2024-2025

EMPLOYEE BENEFIT HIGHLIGHTS

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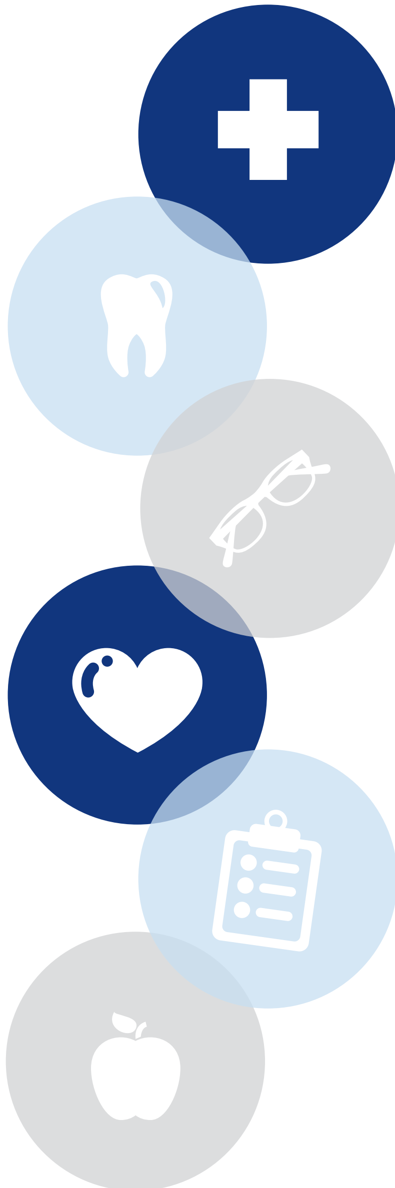

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This booklet is merely a summary of employee benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. Hillsborough County Aviation Authority reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.

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Contact Information

	Benefit	Provider	Contact
	Human Resources		Email: AskMyHR@Tampaairport.com
	Medical Insurance	Aetna	Customer Service: (866) 983-0108 www.aetna.com
	Prescription Drug Coverage & Mail-Order Program	CVS Caremark	Customer Service: (888) 792-3862 www.aetna.com
	Specialty Pharmacy	Prudent Rx	Customer Service: (800) 578-4403 www.prudentrx.com
	Telehealth	Teladoc	Customer Service: (855) 835-2362 www.teladoc.com
	Dental Insurance	Humana	Customer Service: (800) 233-4013 www.humana.com/dental
	Vision Insurance	Humana	Customer Service: (800) 448-6262 www.humana.com
	Flexible Spending Accounts	Inspira Financial	Customer Service: (844) 729-3539 www.inspirafinancial.com
	Employee Assistance Program	Aetna Resources for Living	Customer Service: (888) 238-6232 www.resourcesforliving.com
	Basic Life and AD&D Insurance	Securian Financial, Administered by Ochs	Customer Service: (800) 392-7295 www.ochsinc.com
	Voluntary Life and AD&D Insurance	Securian Financial, Administered by Ochs	Customer Service: (800) 392-7295 www.ochsinc.com
	Long Term Disability Insurance	The Standard	Customer Service: (800) 628-8600 www.standard.com
	Retirement Plans	Florida Retirement System (FRS)	Customer Service: (844) 377-1888 www.myfrs.com

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Introduction

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

Group Insurance Eligibility

The Authority's group insurance plan year is October 1 through September 30.

Employee Eligibility

Employees are eligible to participate in the Authority's medical, dental and vision insurance plans if they are full-time employees working a minimum of 30 hours per week. Employees are eligible for the Authority's Basic and Voluntary Life insurance plan if working a minimum of 40 hours per week. Coverage will be effective the first of the month following 30 days of employment. For example, if employee is hired on April 11, then the effective date of coverage will be June 1. Long Term Disability is available to employees following 6 months of full-time employment.

Separation of Employment

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

Dependent Eligibility

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

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

Dependent Age Requirements

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

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

Dental Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

Vision Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

Please see Taxable Dependents if covering eligible over-age dependents.

Disabled Dependents

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

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

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

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Group Insurance Eligibility *(Continued)*

Taxable Dependents

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

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

Domestic Partner Coverage

Domestic partners may be eligible to participate in The Authority group insurance plans if the partner is officially registered as a domestic partner with The Authority. The IRS guidelines state that employee may not receive a tax advantage on any portion of premiums paid related to domestic partner coverage. Employees insuring domestic partners and/or child dependent(s) of a domestic partner are required to pay imputed income tax on subsidy amounts and should consult a tax advisor. Please contact Human Resources for more information.

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

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

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

Examples of Qualifying Events:

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

IMPORTANT NOTES

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

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Medical Plan Resources

Aetna offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact Aetna's customer service at (866) 983-0108, or visit www.aetna.com.

The Aetna Health App

The Aetna Health app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store[SM] or Google Play™. With the Aetna Heath app, members can:

- Find a doctor, dentist or health care facility
- Speak to a doctor by phone or video with Teladoc® View ID cards for the entire family
- Review deductibles, account balances and claims And, much more!

PrudentRx

As part of your prescription plan, the PrudentRx Copay Program allows you to obtain select specialty medications at no cost to you. That means $0 out-of-pocket (OOP) for any medications on your plan's exclusive Specialty Drug List when you fill by CVS Specialty®pharmacy. PrudentRx will work with manufacturers to get copay card assistance, and will manage enrollment and refills on your behalf.

Even if there is no copay card program for your medication, your cost will be $0 for as long as you are enrolled in the program. Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the patient cost share for select medications, in particular specialty medications. The PrudentRx Copay Program will help plan members receive copay assistance from drug manufacturers to reduce a member's cost share for eligible medications thereby OOP expenses.

Members currently taking one or more medications included in your plan's exclusive Specialty Drug List, will receive a welcome letter and phone call from PrudentRx that provides information about the program as it pertains to your medication. All eligible members will be automatically enrolled in The PrudentRx Copay Program, but you can choose to opt out of the program or obtain more information by calling 1-800-578-4403.

Prudent Rx
Customer Service: (800) 578-4403 | www.prudentrx.com

Telehealth

Aetna provides access to telehealth services as part of the medical plan. Teladoc is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth, such as:

- ✓ Sore Throat
- ✓ Fever
- ✓ Rash
- ✓ Headache
- ✓ Cold And Flu
- ✓ Acne
- ✓ Stomachache
- ✓ Allergies
- ✓ UTIs And More

Telehealth doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact Teladoc.

Aetna
Teladoc | Customer Service: (855) 835-2362 | www.teladoc.com

Summary of Benefits and Coverage

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

From:	SR HR Business Partner
Address:	5411 SkyCenter Drive Suite 500, Tampa, FL 33607
Email:	AskMyHR@Tampaairport.com
Website URL:	www.healthcare.gov/sbc-glossary

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting Human Resources.

If there are any questions about the plan offerings or coverage options, please contact SR HR Business Partner at AskMyHR@Tampaairport.com.

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Medical Insurance

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

Medical Insurance – Aetna Open Access Plan

(Salary Under $40,000)

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$138.94
Employee + One	$232.46
Employee + Family	$263.62

Medical Insurance – Aetna Open Access Plan

(Salary Under $40,000-$75,000)

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$166.28
Employee + One	$285.20
Employee + Family	$339.32

Medical Insurance – Aetna Open Access Plan

(Salary Under $75,000-$90,000)

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$196.20
Employee + One	$343.00
Employee + Family	$399.48

Medical Insurance – Aetna Open Access Plan

(Salary Under $90,000-$125,000)

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$204.36
Employee + One	$357.30
Employee + Family	$416.14

Medical Insurance – Aetna Open Access Plan

(Salary Above $125,000)

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$214.84
Employee + One	$375.62
Employee + Family	$437.46

Aetna | Customer Service: (866) 983-0108 | www.aetna.com

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Medical Insurance

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

Medical Insurance – Aetna Choice POS II Plan

(Salary Under $40,000)

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$539.52
Employee + One	$1,315.84
Employee + Family	$1,670.72

Medical Insurance – Aetna Choice POS II Plan

(Salary Under $75,000-$90,000)

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$596.78
Employee + One	$1,426.38
Employee + Family	$1,806.58

Medical Insurance – Aetna Choice POS II Plan

(Salary Under $40,000-$75,000)

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$566.86
Employee + One	$1,368.58
Employee + Family	$1,746.42

Medical Insurance – Aetna Choice POS II Plan

(Salary Under $90,000-$125,000)

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$604.94
Employee + One	$1,440.68
Employee + Family	$1,823.24

Medical Insurance – Aetna Choice POS II Plan

(Salary Above $125,000)

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$615.42
Employee + One	$1,459.00
Employee + Family	$1,844.56

Aetna | Customer Service: (866) 983-0108 | www.aetna.com

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Aetna Open Access Plan At-A-Glance

Locate a Provider

To search for a participating provider, contact Aetna's customer service or visit www.aetna.com. When completing the necessary search criteria, select Aetna Select (Open Access) network.

Plan References

**LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Aetna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Aetna Select (Open Access) network prior to receiving services.*

Important Notes

Services received by providers or facilities **not** in the Aetna Select network, will not be covered.

Network	Aetna Select (Open Access)
Calendar Year Deductible (CYD)	**In-Network**
Single	$0
Family	$0
Coinsurance	
Member Responsibility	0%
Calendar Year Out-of-Pocket Limit	
Single	$2,000
Family	$4,000
What Applies to the Out-of-Pocket Limit?	Copays
Physician Services	
Primary Care Physician *(PCP)* Office Visit *(No PCP Election Required)*	$30 Copay
Specialist Office Visit *(No Referral Required)*	$40 Copay
Telehealth Services *(PCP/ Specialist)*	$10 Copay / $40 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Bloodwork)**	No Charge
X-rays	$40 Copay
Advanced Imaging *(MRI, PET, CT)*	$150 Copay
Outpatient Surgery at Surgical Center	$200 Copay
Physician Services at Surgical Center	No Charge
Urgent Care *(Per Visit)*	$40 Copay
Hospital Services	
Inpatient Hospital *(Per Admission)*	$300 Copay
Outpatient Hospital *(Per Visit)*	$200 Copay
Physician Services at Hospital	No Charge
Emergency Room *(Per Visit; Waived if Admitted)*	$200 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services *(Per Admission)*	$300 Copay
Outpatient Services *(Per Visit)*	No Charge
Outpatient Office Visit	No Charge
Prescription Drugs *(Rx)*	
Generic	$15 Copay
Preferred Brand Name	$30 Copay
Non-Preferred Brand Name	$60 Copay
Mail Order Drug *(90-Day Supply)*	2x Retail Copay

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Aetna Choice POS II Plan At-A-Glance

Network	Aetna Choice POS II	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Single	$500	$1,000
Family	$1,500	$3,000
Coinsurance		
Member Responsibility	20%	40%
Calendar Year Out-of-Pocket Limit		
Single	$1,500	$3,000
Family	$3,000	$6,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible, Copays	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	$30 Copay	40% After CYD
Specialist Office Visit	$40 Copay	40% After CYD
Telehealth Services *(PCP/ Specialist)*	$10 Copay / $40 Copay	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	No Charge	40% After CYD
X-rays	No Charge	40% After CYD
Advanced Imaging *(MRI, PET, CT)*	$150 Copay	40% After CYD
Outpatient Surgery at Surgical Center	20% After CYD	40% After CYD
Physician Services at Surgical Center	20% After CYD	40% After CYD
Urgent Care *(Per Visit)*	$40 Copay	40% After CYD
Hospital Services		
Inpatient Hospital *(Per Admission)*	20% After CYD	40% After CYD
Outpatient Hospital *(Per Visit)*	20% After CYD	40% After CYD
Physician Services at Hospital	20% After CYD	40% After CYD
Emergency Room *(Per Visit)*	$200 Copay + 20% Coinsurance	$200 Copay + 20% Coinsurance
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Per Admission)*	20% After CYD	40% After CYD
Outpatient Services *(Per Visit)*	No Charge	40% After CYD
Outpatient Office Visit	No Charge	40% After CYD
Prescription Drugs *(Rx)*		
Generic	$15 Copay	$15 Copay + 20% Coinsurance
Preferred Brand Name	$30 Copay	$30 Copay + 20% Coinsurance
Non-Preferred Brand Name	$60 Copay	$60 Copay + 20% Coinsurance
Mail Order Drug *(90-Day Supply)*	2x Retail Copay	2x Retail Copay + 20% Coinsurance

Locate a Provider

To search for a participating provider, contact Aetna's customer service or visit www.aetna.com. When completing the necessary search criteria, select Aetna Choice POS II network.

Plan References

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

***LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Aetna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Aetna Choice POS II network prior to receiving services.*

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Dental Insurance

Humana PPO Plan

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

Dental Insurance – Humana PPO Without Orthodontia Plan

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$2.08
Employee + One	$35.70
Employee + Family	$57.86

Dental Insurance – Humana PPO With Orthodontia Plan

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$2.18
Employee + One	$43.08
Employee + Family	$71.42

In-Network Benefits

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

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Humana PPO/Traditional Preferred provider. Humana reimburses out-of-network services based on what it determines as the Usual, Customary, and Reasonable Allowances. The UCR is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Humana's UCR and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

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

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the PPO plan will pay for each covered member is $2,500 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

The MyHumana Mobile App

The MyHumana mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store℠ or Google Play™. With the MyHumana mobile app, members can:

- Find a doctor, dentist, or health care facility
- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs
- Store and organize all important contact info for doctors, hospitals, and pharmacies

Humana | Customer Service: 800-233-4013 | www.humana.com/dental

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Humana PPO Without & With Orthodontia Plans At-A-Glance

Plan	Dental Plan PPO Without Orthodontia		Dental Plan PPO With Orthodontia	
Network	**Traditional Preferred Network**		**Traditional Preferred Network**	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***	**In-Network**	**Out-of-Network***
Per Member	$50	$50	$50	$50
Per Family	$150	$150	$150	$150
Waived for Class I Services?	Yes		Yes	
Calendar Year Benefit Maximum				
Per Member	$2,500		$2,500	
Class I Services: Diagnostic & Preventive Care				
Routine Oral Exam *(3 Per Calendar Year)* Routine Cleanings *(3 Per Calendar Year)* Complete X-rays *(1 Every 3 Calendar Years)* Bitewing X-rays *(4 Per Calendar Year)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Class II Services: Basic Restorative Care				
Fillings Simple Extractions Oral Surgery Periodontal Services Anesthetics Endodontics *(Root Canal Therapy)*	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD *(Subject to Balance Billing)*	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD *(Subject to Balance Billing)*
Class III Services: Major Restorative Care				
Crowns Bridges Dentures	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Class IX Services: Dental Implants				
Dental Implants *(Requires Pre-Authorization)*	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Class IV Services: Orthodontia				
Lifetime Maximum	Not Covered *(20% Discount for In-Network Providers)*		$2,000	
Benefit *(Child/Adult)*			Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived *(Subject to Balance Billing)*

Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com/dental. When completing the necessary search criteria, select Humana PPO/Traditional Preferred .

Plan References

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

Important Notes

Each covered family member may receive up to two (3) routine cleanings per calendar year covered under the preventive benefit.

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Vision Insurance

Humana Vision Plan

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

Vision Insurance - Humana Vision Plan

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$2.72
Employee + One	$8.66
Employee + Family	$11.54

Vision Insurance - Humana Vision Enhanced Plan

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	$4.42
Employee + One	$12.06
Employee + Family	$16.08

IMPORTANT NOTES

- ***Employees who are enrolled in the Humana Vision Enhanced Plan are eligible to receive eyeglasses and contact lenses each year.***

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the Humana Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

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

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

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

The MyHumana Mobile App

The MyHumana mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store℠ or Google Play™. With the MyHumana mobile app, members can:

- Find a doctor, dentist, or health care facility
- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Compare prescription drug costs
- Store and organize all important contact info for doctors, hospitals, and pharmacies

Humana | Customer Service: (800) 448-6262 | www.humana.com

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Humana Vision Plan At-A-Glance

Network		Insight	
Services		**In-Network**	**Out-of-Network**
Eye Exam		$10 copay	Up to $30 Reimbursement
Contact Lens Exam	Standard contact lens fit and follow-up	$0 Copay	Not Covered
	Premium contact lens fit and follow-up	10% off retail less $55 allowance	Not Covered
Frequency of Services			
Examination		Once Every 12 Months	
Lenses		Once Every 12 Months	
Frames		Once Every 12 Months	
Contact Lenses		Once Every 12 Months	
Lenses			
Single		$25 Copay	$25 Copay
Bifocal		$25 Copay	$40 Copay
Trifocal		$25 Copay	$60 Copay
Frames			
Allowance		$200 Retail Allowance: Then 20% discount over allowance	Up to $65 Reimbursement
Contact Lenses*			
Non-Elective *(Medically Necessary)*		$0 Copay	Up to $210 Reimbursement
Elective *(Fitting, Follow-up & Lenses)*	Conventional	$200 Allowance: Then 15% discount over allowance	Up to $200 Reimbursement
	Disposable	$200 Allowance	Up to $200 Reimbursement
Enhanced Vision Plan		**Employees who are enrolled in the Humana Vision Enhanced Plan are eligible to receive eyeglasses and contact lenses each year.**	

Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select Insight network.

Plan References

**Contact lenses are in lieu of spectacle lenses.*

Important Notes

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

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Flexible Spending Accounts

The Authority offers Flexible Spending Accounts (FSA) administered through Inspira Financial . The FSA plan year is from January 1 to December 31.

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

Health Care FSA

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

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

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

Dependent Care FSA

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

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

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

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

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

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

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

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Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employee may carry over up to $640 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed (only if the employee re-enrolls the next year).
- The Dependent Care FSA allows a grace period at the end of the plan year (2 1/2 months). The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends. Once the grace period ends, any unused funds still remaining in the account will be forfeited.
- The Health Care FSA and Dependent Care FSA both have a run out period at the end of the plan year 90 days to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year.
- When a plan year ends and all claims have been filed, all unused funds with the exception of the $640 rollover for the Health Care FSA will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment Period, New Hire Orientation, or for Qualifying Life Events.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

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

Debit Card

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

HERE'S HOW IT WORKS!

An employee earning $50,000 elects to place $1,000 into a Health Care FSA. The payroll deduction is $41.66 based on a 24 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of $197.

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

Please Note: *Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year with the exception of the $640 carry over that may be allowed for the Health Care FSA.* ***This rule is known as "use-it or lose-it."***

Inspira Financial
Phone: (844) 729-3539 | www.inspirafinancial.com

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Employee Assistance Program

The Authority cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Aetna. EAP offers employee and each dependent family member up to age 26 access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and dependent family members/domestic partners free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes eight (8) visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

Are Services Confidential?

Yes. Receipt of EAP services are completely confidential.

Aetna Resources for Living | Customer Service: (888) 238-6232
www.resourcesforliving.com | Username: HCAA | Password: EAP

Basic Life and AD&D Insurance

Basic Term Life Insurance

The Authority provides Basic Term Life insurance at no cost to all eligible employees working 40 hours per week. Coverage is provided through Securian Financial, Administered by Ochs. Eligible employees will receive a benefit amount of One (1) times Basic Annual Earnings; rounded to the next higher $1,000, Minimum benefit is $50,000, up to a maximum of $200,000 .

Accidental Death & Dismemberment Insurance

Also, at no cost to employee, The Authority provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- Reduces to 65% of the benefit amount at age 70
- Reduces to 45% of the benefit amount at age 75

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

Securian Financial, Administered by Ochs
Customer Service: (800) 392-7295 | www.ochsinc.com

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Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employee may elect to purchase additional Life and AD&D insurance on a voluntary basis through Securian Financial, Administered by Ochs. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employee, spouse and/or child(ren) at different benefit levels.

New Hires may purchase Voluntary Employee Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $300,000**

- Units can be purchased in increments of $10,000 to the maximum of $750,000
- Eligible employees have the opportunity during Open Enrollment to purchase Voluntary Employee Life and AD&D insurance but must go through medical underwriting known as Evidence of Insurability (EOI)

Voluntary Spouse Life and AD&D Insurance

New Hires may purchase Voluntary Spouse Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $50,000.**

- Employee does not need to participate in the Voluntary Employee Life plan for spouse to participate.
- Eligible employees have the opportunity during Open Enrollment to purchase Voluntary Spouse Life and AD&D insurance but must go through medical underwriting known as Evidence of Insurability (EOI)
- Units can be purchased in increments of $10,000 to a maximum of $250,000 not to exceed 100% of the employee's Basic and Voluntary Life coverage amount combined

For more detailed information on Voluntary Life & AD&D rates scan the QR code or access the link provided:

https://scnv.io/yqUR

Voluntary Life and AD&D Insurance Rate Table

Monthly Premium

Age Bracket *(Based on Employee Age)*	Employee/Spouse *(Rate Per $1,000 of Benefit)*
< 30	$0.055
30-34	$0.077
35-39	$0.100
40-44	$0.178
45-49	$0.310
50-54	$0.500
55-59	$0.770
60-64	$1.200
65-69	$1.900
> 69	$5.550

Voluntary Dependent Child(ren) Life Insurance

- Employee does not need to participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- For eligible dependent child(ren) from date of birth through attainment of age 26.
- Employee may elect coverage of $10,000 or $15,000 not to exceed 100% of the employee's Basic and Voluntary Life coverage amount combined.
- The monthly premium cost for $10,000 coverage is $1.30 and $15,000 coverage is $1.95.
- If your spouse or child is eligible for employee coverage,they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible for coverage.

Voluntary Dependent Life Insurance Package

- Employee may also purchase the Voluntary Dependent Life Insurance Package offering coverage of $7,500 for spouse and child(ren). The monthly premium rate for this coverage is $1.84

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

Securian Financial, Administered by Ochs
Customer Service: (800) 392-7295 | www.ochsinc.com

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Long Term Disability

The Authority provides Long Term Disability (LTD) insurance at no cost to all eligible employees after six (6) months of employment, through The Standard. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 66 2/3% of employee's monthly earnings up to a benefit maximum of $1,667 per month.
- Employee must be disabled for 60 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 61 day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.
- Disability benefits may be taxable.

Additional Long Term Disability (LTD) Benefit

The Authority offers additional, employee paid, LTD coverage as a second option. This option will also pay 66 2/3% of employee's base salary up to $6,667 per month. The additional benefit is employee paid on a post-tax basis.

Additional Long Term Disability Benefit Cost Estimator

Post Tax - Monthly Cost
Annual Salary____ ÷ 12 = ____ × .40 = ____ ÷ 100 = ____

The Standard | Customer Service: (800) 628-8600 | www.standard.com

Retirement Plans

Florida Retirement System (FRS)

The Authority participates in the Florida Retirement System plan. As a member of the plan all employees must pay 3% into the retirement plan. There are two plan options to choose from.

Pension Plan

- Vesting is eight years
- Eligibility for full retirement if vested and either age 65 or 33 years of service
- Law Enforcement Officers (special risk) is age 60 or 30 years of service
- Monthly lifetime benefit is based on a formula to include employee's eight highest years of average compensation

Investment Plan

- Defined Contribution Plan
- Vesting is one year
- Employee decides how to allocate money in their account
- Employee's benefit depends on the amount of money contributed to their account and growth over time

Florida Retirement System (FRS)
Customer Service: (844) 377-1888 | www.myfrs.com

457 Deferred Compensation Plan

The Authority also provides a pre-tax voluntary 457 Deferred Compensation Plan and will match up to 3% of employee base salary. Contributions can be a percentage or dollar amount for calendar year 2024. Maximum contribution is $23,000. For those over age 50 (Catch-Up), you can contribute a maximum of $30,500. Emergency withdrawals are available.

457 Roth

- Post tax contributions
- Withdrawals are tax free
- Maximum contributions are same as pre-tax 457 Deferred Compensation Plan
- There is no match for the 457 Roth
- Emergency withdrawals are available.

Annual contribution limits for your combined IRAs are adjusted periodically by the IRS. You can contribute up to $7,000 ($8,000, if age 50 or older) for 2024.

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Employee Health, Wellness, and Engagement

The BeWELL employee health, wellness, and engagement program is based upon the book, Wellbeing: The Five Essential Elements by Tom Rath and Jim Harter and includes 5 pillars of wellbeing – Career, Social, Physical, Financial, and Community. Throughout the year, the Authority sponsors multiple events and opportunities to support employees in these important areas of their lives and careers. Below, you will find examples of these initiatives. You are encouraged to monitor all employee communications which may include BeWELL emails, TPATV, and TPAConnect for the most current information.

Career Well-Being

- Toastmasters
- TPA University
- Annual Service Awards
- Supplemental Education & Tuition Assistance

Social Well-Being

- Compliment a Colleague Program
- Employee Appreciation BBQ
- Aetna Employee Assistance Program

Physical Well-Being

- FitOn
- Annual Employee Health & Wellness Fair
- Aetna's Get Active Digital Platform and Employee Challenges
- $500 annual employee wellness reimbursement
- Virtual Weight Watchers
- Smoking Cessation
- Onsite Workout Facilities
- Flu Shots
- Biometric Screening
- Onsite Walking Trails

Financial Well-Being

- Aetna Employee Discount Program
- Tickets at Work Employee Discount Program
- MissionSquare Retirement Planning Education
- FRS Retirement Planning Education
- Free Airport Parking
- State Rental Car Discounts
- Concession Discounts
- Cellular Discounts

Community Well-Being

- Employee Golf Tournament
- Take Our Sons and Daughters to Work Day
- Toys for Tots Fundraisers
- United Way Fundraising and Partnership
- Voluntary Pay for Day of Service

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Unileave

Employees hired after January 1, 1997.

Aviation Authority Uni-Leave program effective January 1, 1997.

UNI-LEAVE: An employee-managed leave account taking the two most common forms of paid employee absence (annual and sick leaves) and combining them into one leave account (Uni-Leave) to be managed by the employee.

ACCURAL RATE: Uni-Leave shall be accrued by pay period as follows:

Years of Service		Annual Hours For Work Schedule	
		80	84
0>5	=	184	193
5	=	192	202
6	=	200	210
7	=	208	218
8	=	216	227
9	=	224	235
10	=	232	244
11	=	240	252
12	=	248	261
13	=	256	269
14+	=	264	277

HOLIDAYS: The days below will be observed as holidays and no deductions will be made to Uni-leave accruals.

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

MINIMUM USAGE: Each employee is required to use 80 (LEO's 84) hours of Uni-Leave every fiscal year (October 1 - September 30). Employees who have not taken 80 (LEO's 84) hours during the fiscal year will forfeit the number of hours sufficient to equal 80 (LEO's 84) hours for the fiscal year.

Notes

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

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Notes

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Hillsborough County Aviation Authority
Tampa International Airport | Peter O. Knight Airport
Plant City Airport | Tampa Executive Airport

3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | www.gehringgroup.com

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