

# Town of Highland Beach



## Open Enrollment Benefit Guide Plan Year 2025-2026

The information in this Benefits Guide is presented for illustrative purposes only. The text contained in this Guide was taken from various plan documents and/or benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this guide, contact Human Resources.

Town of Highland Beach, strives to provide you and your family with a comprehensive and valuable benefits package that continues to meet you and your family's evolving needs. As a healthcare consumer, consider your benefit options, take an active role in understanding any changes to your needs and seize this opportunity to make the necessary updates. We encourage you to use this guide as a reference throughout the year. Please reference the contacts page in this guide if you have any questions or require additional information. All benefit summaries and related services are documented in the Employee Navigator online portal.

## Open Enrollment 2025-2026

**Great news:** The Town of Highland Beach will remain with **Blue Cross Blue Shield** this year. In addition, you will receive the HRA account for all employees that are enrolled in the medical plans. You will receive \$500 for Employee only, \$750 for Employee plus one, \$1,000 for Family. Please see details on the HRA letter under Helpful Resources within the Employee Navigator portal.

BCBS offers many different benefits that are included in your medical plan. We have attached different flyers in the Employee Navigator portal that may be of interest to you like earning rewards for wellness. Please register for your member portal at [www.floridablue.com](http://www.floridablue.com). You will find many other flyers that may interest you and your family.

We will also remain with **Guardian** for our Dental, Vision, Life, Voluntary Life, STD and LTD benefits and offer the **Allstate Voluntary Products** again this year.



# WHO IS ELIGIBLE



Full-time employees working 30 + hours per week, qualified part-time employees, a retiree or an eligible dependent are eligible to enroll in the benefits outlined in this guide.



New hires are eligible for benefits on the 31st day of employment.



Family members eligible for dependent coverage include:  
Legal spouse, Domestic partner, Natural or adopted, foster or stepchild(ren)  
Child(ren) for whom court appointed or legal guardianship has been awarded



Eligible dependent children may be covered until:



Medical & Supplemental  
Medical: end of the calendar year they turn age 30



Dental: end of the calendar year they turn age 26



Vision: end of the calendar year they turn age 26

*A handicapped dependent child may continue coverage beyond the age limit if determined to meet plan requirements.*

## MID-YEAR PLAN CHANGES (QUALIFYING 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 event. Qualifying events that permit mid-year changes include:



Marriage, divorce, legal separation



Loss/gain of other group coverage



Death of spouse, child or other qualified dependent



Change in employment status (employee, spouse or dependent)



Birth or adoption of child



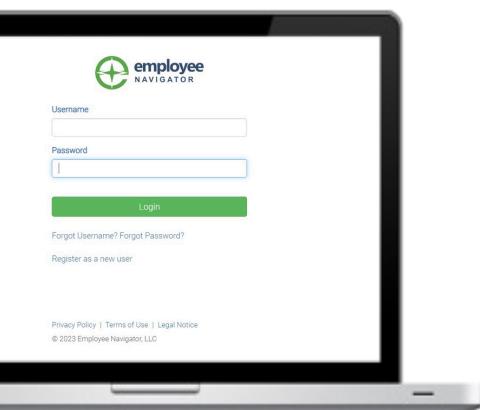
Change of dependent status

If you do not make changes within 30 days of the 'qualifying event,' you must wait until the following open enrollment period. It is your responsibility to notify Human Resources within 30 days of the qualifying event.

## HOW TO ENROLL

Employees will be required to complete and submit an on-line enrollment by following the steps on the next 2 pages. If you are adding dependents, please make sure you have all of the necessary information handy such as dependent social security numbers and dates of birth.

# HOW TO ENROLL: Online enrollment guide



## Step 1: Log In



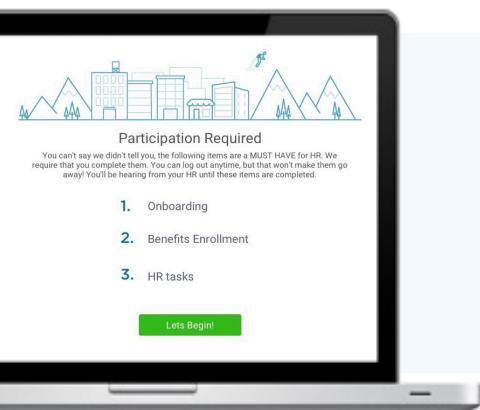
**Returning users:** Log in with the username and password you selected. Click Reset a forgotten password.



**First time users:** Click on your Registration Link in the email sent to you by your admin or Register as a new user. Create an account and create your own username and password. You will need the following.

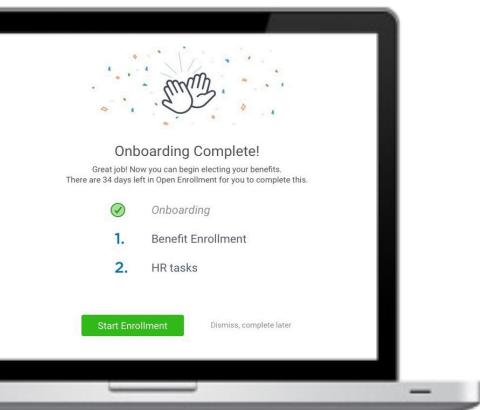
**Company Identifier:** **TownHighland20**

**\*Identifier is case sensitive**



## Step 2: Welcome!

After you login click Let's Begin to complete your required tasks.



## Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click Start Enrollment to begin your enrollments.



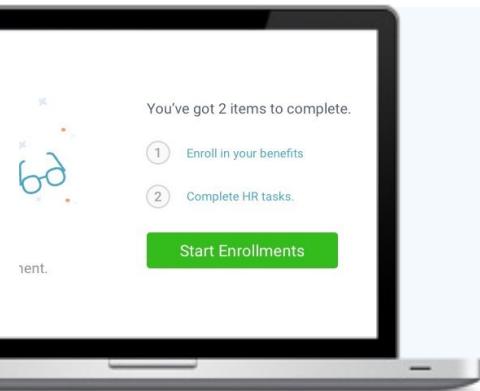
If you hit “**dismiss, complete later**” you’ll be taken to your home page. You’ll still be able to start enrollments again by clicking “**start enrollment**”

## Step 4: Start Enrollments

After clicking **Start Enrollment**, you’ll need to complete some personal & dependent information before moving to your benefit elections.



Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.



# HOW TO ENROLL: Online enrollment guide

## Step 5: BENEFIT ELECTIONS

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Click **Save & Continue** at the bottom of each screen to save your elections.

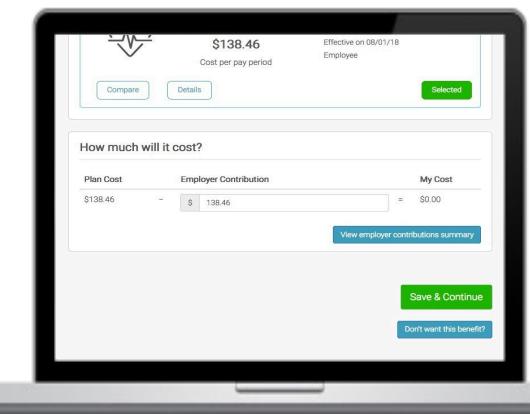
If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

### Who am I enrolling?

Myself

Elizabeth Reynolds (Spouse)

Gwen Reynolds (Child)



## Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details

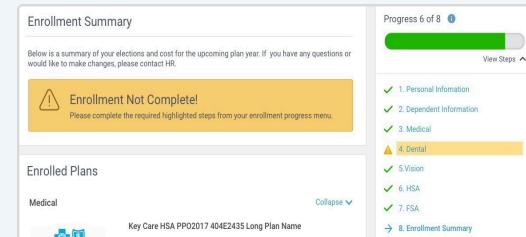
## Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.



**TIP**

If you miss a step, you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

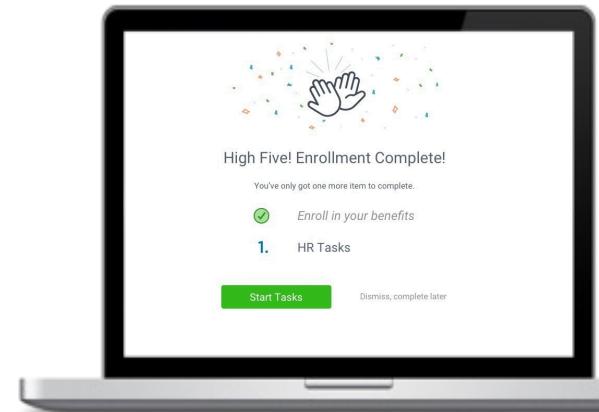


## Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7



## MEDICAL INSURANCE

Florida Blue

This year we are offering the same two Florida Blue plans, a Base Plan and a Buy-up Plan. Both plans are Point of Service (POS) plans, which do not require a Primary Care Physician selection and they are Open Access.



# Town of Highland Beach

## Medical Plan Designs

October 1, 2025

Carrier	Florida Blue Base Plan	Florida Blue Buy-Up
Plan Name	BlueOptions 3768	BlueOptions 3748
	POS In-Network	POS In-Network
<b>Calendar Year Deductible</b> Single/Family	\$250 / \$750	No Deductible
<b>Coinsurance</b> Member Pays	0%	0%
<b>Calendar Year Out-of-Pocket Maximum</b> Single/Family	\$3,000 / \$6,000	\$1,500 / \$3,000
<b>Physician Services</b> Primary Care Physician Specialist Physician Preventive Services	\$20 Co-Payment \$45 Co-Payment No Charge	\$10 Co-Payment \$25 Co-Payment No Charge
<b>Labs, X-Rays, Diagnostics (non-hospital)</b> Independent Lab (blood work) Outpatient X-Rays & Diagnostics Major Diagnostics (MRI,MRA,PET,CT)	No Charge \$50 Co-Payment \$200 Co-Payment	No Charge \$50 Co-Payment \$125 Co-Payment
<b>Immediate Medical Services</b> Emergency Room Urgent Care (per visit)	\$200 Co-Payment (waived if admitted) \$50 Co-Payment	\$100 Co-Payment (waived if admitted) \$30 Co-Payment
<b>Hospital Services</b> Inpatient Facility Ambulatory Surgery Centers / Hospital Physician Services - ASC / Hospital	\$700 Co-Payment \$200 / \$300 Co-Payment \$45 / \$50 Co-Payment	\$250 Co-Payment \$50 / \$150 Co-Payment \$25 / \$10 Co-Payment
<b>Pharmacy</b> Preferred Generic Preferred Brand Non-Preferred Drugs Specialty Drugs	\$10 Co-Payment \$30 Co-Payment \$50 Co-Payment Cost based on drug tier	\$10 Co-Payment \$30 Co-Payment \$50 Co-Payment Cost based on drug tier
		Out of Network
<b>Calendar Year Deductible:</b> Single/Family	\$1,000 / \$3,000	\$500 / \$1,500
<b>Coinsurance</b> Member Pays	50%	40%
<b>Calendar Year Out-of-Pocket Maximum</b> - Single/Family	\$6,000 / \$12,000	\$3,000 / \$6,000

# Health Reimbursement Account

The Town of Highland Beach has implemented a Health Reimbursement Account (HRA) administered by Upswing.

## Who is eligible to participate?

Employees and their dependents that are covered by medical insurance are eligible to participate in the HRA benefits.

### Amounts covered:

Employee Coverage: \$500

Employee + 1: \$750

Family: \$1,000

## What expenses are eligible?

Expenses are eligible for reimbursement if they meet the following criteria:

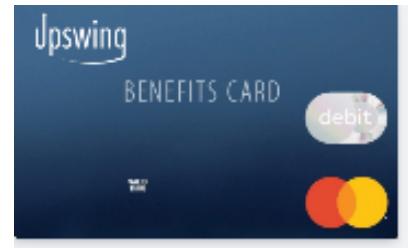
- Expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical condition.
- Expenses must be incurred during the plan year, or the plan year's grace period, to be considered eligible.
- Expenses must be incurred by you or your qualified dependents.
- Eligible expenses include the out-of-pocket expenses associated with your medical plan, such as co-payments and deductibles, as well as other expenses that may not be covered by your medical insurance, such as dental care, orthodontia, hearing aids, prescription drugs, psychiatric services and vision.
- Ineligible expenses include over the counter medications and supplies, cosmetic procedures, teeth whitening, supplements or vitamins, among others.

## How do I access my HRA?

There are two ways to use the funds in your Medical HRA. Your Benefits Workshop Debit Card automatically deducts from your Medical HRA balance, or you can pay for expenses out-of-pocket and submit a claim to be reimbursed. Once your Benefit Workshop debit card expires, you will receive a new Upswing Debit card in the mail. Our Heath Expense Documentation form is available at [upswing.com/highlandbeach](http://upswing.com/highlandbeach).

## What happens to the money at the end of the plan year?

Funds for the plan year **must be used by early September 30, 2026**, or the date your participation in the HRA ends. Request for Reimbursement for expenses paid out of pocket during this plan year must be filed by December 30, 2026. Unused funds will roll to the next year if you remain a participant.



## Using your Upswing Debit Card

### It is already active!

First, when you receive your Upswing Debit Card, and the effective date for your benefits starts, the card is already active. You do not need to contact someone to start using it.

### It is a debit card, but...

There is no PIN number. You should use it as a credit card, meaning that in most settings you will simply have to sign a paper charge slip or electronic screen. The card can also be used for certain online purchases at approved providers. Simply follow the instructions given to you by the vendor's website.

### You can use the debit card for the expenses of anyone on your medical plan

Employees automatically receive a debit card, and you can order additional cards for adult dependents (spouse and children) if they are covered with you on the SWA medical plan, however, any card in your name or one of your family members can be used for any other eligible person. Expenses associated with dependents covered elsewhere are not eligible. Here is an example:

Mary is the employee, and has a spouse (John) and three children (Bob, Carol and Alice). Bob is a 19-year-old college student living in another city. Carol is 16 years old and lives at home. Alice is Mary's step-child (John's daughter) and has medical coverage through her biological mother's employer.

Mary automatically gets a debit card. John sometimes has his own expenses and often takes Carol to the doctor so he should probably have his own debit card. Since Bob is an adult living away from home, he should also have a debit card. Carol is not old enough to have her own debit card since she is not an adult. Alice's expenses are not eligible so the debit cards should not be used for her.

### The debit card is only for...

The debit card is only for **medical expenses associated with your employer's medical plan**, for the eligible employee and his or her qualified dependents also on the plan. It is not for dental, vision, or medical expenses not covered by the medical plan such as cosmetic procedures. The debit card will only work at places that are registered with MasterCard as medical facilities, or at stores that have systems that can verify eligibility of the expense at the cash register such as CVS, Walgreens, Publix, Target, Walmart, etc.



## DENTAL INSURANCE

Guardian

The PPO plan provides coverage both In-Network and Out-of-Network (non-contracted Dentist) coverage. You will maximize your benefits and minimize your out-of-pocket expenses when you seek care from a contracted PPO Dentist. The PPO plan does not require a Primary Dentist assignation.



# Town of Highland Beach

## Dental PPO

October 1, 2025

Carrier

Guardian

Plan Type

PPO

	In-Network Only	Out-of-Network Only
<b>Deductible</b> Single/Family	\$50 / \$150	\$50 / \$150
<b>Services</b>		
<b>Preventive</b>	100%	100%
<b>Basic</b>	100%	80%
<b>Major</b>	50%	50%
<b>Preventive Services</b>		
Oral evaluations	Preventive	Preventive
Intraoral Series, X-rays	Preventive	Preventive
Fluoride Treatment	Preventive	Preventive
Prophylaxes	Preventive	Preventive
Sealants	Preventive	Preventive
<b>Basic Services</b>		
Restorations (Amalgam/Composite)	Basic	Basic
Endodontics	Basic	Basic
Periodontics	Basic	Basic
<b>Major Services</b>		
Crowns	Major	Major
Dentures/Bridges	Major	Major
<b>Orthodontia</b> Adult / Child	50% (\$1,000 Life Time Max)	
<b>Calendar Year Maximums</b>	\$2,000 plus Maximum Rollover	

## VISION INSURANCE

Guardian

This plan includes benefits for eye exams, eye glasses, and contact contact lenses. to maximize your benefits, please visit a doctor within the Davis National Network.



# Town of Highland Beach

Vision PPO Plan

October 1, 2025

Carrier Network Frequency	In-Network	Guardian Davis 12 / 12 / 12 Out- of-Network
<b>Examinations (12 months)</b> Comprehensive Exam Standard Contact Lenses- Fitting	\$10 Co-Payment \$25 Co-Payment	Up to \$40 Not Covered
<b>Lenses (12 months)</b> Single Vision Bifocal Trifocal Lenticular	Covered in Full After \$25 Co-Payment	\$48 max \$67 max \$86 max \$126 max
<b>Frames (12 months)</b> Any Frame Allowance, Including Frames for Prescriptions Sunglasses	Up to \$200 Retail Allowance + 20% Off Balance	\$48 max
<b>Contact Lenses</b> Elective Necessary	\$200 Retail Allowance + 15% off Balance Covered 100%	\$105 max Up to \$210
<b>Additional Service</b> LASIK Discount	Ranging Between 40-50% Discount	Not Covered



# Your Cost Per Pay Period (bi-weekly)

Your bi-weekly payroll deductions for medical, dental, and vision coverage are shown below.



	BCBS Florida Blue Base Plan NPOS 3768	BCBS Florida Blue Buy Up Plan NPOS 3748	Guardian Dental PPO	Guardian Vision PPO
<b>Biweekly Payroll Deductions</b> <b>October 1st, 2025</b>				
<b>Employee Only</b>	No Cost	\$15.49	No Cost	No Cost
<b>Employee and Spouse</b>	No Cost	\$35.31	\$17.54	\$2.31
<b>Employee and Child(ren)</b>	No Cost	\$30.97	\$24.46	\$2.77
<b>Employee and Family</b>	No Cost	\$49.56	\$45.69	\$4.15



# Employer Paid & Voluntary Benefits

Guardian

Town of Highland Beach provides **Basic Life and Accidental Death and Dismemberment (AD&D), and Short Term Disability (STD), and Long Term Disability (LTD)** through **Guardian**, at no cost to the employee.

Since everyone's needs are different, you may also purchase additional **Voluntary Life and AD&D** coverage at your expense from Guardian. Please note that should you decline voluntary Life and AD&D insurance when first eligible, or if you elect coverage and wish to increase your benefit amount at a later date, an evidence of insurability (EOI) and completion of a medical questionnaire will be required as well as approval by Guardian.

## Basic Life and Accidental Death & Dismemberment (AD&D)

Town of Highland Beach provides all eligible employees with a \$50,000 Basic Life policy at no cost to you.

## Voluntary Term Life and Accidental Death & Dismemberment (AD&D)

You purchase additional life insurance for you and your family through Guardian.

For employee coverage you can purchase \$10,000 increments to a maximum of \$500,000 with a \$100,000 Guarantee Issue. For Spouse, you can purchase in \$5,000 increments to a maximum of \$500,000 with a \$25,000 Guarantee Issue. For Child coverage up to the age of 26 years, you can purchase up \$10,000 of life insurance in \$1,000 increments. Guarantee Issue for Child coverage is \$10,000.

## Short Term Disability (STD)

STD insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work. STD will pay you up to 60% of your salary up to \$750 a week for up to 26 weeks. A disability due to an accident begins paying on day 1, and day 8 for for an illness.

## Long Term Disability (LTD)

LTD insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work for a longer period of time. LTD will pay you up to 60% of your monthly salary, but the maximum monthly amount will depend on your job description. The maximum payment period for the LTD benefit may be up to Social Security normal retirement age. The benefit starts paying out on the 181st day after the disability began.



**PLEASE VISIT EMPLOYEE NAVIGATOR FOR RATES A FULL BENEFIT DESCRIPTION**

# Worksite Voluntary Benefits

Allstate

Employees of Town of Highland Beach may purchase supplemental insurance on a voluntary basis through Allstate Life. Descriptions of the variety of coverage options are provided below. For complete detail of benefits, please visit EmployeeNavigator.com.

## Why Choose Allstate Supplemental Coverages?

Supplemental insurance is additional insurance you can purchase to help pay for services and out-of-pocket expenses that your regular major medical health insurance doesn't cover.

A broken leg. A life-altering diagnosis. A catastrophic illness. It is hard to plan for these things, but we know that they happen to people everyday. And when they do, they can really disrupt your life - and your finances.

### Through Allstate Life you can buy the following supplemental coverages:

#### Accident Insurance

Complements health insurance by providing benefits for covered accidental injuries requiring treatment, urgent care, or hospitalization. Adults with active recreational lifestyles (hikers, bikers, etc.) or sports participants, as well as families with children who often get injured playing with friends or during organized sporting events, should consider getting this coverage.

#### Specified Critical Illness

Complements health and disability insurance by providing a lump-sum cash payout for the diagnosis of major, chronic and debilitating illnesses such as heart attack, diabetes, stroke, Alzheimer's disease, and Parkinson's disease. It can sometimes come with a cancer rider for supplemental coverage. Critical illness insurance can be a good choice for older adults and those with a family history of serious illnesses.

#### Hospital Confinement

If you're admitted to the hospital because of an accident or sickness, it's important to focus on your recovery – not your finances. That's easier said than done if you have costly co-payments, deductibles and other expenses coming your way. Hospital confinement indemnity insurance from Allstate Life can help you pay for medical expenses that your health insurance may not cover.



# Allstate®

**PLEASE VISIT EMPLOYEE NAVIGATOR FOR A FULL BENEFIT DESCRIPTION**

# CONTACTS



Medical

Customer Service Phone Number  
1-800-352-2583

Online Support: [Floridablue.com](http://Floridablue.com)



Dental | Vision | Life Insurance  
Short and Long Term Disability

Customer Service Phone Number  
1-888-600-1600

Online Support: [Guardianlife.com](http://Guardianlife.com)



Health Reimbursement Account

Customer Service Phone Number  
1-866-676-3665

Email: [Info@upswing-tech.com](mailto:Info@upswing-tech.com)  
Member Website:  
[upswing.wealthcareportal.com](http://upswing.wealthcareportal.com)



Employee Assistance Program

Customer Service Phone Number  
1-800-386-7055

Online Support: [worklife.uprisehealth.com](http://worklife.uprisehealth.com)  
Access Code: worklife  
Will Preparation: [willprep.uprisehealth.com](http://willprep.uprisehealth.com)



Allstate

Worksite Products

Customer Service Phone Number  
1-800-521-3535

Online Support:  
[allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)



Marc Rheingold & Associates, Inc.  
Broker Support

Tina Davis: 954-368-2067

[Tina@marcheingold.com](mailto:Tina@marcheingold.com)

Marc Rheingold: 954-368-2143

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## Notes

**Presented By:**



The information in this Guide is a summary of the benefits available to you and should not be intended to take place of the official carriers Member Certificates or the carriers official plan documents. This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as an employee.

This Guide does not change or otherwise interpret the terms of the official plan documents. To the extend that any of the information contained in this Guide is inconsistent with the official documents will govern in all cases and the plan documents and carrier certificates will prevail. Town of Highland Beachreserves the right in its sole and absolute discretion to amend, modify or terminate in whole or in part any or all of the provisions of the benefit plans.