

City of Treasure Island Employee Benefit Highlights



10/1/2020 – 9/30/2021

Benefit Resource Directory

Human Resources Director

Tiffany Makras
727-547-4575, ext. 235
tmakras@mytreasureisland.org

Human Resources Assistant

Angelina Appugliese
727-547-4575 ext. 236
aappugliese@mytreasureisland.org

Medical Insurance

Florida Blue - Group #69259
800-352-2583
www.floridablue.com

Health Savings Account

HealthEquity
877-223-5329
www.myhealthequity.com

Dental Insurance

Lincoln Financial Group - ID: TREASISLA2
800-423-2765
www.LFG.com

401(a) & 457 Retirement

ICMA
800-669-7400
www.icmarc.org

Life Insurance / Long Term Disability

Lincoln Financial Group - ID: TREASISLA2
800-423-2765
www.LFG.com

457 Retirement

Nationwide Retirement Solutions
877-677-3678
www.nationwide.com

Supplemental Insurance

AFLAC
Laura Algren: 727-399-1305
www.aflac.com

Vision Benefits

NVA
800-672-7723
www.e-nva.com

Flex Spending Account

Wageworks
Laura Algren: 727-399-1305
www.aflac.com

Employee Assistance Program (EAP)

Resources for Living
800-272-3626
www.mylifevalues.com

10/1/20-9/30/21 Employee Benefits Summary

Employee Benefit	City Pays	Employee Pays
Employee Medical Insurance	100% of base plan premium	0% of base plan premium
Health Care Savings Account	75% of deductible 100% of account admin fees	Optional Contribution
Dependent Medical Insurance	25% of premium	75% of premium
Employee Dental Insurance	100% of premium	0% of premium
Dependent Dental Insurance	0% of premium	100% of premium
Life Insurance and AD&D	100% of premium	0% of premium
Retirement- 401(a)	8% pre-tax earnings	5% pre-tax earnings
FRS (Police & Fire)	25.48% pre-tax earnings	3% pre-tax earnings
Long Term Disability	100% of premium	0% of premium
Supplemental Insurance	0% of premium	100% of premium
Flex Spending Account	100% of admin fees	100% of contribution

Please refer to your Personnel Manual or collective bargaining agreement for an explanation of other benefits such as vacation, sick, holiday, etc.

Qualifying Events and Open Enrollment

Open Enrollment will be held annually during the month of August. This is the only time in which changes to coverage, cancellations, additions, etc., can be made outside of a qualifying event. With an eligible qualifying event, as defined by the IRS Code Section 125, you make changes during the plan year and outside of Open Enrollment. If you experience a qualifying event, you must report the event with required documentation and an updated insurance application to the HR Office within 30 days of the event. *All events submitted beyond the 30 days will be denied.*

Examples of Qualifying Events

- Birth/adoption of a child
- Death
- Change in dependent eligibility, i.e. full time student
- Marriage/Divorce
- Spouse change in employment
- Change in work status, i.e. reduction or increase in hours

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a Federal Law designated to protect the privacy and security of health information. The City is committed to protecting the privacy of personal health information of its employees and meets all federal requirements regarding privacy protection.

Employee Assistance Program (EAP)

Resources for Living EAP is a comprehensive employee assistance program provided by the City, at no cost to employees and their dependents. This confidential program provides you and your eligible dependents access to nurses, counselors, financial consultants and attorneys, twenty-four hours a day, seven days a week by dialing 800-272-3626 or going on line to www.mylifevalues.com. Resources for Living provides counseling services to help resolve personal problems which may be affecting your home and work life. For additional information, please call the number for Resources for Living or contact the HR Department.

Group Insurance Eligibility

All full time employees are eligible to participate in all benefit programs. Coverage will be effective on the first of the month following your date of hire. Upon separation of employment with the City, your insurance will continue through the end of the month in which the separation occurred.

Health Insurance

The City has partnered with Public Risk Management (PRM), a group health trust, for health insurance. This insurance plan is with Florida Blue. The City currently offers four options for healthcare coverage:

- HMO Plan 55 (Buy Up) offers a low \$10 co-pay per office visit for primary care physicians and participating specialists
- HMO Plan 59 (Base) features a formulary drug plan and a low \$15 co-pay for primary care physicians and a \$35 co-pay for participating specialists
- Plan 05180/015181 is a Health Savings Account (HSA) with a generous 75% employer contribution to the deductible
- Plan 5901 is a High Deductible Health Plan (HDHP) offers a high deductible, lower cost option

Prescription Mail Order Program

This program allows members to obtain a three-month supply of certain medications by mail at a cost of two times the retail cost (listed on the following page). This program is beneficial for those treating ongoing issues or ailments such as medication to control blood pressure or birth control pills. Your doctor will need to write a prescription for a ninety-day supply of your medication. You may submit your order via fax or online at www.floridablue.com.

Below is a table of the weekly premium costs for each plan. A summary of all plan benefits begins on the next page.

Effective 10/01/2020 - 09/30/2021

Cost Sharing	BlueCare	BlueCare	BlueOptions	BlueOptions
Per Benefit Period (BPM)	55 Buy Up	59 Base	05901 High Deductible	05180/05181 HSA-Compatible
Employee (Weekly Cost)	\$11.00	\$0.00	\$0.00	\$0.00
Employee + Spouse (Weekly Cost)	\$182.38	\$159.29	\$64.01	\$97.53
Employee + Child (Weekly Cost)	\$153.96	\$133.06	\$45.25	\$76.02
Family (Weekly Cost)	\$281.88	\$251.09	\$129.64	\$128.89
Annual City Contribution to Employee HSA	N/A	N/A	N/A	\$1,875.00
Annual City Contribution to Employee + Dependent HSA	N/A	N/A	N/A	\$3,750.00

Health Insurance Opt Out

Employees who already have eligible healthcare available through another verifiable group health plan and elect not to participate in the City's health plan could be eligible for a \$100/month Opt-Out stipend. Check with the HR Department for more details.

The Florida Blue website (www.floridablue.com) and mobile app offer 24 hour access to many self-service choices and other health related information such as:

- *Copy of Health Insurance Card
- *Verify Personal Information
- *View Claims
- *Access discount programs
- *Network Provider List
- *Get prescription drug costs
- *Review Coverage
- *Download Forms

**Public Risk Management of Florida
Medical Plan Designs**

Effective 10/01/2020 - 09/30/2021

Cost Sharing	BlueCare	BlueCare	BlueOptions	BlueOptions
Per Benefit Period (BPM)	55 Buy Up	59 Base	05901 High Deductible	05180/05181 HSA-Compatible
Employee (Weekly Cost)	\$11.00	\$0.00	\$0.00	\$0.00
Employee + Spouse (Weekly Cost)	\$182.38	\$159.29	\$64.01	\$97.53
Employee + Child (Weekly Cost)	\$153.96	\$133.06	\$45.25	\$76.02
Family (Weekly Cost)	\$281.88	\$251.09	\$129.64	\$128.89
Annual City Contribution to Employee HSA	N/A	N/A	N/A	\$1,875.00
Annual City Contribution to Employee + Dependent HSA	N/A	N/A	N/A	\$3,750.00
Deductible (DED) (Per Person/Family Agg)				
In-Network	Not Applicable	Not Applicable	\$2,000 / Not Applicable	\$2,500 / \$5,000
Out-of-Network			\$6,000 / Not Applicable	\$5,000 / \$10,000
Coinsurance (Member Responsibility)				
In-Network	Not Applicable	Not Applicable	50%	0%
Out-of-Network	Not Applicable	Not Applicable	50%	20%
Out of Pocket Maximum	Includes all Copays (including Rx)	Includes all Copays (including Rx)	Includes ded, coins, & all copays	Includes ded, coins, & all copays
In-Network	\$1,500 / \$3,000	\$1,500 / \$3,000	\$6,350 / \$12,700	\$2,500 / \$5,000
Out-of-Network	Not Applicable	Not Applicable	\$12,800 / \$25,600	\$10,000 / \$20,000
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum

Cost Sharing	BlueCare	BlueCare	BlueOptions	BlueOptions
Per Benefit Period (BPM)	55 Buy Up	59 Base	05901 High Deductible	05180/05181 HSA-Compatible
Professional Provider Services				
Allergy Injections				
In-Network Family Physician	\$5	\$5	\$10	DED
In-Network Specialist	\$5	\$5	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
E-Office Visit Services				
In-Network Family Physician	\$10	\$15	\$10	DED
In-Network Specialist	\$10	\$35	\$10	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Office Services				
In-Network Family Physician	\$10	\$15	\$35	DED
In-Network Specialist	\$10	\$35	\$75	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Provider Services at Hospital and ER				
In-Network Family Physician	\$0	\$0	DED + 50%	DED
In-Network Specialist	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	In-Ntwk DED (No Coins)
Provider Services at Other Locations				
In-Network Family Physician	\$0	\$0	DED + 50%	DED
In-Network Specialist	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at Hospital or Ambulatory Surgical Center				
In-Network Specialist	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	In-Ntwk DED (No Coins)

Cost Sharing	BlueCare	BlueCare	BlueOptions	BlueOptions
Per Benefit Period (BPM)	55 Buy Up	59 Base	05901 High Deductible	05180/05181 HSA-Compatible
Preventive Care				
Adult Wellness Office Services			No Maximum	No Maximum
In-Network Family Physician	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	Not Covered	50% (No DED)	20% (No DED)
Colonoscopies (Routine)	Age 50+ then Frequency Schedule Applies	Age 50+ then Frequency Schedule Applies	Age 50+ then Frequency Schedule Applies	Age 50+ then Frequency Schedule Applies
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	Not Covered	\$0	\$0
Mammograms (Routine and Dx)				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	Not Covered	\$0	\$0
Well Child Office Visits (No BPM)	No Maximum	No Maximum		
In-Network Family Physician	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	Not Covered	50% (No DED)	20% (No DED)
Emergency / Urgent / Convenient Care				
Ambulance Maximum (per Day)	No Maximum	No Maximum	\$5,500	\$5,500
In-Network	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50 %	In-Ntwk DED (No Coins)
Convenient Care Centers (CCC)				
In-Network	\$10	\$15	\$35	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Emergency Room Facility Services (also see Professional Provider Services)				
In-Network	\$50	\$50	DED + 50%	DED
Out-of-Network	\$50	\$50	DED + 50%	OON DED (No Coins)
Urgent Care Centers (UCC)				
In-Network	\$10	\$35	\$75	DED
Out-of-Network	\$10	\$35	\$75	DED

Cost Sharing	BlueCare	BlueCare	BlueOptions	BlueOptions
Per Benefit Period (BPM)	55 Buy Up	59 Base	05901 High Deductible	05180/05181 HSA-Compatible
Facility Services - Hosp/Surg/ICL/IDTF				
Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.				
Ambulatory Surgical Center				
In-Network	\$100	\$200	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Independent Clinical Lab				
In-Network	\$0	\$0	\$0	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Independent Diagnostic Testing Facility - X-rays and AIS (Includes Physician Services)				
In-Network - Advanced Imaging Services (AIS)	\$0	\$0	\$200	DED
In-Network - Other Diagnostic Services	\$0	\$0	\$50	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Facility Services - Hosp/Surg/ICL/IDTF				
Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.				
Inpatient Hospital (per admit)				
In-Network	\$250	\$150 /day; \$750 maximum	Option 1 - \$2,000 / Option 2 - \$3,000	Option 1 - DED / Option 2 - DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Out-of-Network (Emergency Admission)	Not Covered	Not Covered	DED + 50%	DED
Inpatient Rehab Maximum	No Maximum	No Maximum	21 Days	21 Days
Outpatient Hospital (per visit)				
In-Network	\$100	\$200	Option 1 - \$300 / Option 2 - \$400	Option 1 - DED / Option 2 - DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Therapy at Outpatient Hospital				
In-Network	\$5	\$5	Option 1 - \$80 / Option 2 \$90	Option 1 - DED / Option 2 - DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%

Cost Sharing	BlueCare	BlueCare	BlueOptions	BlueOptions
Per Benefit Period (BPM)	55 Buy Up	59 Base	05901 High Deductible	05180/05181 HSA-Compatible
MENTAL HEALTH AND SUBSTANCE ABUSE				
Inpatient Hospitalization				
In-Network	\$250	\$150 /day; \$750 maximum	Option 1 - \$2,000 / Option 2 - \$3,000	Option 1 - DED / Option 2 - DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Out-of-Network (Emergency Admission)	Not Covered	Not Covered	DED + 50%	DED
Outpatient Hospitalization (per visit)				
In-Network	\$10	\$35	Option 1 - \$300 / Option 2 - \$400	Option 1 - DED / Option 2 - DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Provider Services at Hospital and ER				
In-Network Family Physician or Specialist	\$0	\$0	DED + 50%	DED
Out-of-Network Provider	Not Covered	Not Covered	DED + 50%	In-Ntwk DED (No Coins)
Physician Office Visit				
In-Network Family Physician	\$10	\$15	\$35	DED
In-Network Specialist	\$10	\$35	\$75	DED
Out-of-Network Provider	Not Covered	Not Covered	DED + 50%	DED + 20%
Emergency Room Facility Services (per visit)				
In-Network	\$50	\$50	DED + 50%	DED
Out-of-Network	\$50	\$50	DED + 50%	OON DED (No Coins)
Provider Services at Locations other than Hospital and ER				
In-Network Family Physician	\$0	\$0	DED + 50%	DED
In-Network Specialist	\$0	\$0	DED + 50%	DED
Out-of-Network Provider	Not Covered	Not Covered	DED + 50%	DED + 20%

Cost Sharing	BlueCare	BlueCare	BlueOptions	BlueOptions
Per Benefit Period (BPM)	55 Buy Up	59 Base	05901 High Deductible	05180/05181 HSA-Compatible
Other Special Services and Locations				
Advanced Imaging Services in Physician's Office				
In-Network Family Physician	\$0	\$0	DED + 50%	DED
In-Network Specialist	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Birthing Center				
In-Network	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Diabetic Equipment and Supplies*				
In-Network	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Durable Medical Equipment, Prosthetics, Orthotics BPM				
In-Network	No Maximum	No Maximum		No Maximum
Out-of-Network	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Home Health Care BPM				
In-Network	No Maximum	No Maximum	20 Visits	20 Visits
Out-of-Network	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Hospice LTM				
In-Network	No Maximum	No Maximum	No Maximum	No Maximum
Out-of-Network	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%
Outpatient Therapy and Spinal Manipulations BPM				
	62 visits. Auth Req for Therapy	62 visits. Auth Req for Therapy	35 Visits (Includes up to 26 Spinal Manipulations)	35 Visits (Includes up to 26 Spinal Manipulations)
Skilled Nursing Facility BPM				
In-Network	90 Days	90 Days	60 Days	60 Days
Out-of-Network	\$0	\$0	DED + 50%	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 20%

Cost Sharing	BlueCare	BlueCare	BlueOptions	BlueOptions
Per Benefit Period (BPM)	55 Buy Up	59 Base	05901 High Deductible	05180/05181 HSA-Compatible
Prescription Drugs				
Deductible				
In-Network - Retail (30 Days)				
Retail (30 Days)				
Generic/Preferred Brand/Non-Preferred	\$5/ \$25/ \$25	\$10/ \$25/\$60	\$10 / \$60 / \$100	100% after IN DED
Mail Order (90 Days)				
Generic/Preferred Brand/Non-Preferred	\$10 /\$50/ \$50	\$20 /\$50/\$120	\$30 / \$180 / \$300	100% after IN DED
Out-of-Network - Retail (30 Days)				
Retail (30 Days)				
Generic/Preferred Brand/Non-Preferred	Not Applicable	Not Applicable	50% of allowance	100% of allowance, after In-Ntwk DED
Mail Order (90 Days)				
Generic/Preferred Brand/Non-Preferred			50% of allowance	100% of allowance, after In-Ntwk DED
Medical Pharmacy (Provider-Administered Rx)**				
In-Network	See Location of Service	See Location of Service	20% coinsurance	See Location of Service
Out-of-Network	Not Covered	Not Covered	DED + 50%	See Location of Service

Dental Insurance

The City offers dental insurance through Lincoln Financial Group. The plan has no network restrictions, however, employees can take advantage of deep discounts by selecting an in-network provider. The dental year plan maximum benefit amount is \$1,000, and the City pays 100% of the employee premium. See below for a dental plan summary and rates.

Summary of Dental Benefits

Eligible Expenses: Benefit Level 1	100%
Benefit Level 2	80%
Benefit Level 3	50%
Maximum (per person)	\$1,000 per calendar year
Allowance	Contracted fee
Waiting Period	None
Orthodontia Allowance	Usual and customary

10/1/20 – 9/30/21 Dental Rates

Coverage Tier	Weekly Deduction
Employee Only	\$0
Employee + Spouse	\$7.13
Employee + Child(ren)	\$8.54
Family	\$14.28

Vision Insurance

The City of Treasure Island offers a voluntary vision benefit through (NVA) National Vision Administrators. This plan provides annual eye exams with participating providers for a co-payment of \$10 and also provides for allowances for frames and contacts.

10/1/20 – 9/30/21 Vision Rates

Coverage Tier	Weekly Deduction
Employee Only	\$1.21
Employee + Spouse	\$2.27
Employee + Child(ren)	\$1.89
Family	\$3.74

Life Insurance

The City provides basic life insurance through Lincoln Financial Group for all full time eligible employees at no cost to the employee. The basic life insurance benefit equals one times your annual compensation rounded to the nearest thousand, up to a maximum of \$50,000. The City also provides accidental death and dismemberment insurance which is payable upon provider schedule.

Voluntary Life Insurance

City employees may also elect to purchase optional life insurance on a voluntary basis through Lincoln Financial Group via payroll deduction. Additional life insurance may be purchased to cover yourself, spouse and child(ren) at the benefit levels described below. A premium rate calculation table can be obtained from the HR Department.

- You may select a benefit up to 5 times your annual salary in \$10,000 increments up to \$300,000.
- Up to \$100,000 is guaranteed, no medical questionnaire needed (new hires only)
- You may elect coverage for your spouse up to 50% of your coverage in \$5,000 increments.
- Children age 6 months up to 19 years may be insured for \$10,000.
- Children 14 days to 6 months are eligible for a \$250 benefit.

Long Term Disability

The City provides long term disability insurance through Lincoln Financial Group to all eligible employees at no cost to the employee. The LTD benefit pays a percentage of monthly earnings if you become disabled due to an accident, injury or illness. The benefit will be adjusted if your salary fluctuates throughout the plan year and a benefit summary is provided below.

- LTD provides a benefit of 50% of your monthly earnings to a maximum benefit of \$5,000 per month.
- The benefit begins on the 181st day after the employee experiences the disabling event.
- If you return to work part time, a partial LTD benefit may be payable.
- Periodic evaluations occur at the discretion of Lincoln.

401(a) Governmental Money Purchase Retirement Plan

The City offers a 401(a) retirement savings plan through International City Management Association (ICMA) with pre-tax contributions. Federal income taxes are deferred until your assets are withdrawn, usually during retirement. Due to strict IRS regulations, new employees have 60 days from hire date to enroll, otherwise the benefit is forfeited. A summary of the plan's benefits are provided below.

- Employer's contribution is eight percent (8%).
- Employee's contribution is five percent (5%).
- Income taxes are reduced while investing for retirement.
- Earnings accumulate tax deferred.
- Convenience provided through payroll deductions.
- If you change jobs, you have the flexibility to move your account into your new Employer's retirement plan.

457 Deferred Compensation Retirement Plan

The City offers a 457 Deferred Compensation retirement savings plan through two companies, International City Management Association (ICMA) or Nationwide. A 457 plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Federal income

taxes are deferred until your assets are withdrawn, usually during retirement. A summary of the plan's benefits are provided below.

- Income taxes are reduced while investing for retirement.
- Earnings accumulate tax deferred.
- Convenience provided through payroll deductions.
- If you change jobs, you have the flexibility to move your account into your new Employer's retirement plan.
- If you retire or leave prior to retirement, there is no penalty for withdrawals.

While there are strict Internal Revenue Code limits to the amount you contribute each year, this retirement program offers flexibility to make changes to your contributions within those guidelines as often as you wish without penalties or fees. There are no restrictions or charges for reallocating your investment mix, and there are a wide variety of investment options to choose from. There are no minimum investment requirements for this plan. Your designated beneficiary is entitled to receive all remaining funds in your account in the event of your death.

Credit Unions

City employees are eligible for membership to most of the surrounding credit unions. Credit unions are member owned financial service cooperatives established to serve their members by offering better dividends on savings, lower rates on loans and fewer service fees than other financial institutions. Information regarding each credit union may be obtained in the HR Office.

Supplemental Insurance

AFLAC offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums are paid via payroll deductions. AFLAC offers the following plans; additional information can be obtained through the HR Office.

- *Personal Accident Indemnity Plan
- *Personal Cancer Indemnity Plan
- *Personal Disability Income Protector
- *Personal Sickness Indemnity Plan
- *Specified Health Event Protection
- *Life Protector

Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA's) through AFLAC to all eligible employees on a voluntary basis. FSA's allow you to set aside money for reimbursement of medical and day care expenses you regularly pay. The amount you set aside is not taxed and is automatically deducted from your paycheck and deposited into your FSA account. During the year you have access to this account for reimbursement of some expenses that are not covered by medical insurance. It is important that you be conservative when estimating your medical and/or dental expenses, as IRS regulations state that any unused funds at the end of the plan year are forfeited. See the HR Department for additional information.

Employee Golf and Tennis Privileges

City employees may play golf or tennis at the City's Treasure Bay facility without paying a fee. Playing partners who are not employees pay full fee. Your City ID or recent pay stub and drivers' license will be required at the time you wish to utilize the facility. No reservations will be accepted. Play time may be limited and or interrupted based on league or tournament needs.

Employee Fitness Room

The City provides a well-equipped fitness room in the Police Building that is open to all City employees. To use the facility, notify HR, complete the exercise waiver and release form, and then you will be provided with the access code for entry. Please bring a towel to wipe down the equipment after use. Shower facilities and changing areas are provided.

COBRA

The Consolidated OMNIBUS Budget Reconciliation Act (COBRA) requires that most employers sponsoring medical plans offer employees and their families the opportunity for a temporary extension of group insurance coverage at group rates in certain instances where coverage under the plan would otherwise end. An employee, their spouse or their dependent child covered by the City of Treasure Island's group medical plan has the right to choose this continuation of coverage if coverage is lost for any of the following qualifying events provided below. It is the responsibility of the employee to immediately notify the HR Department when a covered member experiences a qualifying event.

Employee	<ol style="list-style-type: none">1. Reduction in hours of employment2. Termination of employment.
Spouse of an Employee	<ol style="list-style-type: none">1. Death of your spouse2. Termination of spouse's employment or reduction in their hours.3. Divorce or legal separation.4. Spouse becomes entitled to Medicare.
Dependent Child of employee	<ol style="list-style-type: none">1. Death of a parent2. Termination of parent's employment or reduction in their hours.3. Parents' divorce or legal separation.4. Parent becomes eligible for Medicare.5. Dependent child ceases to be a "dependent child" according to plan's eligibility.