PLP) is a licensed legal expense organization that offers comprehensive legal services to its members. Whether you require assistance with divorce, traffic tickets, real estate transactions, bankruptcy, wills, probate, DUI cases, immigration matters, credit report issues, child support, custody and visitation disputes, garnishments, collections defense, foreclosures, criminal defense, lawsuits, small claims court cases, personal injury claims, or landlord-tenant disputes, PLP has you covered. All these services are available at the affordable price of just \$9.95 per month, providing our members with accessible and reliable legal support.

We provide comprehensive legal protection and peace of mind for one low monthly fee of \$9.95. Preferred Legal Plan Membership Benefits Include:

- FREE unlimited legal advice via phone consultation
- FREE face-to-face consultations with attorneys
- FREE review of legal documents (real estate contracts, lease agreements, etc.)
- FREE letters and phone calls to third parties on your behalf
- FREE credit report analysis and repair and settling accounts in collection
- FREE Identity Theft information and restoration
- FREE simple Wills for member and spouse (or domestic partner)
- FREE legal forms available through PLP Form Library
- FREE notary services
- 40%-70% reduced legal fees for attorney representation on all types of legal services
- 24 hours a day, 7 days a week access
- Access to PLP's statewide panel of quality attorneys located throughout Florida
- Spouse, dependent children and entire household are covered for one low price.
- All communications are strictly confidential.
- Tri-lingual attorneys. Se habla español. Nou pale Creol.
- Unlimited, immediate use of membership. All pre-existing issues covered.
- No long-term contracts. You may cancel at any time. Membership is portable.



This guide describes the benefit plans available to you as an employee of City of Homestead. The details of these plans are contained in the official plan documents, including some insurance contract. This guide is meant only to cover the major points of each plan. It does not contain all the details that are included in your Summary Plan Description (SPD).

This booklet contains an overview of the valuable benefits package available to you at City of Homestead. While every effort has been made to ensure that this booklet accurately reflects the provisions of the plans, only the official plan documents govern the operation of the plans and payments of benefits.

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan documents will govern.

The information in this guide should in no way be constructed as a promise or guarantee of employment or benefits coverage. Pricing, underwriting, plan specifics, and all other product features are at the discretion of the insurance company. Complete details about the benefits can be obtained by reviewing current plans descriptions, contracts, certificates, policies and plan documents.

City of Homestead has retained the services of Brown & Brown Insurance Services, Employee Benefits Division to assist its employees with the benefits outlined in this booklet. This benefit guide was created by Brown & Brown Insurance Services for the exclusive use of City of Homestead and its employees. It is not intended to be copied or distributed without consent and approval.