HILLSBOROUGH COUNTY AVIATION AUTHORITY

EMPLOYEE BENEFIT HIGHLIGHTS

2026-2027

Tampa International Airport

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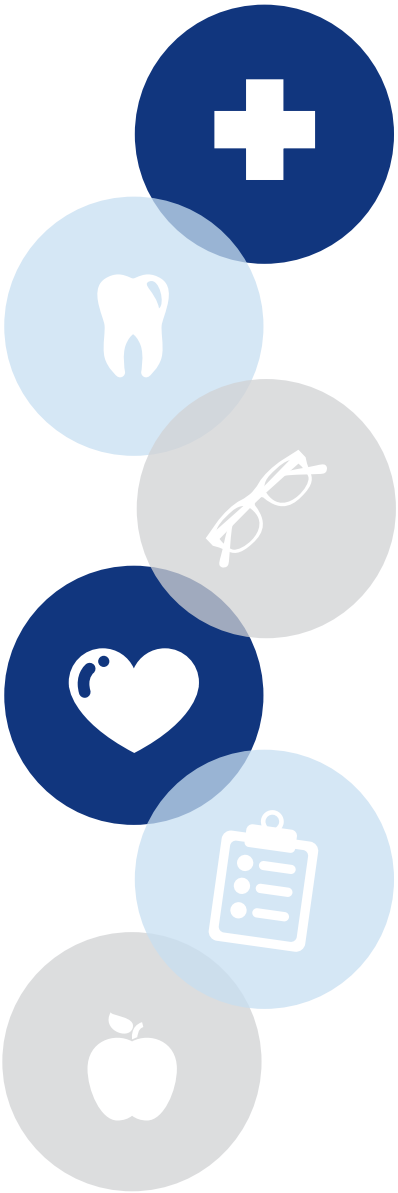

Hillsborough County Aviation Authority reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.

Contact Information

	Human Resources		Email: AskMyHR@TampaAirport.com
	Online Benefit Enrollment	Bentek Support	Phone: (888) 5-Bentek (523-6835) Email: support@mybentek.com app.mybentek.com
	Medical Insurance	Aetna	Phone: (866) 983-0108 www.aetna.com
	Prescription Drug Coverage & Mail-Order Program	CVS Caremark	Phone: (888) 792-3862 www.aetna.com
	Specialty Pharmacy	Prudent Rx	Phone: (800) 578-4403 www.prudentrx.com
	Virtual Care	CVS Health Virtual Care	www.cvs.com/virtual-care
	Dental Insurance	Humana	Phone: (800) 233-4013 www.humana.com/dental
	Vision Insurance	Humana	Phone: (800) 448-6262 www.humana.com
	Flexible Spending Accounts	Inspira Financial	Phone: (844) 729-3539 www.inspirafinancial.com
	Employee Assistance Program	Aetna Resources for Living	Phone: (888) 238-6232 www.resourcesforliving.com
	Basic Life and AD&D Insurance	Securian Financial, Administered by Ochs	Phone: (800) 392-7295 www.ochsinc.com
	Voluntary Life and AD&D Insurance	Securian Financial, Administered by Ochs	Phone: (800) 392-7295 www.ochsinc.com
	Long Term Disability Insurance	The Standard	Phone: (800) 628-8600 www.standard.com
	Retirement Plans	Florida Retirement System (FRS)	Phone: (866) 446-9377 www.myfrs.com
		Nationwide	Phone: (800) 882-2822 www.nrsforu.com
	Preventive Scans	LifeScan	Phone: (813) 876-0625
		SmartScan	Phone: (813) 776-3141
	Claims, Billing & Benefit Assistance	Gehring Group	Phone: (800) 244-3696 Email: geh-tampaairport@bbrown.com

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.

Online Benefit Enrollment

The Authority offers employees convenient online benefits enrollment through MyTPABenefits, powered by Bentek®. Benefit eligible employees can enroll or make changes during the annual Open Enrollment Period, New Hire Orientation, or following a Qualifying Life Event. Employees can log in to review detailed information about benefit plans, view current elections, and print summaries of coverage for themselves and dependents. Bentek also provides access 24 hours a day, year-round to important forms and carrier resources and enabling employees to update beneficiary designations.

Accessing Bentek

- ✓ Visit **app.mybentek.com,** or the MyTPABenefits icon from TPAConnect.
- ✓ Sign in with email and password, or select "Create an Account."
- ✓ Need Password Help? Follow the link for a password reset.
- ✓ Once logged in, use the Launchpad icons to navigate.

Technical Support

For technical assistance related to using the platform, contact Bentek Support:
Email: support@mybentek.com
Phone: (888) 5-Bentek (523-6835)

Hours of Operation: Monday through Friday 8:30 am - 5:00 pm (EST)

Scan QR Code to Access Bentek
For the best experience, we recommend enrolling on a computer.

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 insurance plans if they are full-time employees working a minimum of 25 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 first of the month following 6 months of full-time employment, working a minimum of 40 hours per week.

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 (per Florida State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner

IMPORTANT NOTE

- If both spouses are employed by The Authority, only one employee may enroll and cover eligible dependents under The Authority's benefit plans
- To cover dependents employee will be asked to provide Human Resources with proof of dependent eligibility in the form of:
  - Copy of marriage certificate; and/or
  - Domestic Partnership registration; and/or
  - Copy of dependent(s) birth certificate(s) / adoption paperwork.

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 (taxable 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.

Voluntary Dependent Child Life: A dependent child may be covered through the end of the month 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:

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

Proof of disability will be required upon request. Please contact Human Resources for more information.

Group Insurance Eligibility *(Continued)*

Taxable Dependents

Employee covering adult child(ren) under employee's medical 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, the value of the coverage 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. Contact Human Resources for further details if an adult dependent child will turn age 27 in the upcoming calendar year.

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 group insurance if officially registered as domestic partners. IRS guidelines state the employee may not receive a tax advantage on any portion of premiums paid related to domestic partner coverage. Employees covering 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. Contact Human Resources or 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 pre-tax under a Cafeteria Plan established by Section 125 of the Internal Revenue Code. Under Section 125, changes to employee's pre-tax benefits can ONLY be made during the Open Enrollment Period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request is submitted within 30 days.

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:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse and/or other dependent(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 causing eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with parent/guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Gain or loss of eligibility for 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 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.

Medical Plan Resources

Enrolled employees and dependents have access to additional services and discounts through value added programs. Resources such as in-network providers, benefits, deductibles, ID cards, claims, and more are easily accessed through the carrier portal and mobile app. For more details regarding medical plan resources, contact customer service.

Mobile App

The Aetna Health mobile app provides on-the-go access to the medical benefit account to view benefits, download ID card, locate providers, or view claims.

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

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
Phone: (800) 578-4403 | www.prudentrx.com

Virtual Care

Aetna provides access to virtual care services as part of the medical plan. CVS Health Virtual Care 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 online video consultations when needing immediate care for non-emergency medical issues. Virtual care 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 virtual care such as:

- ✓ Acne
- ✓ Allergies
- ✓ Cold and Flu
- ✓ Fever
- ✓ Headache/Migraine
- ✓ Rash
- ✓ Sore Throat
- ✓ Stomachache
- ✓ UTIs and More

Virtual care doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits.

CVS Health Virtual Care | www.cvs.com/virtual-care

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan(s) 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:	Human Resources
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 by contacting Human Resources.

Medical Insurance

The Authority offers medical insurance through Aetna to benefit-eligible employees. The costs for coverage are listed in the premium tables 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 customer service. Aetna Plans include a routine vision exam provided by an ophthalmologist or optometrist including refraction and glaucoma testing. These plans allow a $200 allowance towards lenses, frames or contact lenses every 24 months.

Medical Insurance – Aetna Open Access Plan

Monthly Cost

Tier of Coverage	Annual Salary			
	Under $74,999.99	$75,000-$89,999.99	$90,000-$124,999.99	Above $125,000
Employee Only	$185.72	$198.12	$210.50	$222.88
Employee + Spouse	$408.60	$435.84	$463.08	$490.32
Employee + Child(ren)	$334.32	$356.60	$378.90	$401.18
Employee + Family	$445.76	$482.90	$594.34	$631.48

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Annual Salary			
	Under $74,999.99	$75,000-$89,999.99	$90,000-$124,999.99	Above $125,000
Employee Only	$92.86	$99.06	$105.25	$111.44
Employee + Spouse	$204.30	$217.92	$231.54	$245.16
Employee + Child(ren)	$167.16	$178.30	$189.45	$200.59
Employee + Family	$222.88	$241.45	$297.17	$315.74

Medical Insurance – Aetna Rate Saver Plan

Monthly Cost

Tier of Coverage	Annual Salary			
	Under $74,999.99	$75,000-$89,999.99	$90,000-$124,999.99	Above $125,000
Employee Only	$10.00	$10.00	$10.00	$10.00
Employee + Spouse	$297.94	$322.76	$347.60	$372.42
Employee + Child(ren)	$243.76	$264.08	$284.40	$304.70
Employee + Family	$372.42	$406.28	$440.12	$473.98

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Annual Salary			
	Under $74,999.99	$75,000-$89,999.99	$90,000-$124,999.99	Above $125,000
Employee Only	$5.00	$5.00	$5.00	$5.00
Employee + Spouse	$148.97	$161.38	$173.80	$186.21
Employee + Child(ren)	$121.88	$132.04	$142.20	$152.35
Employee + Family	$186.21	$203.14	$220.06	$236.99

Please note: *Premiums will update on the 1st of the month following a salary increase, if applicable.*

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

Aetna Open Access Plan At-A-Glance

Locate a Provider

To find a participating provider, contact customer service or visit www.aetna.com. When searching, select the Aetna Select (Open Access) network.

Plan References

**LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Aetna. When using another lab, please confirm the lab is contracted with the plan's network before receiving services.*

Important Notes

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

Preventive visits are covered at 100% when billed as preventive. If billed as diagnostic, members may be responsible for applicable out-of-pocket costs.

Network	Aetna Select (Open Access)
Plan Year Deductible (PYD)	**In-Network**
Individual	$250
Family	$750
Coinsurance	
Member Responsibility	10%
Plan Year Out-of-Pocket Maximum	
Individual	$3,500
Family	$7,000
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician *(PCP)* Office Visit *(No PCP Election Required)*	$30 Copay
Specialist Office Visit *(No Referral Required)*	$40 Copay
CVS Health Virtual Care	$10 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Bloodwork)**	No Charge
X-rays	10% After PYD
Advanced Imaging *(MRI, PET, CT)*	10% After PYD
Outpatient Surgery at Surgical Center	10% After PYD
Physician Services at Surgical Center	10% After PYD
Urgent Care *(Per Visit)*	$50 Copay
Hospital Services	
Inpatient Hospital *(Per Admission)*	10% After PYD
Outpatient Hospital *(Per Visit)*	10% After PYD
Physician Services at Hospital	10% After PYD
Emergency Room *(Per Visit; Waived if Admitted)*	10% After PYD
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services *(Per Admission)*	10% After PYD
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
90-Day Supply *(Mail Order/Retail Pharmacy)*	2x Retail Copay

Aetna Rate Saver Plan At-A-Glance

Network	Aetna Choice POS II	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance		
Member Responsibility	15%	40%
Plan Year Out-of-Pocket Maximum		
Individual	$3,500	$7,000
Family	$7,000	$14,000
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	$40 Copay	40% After PYD
Specialist Office Visit	$50 Copay	40% After PYD
CVS Health Virtual Care	$10 Copay	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	No Charge	40% After PYD
X-rays	$10 Copay	40% After PYD
Advanced Imaging *(MRI, PET, CT)*	$300 Copay	40% After PYD
Outpatient Surgery at Surgical Center	15% After PYD	40% After PYD
Physician Services at Surgical Center	15% After PYD	40% After PYD
Urgent Care *(Per Visit)*	$60 Copay	40% After PYD
Hospital Services		
Inpatient Hospital *(Per Admission)*	15% After PYD	40% After PYD
Outpatient Hospital *(Per Visit)*	15% After PYD	40% After PYD
Physician Services at Hospital	15% After PYD	40% After PYD
Emergency Room *(Per Visit; Waived if Admitted)*	$350 Copay	$350 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Per Admission)*	15% After PYD	40% After PYD
Outpatient Services *(Per Visit)*	No Charge	40% After PYD
Outpatient Office Visit	No Charge	40% After PYD
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
90-Day Supply *(Mail Order/Retail Pharmacy)*	2x Retail Copay	2x Retail Copay + 20% Coinsurance

Locate a Provider

To find a participating provider, contact customer service or visit www.aetna.com. When searching, select the 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 another lab, please confirm the lab is contracted with the plan's network before receiving services.*

Important Note

Preventive visits are covered at 100% when billed as preventive. If billed as diagnostic, members may be responsible for applicable out-of-pocket costs.

Dental Insurance

Humana PPO Plan

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

Dental Insurance – Humana PPO Without Orthodontia Plan

Tier of Coverage	Employee Cost	
	Monthly Cost	24 Pay Periods
Employee Only	$2.24	$1.12
Employee + Spouse	$40.18	$20.09
Employee + Child(ren)	$36.00	$18.00
Employee + Family	$65.38	$32.69

Dental Insurance – Humana PPO With Orthodontia Plan

Tier of Coverage	Employee Cost	
	Monthly Cost	24 Pay Periods
Employee Only	$2.34	$1.17
Employee + Spouse	$48.80	$24.40
Employee + Child(ren)	$44.18	$22.09
Employee + Family	$81.24	$40.62

In-Network Benefits

This 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 Plan Year Deductible (PYD) 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.

Plan 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.

Plan 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 plan year.

Mobile App

The MyHumana mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

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

IMPORTANT NOTES

- *Each covered family member may receive up to three (3) routine cleanings per plan year covered under the preventive benefit.*
- *For any dental work expected to cost $300 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.*
- *Waiting periods and age limitations may apply.*
- *Benefit frequency limitations may apply to certain services.*

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**	
Plan Year Deductible (PYD)	**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	
Plan Year Benefit Maximum				
Per Member	$2,500		$2,500	
Class I Services: Diagnostic & Preventive Care				
Routine Oral Exam *(3 Per Plan 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)*
Routine Cleanings *(3 Per Plan Year)*				
Complete X-rays *(1 Every 3 Plan Years)*				
Bitewing X-rays *(4 Per Plan Year)*				
Class II Services: Basic Restorative Care				
Fillings	Plan Pays: 80% After PYD	Plan Pays: 80% After PYD *(Subject to Balance Billing)*	Plan Pays: 80% After PYD	Plan Pays: 80% After PYD *(Subject to Balance Billing)*
Simple Extractions				
Oral Surgery				
Periodontal Services				
Anesthetics				
Endodontics *(Root Canal Therapy)*				
Class III Services: Major Restorative Care				
Crowns	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD *(Subject to Balance Billing)*	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD *(Subject to Balance Billing)*
Bridges				
Dentures				
Class IX Services: Dental Implants				
Dental Implants *(Requires Pre-Authorization)*	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD *(Subject to Balance Billing)*	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD *(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 find a participating provider, contact customer service or visit www.humana.com/dental. When searching, select the 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 provide, please refer to the Out-of-Network Benefits section on the previous page.

Vision Insurance

Humana Vision Plan

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

Vision Insurance - Humana Vision Plan

Tier of Coverage	Employee Cost	
	Monthly Cost	24 Pay Periods
Employee Only	$2.72	$1.36
Employee + Spouse	$8.66	$4.33
Employee + Child(ren)	$7.46	$3.73
Employee + Family	$12.52	$6.26

Vision Insurance - Humana Vision Enhanced Plan

Tier of Coverage	Employee Cost	
	Monthly Cost	24 Pay Periods
Employee Only	$4.42	$2.21
Employee + Spouse	$12.06	$6.03
Employee + Child(ren)	$10.38	$5.19
Employee + Family	$17.16	$8.58

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.

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

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

Mobile App

The MyHumana mobile app provides on-the-go access to the vision benefit account to view benefits, download ID card, locate providers or view claims.

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

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 *(Fit and Follow-Up)*	Standard	$0 Copay	Not Covered
	Premium	10% off retail less $55 allowance	Not Covered
Materials		$25 Copay	Reimbursement Based on Type of Service
Retinal Imaging		Up to $39 Copay	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		No Charge After $25 Materials Copay	Up to $25 Reimbursement
Bifocal		No Charge After $25 Materials Copay	Up to $40 Reimbursement
Trifocal		No Charge After $25 Materials Copay	Up to $60 Reimbursement
Frames			
Allowance		Up to $200 Allowance After $25 Materials Copay 20% Off Balance Over $200	Up to $65 Reimbursement
Contact Lenses*			
Non-Elective *(Medically Necessary)*		$0 Copay	Up to $210 Reimbursement
Elective *(Fitting, Follow-up & Lenses)*	Conventional	Up to $200 Allowance 15% Off Balance Over $200	Up to $200 Reimbursement
	Disposable	Up to $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 find a participating provider, contact customer service or visit www.humana.com. When searching, select the 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.

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 established by the IRS. 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).

Listed below are examples of common expenses that qualify for reimbursement.

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 established by the IRS if single or married and file a joint tax return (IRS limits vary per tax filing status) 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 Health Care 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
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ Alcoholism Treatment
- ✓ LASIK Surgery
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs
- ✓ Family Planning

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

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employee may carry over up to the limit set by the IRS 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 has a 2 1/2 month grace period that allows additional time to incur claims and use remaining funds on eligible expenses after the plan year ends.
- The Health Care FSA and Dependent Care FSA both have a 90 day run out period that allows reimbursement of eligible expenses incurred during the plan year and/or grace period.
- Any unused funds still remaining in the account will be forfeited.
- Enrollment is only available during the Open Enrollment Period, New Hire Orientation, or Qualifying Life Events.
- Funds cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Only expenses for services received are eligible for reimbursement.
- Reimbursed expenses cannot be covered by insurance or other compensation.
- Domestic partners' healthcare expenses are ineligible as they are not qualified dependents under Federal law.

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

Healthcare 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 $680 carry over that may be allowed for the Health Care FSA.* ***This rule is known as "use-it or lose-it."***

Mobile App

The Inspira Mobile app provides on-the-go access to the FSA benefit account to view account activity, file a claim and upload receipts.

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

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 8 visits with a specialist, per person, per issue, per year, 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 | Phone: (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. 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 (AD&D)

Accidental Death & Dismemberment (AD&D) insurance, will pay in addition and equal to the Basic Term Life benefit when death occurs as a result of an accident. 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

Retiree

- The Authority provides Basic Term Life insurance to eligible Retirees. Eligible retirees will receive a benefit amount of $10,000.
- Benefit reduces to $5,000 at age 70.

Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Basic Term Life insurance benefit in excess of $50,000 must be included as income and is subject to Federal, Social Security and Medicare taxes.

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

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

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 (subject to EOI for amounts greater than $300,000).
- Outside of the new hire eligibility period, eligible employees have the opportunity to apply for 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.
- Outside of the new hire eligibility period, eligible employees have the opportunity to apply for 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)*
Under 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
70+	$5.550

Please Note: *Voluntary Life is not subject to age reductions.*

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 end of the month in which child turns 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 MyTPABenefits.

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

Long Term Disability

The Authority provides Long Term Disability (LTD) insurance at no cost to all eligible employees first of the month following six (6) months of employment, working a minimum of 40 hours per week, through The Standard. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or injury. The Authority offers additional, employee paid, LTD coverage as a buy-up option

Long Term Disability (LTD) Benefits

- Employee must be disabled for 60 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 61st 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.
- Pre-existing conditions may apply. If you received treatment for a condition within 3 months before coverage started, any disability resulting from that condition within the first 12 months of coverage will not be covered.

Core Long Term Disability (LTD) Benefit

- LTD provides a benefit of 66 2/3% of employee's monthly earnings up to a benefit maximum of $1,667 per month.
- Paid by the Authority

Buy-Up Long Term Disability (LTD) Benefit

- In addition to the provided basic benefit in Core, the employee can pay for an additional benefit of 66 2/3% of monthly earning up to a maximum benefit of $8,333 per month.
- The additional benefit is employee paid on a post-tax basis.
- The combined benefit of Core and Buy-Up is a maximum of $10,000 monthly.

Buy-Up Long Term Disability Benefit Cost Estimator

Post-Tax Cost

1. Your Monthly Salary	=	
2. Subtract (Core benefit salary)	–	$2,500
3. Your Monthly Earnings *(Maximum is $15,000)*	=	
4. Divide by 100	=	
5. Multiply by Rate	×	$0.40
6. Your Monthly Premium	=	

The Standard | Phone: (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 (six years if hired before 07/01/2011).
- Eligibility for full retirement if vested and either age 65 or 33 years of service (62 or 30 years if hired before 07/01/2011).
- Law Enforcement Officers (special risk) is age 55 or 25 years of service.
- Monthly lifetime benefit is based on a formula to include employee's eight highest years of average compensation (five if hired before 07/01/2011).

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)
Phone: (866) 446-9377 | www.myfrs.com

457b or 457 Roth Deferred Compensation Plan

The Authority also provides voluntary 457b (pre-tax) and 457 Roth (post-tax) deferred compensation plans.

- Total employer match up to 3% of employee base salary.
- Contributions are a percentage or a dollar amount for the deferred compensation plans.
- Maximum calendar year contributions are set by the IRS.
- Catch-up deductions for those over 50.
- Emergency withdrawals and loans are available.

Nationwide
Phone: (800) 882-2822 | www.nrsforu.com

Retirement Resource Group
Phone: (888) 401-5272

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
- Employee Experience Council
- TPA University and Leadership Development
- Annual Service Awards
- Supplemental Education & Tuition Assistance
- Two Floating Holidays (per calendar year)
- Referral Incentive Program (up to $250)
- Ideas Take Flight Program

Social Well-Being

- Employee Appreciation BBQ
- Aetna Employee Assistance Program
- Informational Lunch & Learns

Physical Well-Being

- Annual Employee Health & Wellness Fair
- Employee Wellness Reimbursement (up to $500 per fiscal year)
- Smoking Cessation Program
- Onsite Workout Facilities and Fitness Classes
- Flu Shots
- Biometric Screening
- Onsite Walking Trail
- Bike Share Program
- Wellness Committee
- Preventive Diagnostic Imaging Screening (one exam per fiscal year using LifeScan or SmartScan)
- Preventive Screening Incentives (up to $300 per fiscal year)
- Popup Onsite Health Clinics

Financial Well-Being

- Aetna Employee Discount Program
- Nationwide Retirement Planning Education
- FRS Retirement Planning Education
- Free Airport Parking
- State Rental Car Discounts
- Concession Discounts
- Cellular Discounts
- One Digital Financial Wellness Education

Community Well-Being

- Paid Parental Leave
- Take Our Sons and Daughters to Work Day
- Toys for Tots Fundraisers
- United Way Fundraising and Partnership
- Voluntary Pay for Day of Service
- Blood Drive
- American Heart Association Heart Walk

Program Highlights

Employee Referral Incentive: Refer qualified candidates for vacant positions and receive $250 for any referral that results in the applicant being hired in accordance with 643.06(SP).

Preventive **Screening Incentives:** Full time employees can receive up to $300 per fiscal year for completing preventive exams ($50 per exam). Submit Form HR-45 and supporting documentation to AskMyHR@TampaAirport.com.

Below are examples of eligible exams:

- Vision Screenings
- Dental Screening
- Mammograms
- Annual Physcial
- Colonoscopy
- Dermatology Screening

Financial Wellness

OneDigital Financial Education & Guidance

Your financial wellbeing is an important part of your overall health and wellbeing. As part of your benefits package, the Hillsborough County Aviation Authority provides access to OneDigital's financial wellness program. Designed to help you build confidence, make informed decisions, and take action on the goals that matter most to you. Whether you're creating a budget, planning for retirement, managing debt, or preparing for major life events, you can access education and personalized guidance to support you at every stage.

Financial Education: OneDigital Financial Academy

OneDigital Financial Academy offers monthly live and on-demand webinars covering practical topics such as budgeting, estate planning, home buying, insurance (home/auto/life), investing basics, paying down student debt, and more. Access upcoming sessions and on-demand content at: www.onedigitaLoom/en-US/financial-academy/.

Financial Guidance: 1-on-1 Meetings with Financial Advisors

You also have access to unlimited virtual meetings with OneDigital Financial Advisors at no cost to you. Start with a 15 minute introductory meeting to discuss your priorities and outline next steps. You can then schedule additional 30 minute meetings to go deeper and build your strategy overtime.

Phone: (877) 742-2022 | Email:financialguidance@onedigital.com

Unileave

Employees hired after January 1, 1997.

Aviation Authority Unileave program effective January 1, 1997.

Unileave: 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 (Unileave) to be managed by the employee.

ACCURAL RATE: Unileave 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 Unileave 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
- Floating Holiday
- Floating Holiday

MINIMUM USAGE: Each employee is required to use 80 (LEO's 84) hours of Unileave 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.

* The last day to use Unileave to meet minimum usage requirements may occur earlier than September 30.

Claims, Billing & Benefit Assistance

If employees have questions on claims, receive bills from providers which they do not understand or would like general information on any of the employee benefits provided, please contact the Gehring Group Service Team.

The Service Team works directly with Hillsborough County Aviation Authority and its employees to provide claims and benefits service and will assist employees with their concerns. Please remember this is in addition to the Authority Human Resources and is not replacing assistance employee may need from HR.

Contact a Claims Specialist

Email: geh-tampaairport@bbrown.com

Please include your name, contact information and a brief description of the issue. A Claims Specialist will respond via email or phone call to gather additional information.

OR

Phone: (800) 244-3696

When calling, please identify yourself as an employee of the Hillsborough County Aviation Authority and ask to speak to a Claims Specialist or another member of the Hillsborough County Aviation Authority's designated team to assist with questions or concerns.

Office hours are Monday through Friday, 8:30 am - 5:00 pm (EST). If calling after office hours, please leave a message indicating you are a Hillsborough County Aviation Authority employee who would like to speak to a Claims Specialist. Please leave full name, contact information and a brief message and a Claims Specialist will be in contact with you the following business day.

Our goal is to be your advocate and ensure issues are resolved as quickly as possible.

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.

Tampa International Airport

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

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

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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