



January 1, 2018 – December 31, 2018

# Clerk of the Circuit Court



20  
18

Your Benefits Overview



# TABLE OF CONTENTS

BENEFIT / GENERAL INFORMATION	3 - 4
WHERE TO GO WHEN YOU NEED MEDICAL ATTENTION	5
HELPFUL TOOLS / IMPORTANT NOTICES	6 - 7
<b>EMPLOYER / EMPLOYEE PAID BENEFITS SECTION</b>	8
FLORIDA RETIREMENT SYSTEM (FRS)	9
MEDICAL - FLORIDA HEALTH CARE - HDHP & HSA	10 - 12
MEDICAL - FLORIDA HEALTH CARE - HMO PLAN	13
MEDICAL - FLORIDA HEALTH CARE - TRIPLE OPTION	14
FHCP EXTENDED HOUR CARE CENTERS / PREFERRED FITNESS INFORMATION	15 -16
DENTAL - GUARDIAN	17 - 18
<b>EMPLOYER PAID BENEFITS SECTION</b>	19
SHORT TERM DISABILITY – EAP AETNA	20
BASIC LIFE INSURANCE - AETNA	21
ADDITIONAL VISION BENEFITS	22
<b>EMPLOYEE PAID BENEFITS SECTION (ELECTIVES)</b>	23
VISION – SUPERIOR VISION	24
VOLUNTARY LIFE INSURANCE/LONG TERM DISABILITY – AETNA	25 - 26
AFLAC	27
NATIONWIDE 457b – DEFERRED COMPENSATION	28
LEAVE POLICIES – CLERK OF THE CIRCUIT COURT	29
IMPORTANT NOTICES	30 - 36
KEY CONTACTS	37

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2018 – December 31, 2018. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).

# BENEFIT INFORMATION

## Your Benefits

Clerk of the Circuit Court offers a variety of benefits allowing you the opportunity to customize a package that will meet your personal needs.

Throughout this packet, you will learn about the benefits offered and be able to put together a benefits plan to ensure you and your family's health and finances.

Benefit	Who pays the cost?
Medical	Employer and Employee
Dental	Employer and Employee
Vision	Employee
Short Term Disability	Employer
Long Term Disability	Employee
Basic Life/AD&D	Employer
Voluntary Life	Employee
Aetna EAP	Employer

## Who can I enroll?

- Your spouse, unless legally separated or divorced
- Your children up to age 26 (Medical, Dental, and Vision)
- Your children up to age 19 (25 if full time student) (Dependent Life)
- Dependent children age 27-30 must satisfy the following requirements (Medical Only):
  1. Unmarried and does not have a dependent;
  2. A Florida resident or a full-time or part-time student;
  3. Not enrolled in any other health coverage policy or plan;
  4. Not entitled to benefits under Title XVIII of the Social Security act unless the child is a handicapped dependent child

### **\*Does not apply to dental.**

- Legally adopted children
- Any child for whom you have legal guardianship

## When can I make changes to my benefits?

In general, you can only make changes to your benefit plans during your annual open enrollment period. However, there are certain qualifying life changing events that would allow you to also make these changes.

- Retirement, marriage, divorce, legal separation
- Death of spouse or covered child
- Birth, adoption, acquiring foster child or stepchild.
- Change in you or your spouse's employment
- Status (gain/loss of coverage) that could result in entitlement to coverage
- Change in residence/worksites that affects Eligibility

*\*You must notify human resources within 30 days of qualifying life changing events to make appropriate changes to your benefit plans.*





## GENERAL INFORMATION

### What is a “Copayment”?

- A copayment is a pre-determined amount you must pay out-of-pocket when seeing a service provider. It is paid directly to the provider and is due at the time services are rendered.

### What is a “Deductible”?

- A deductible is a pre-determined amount that is paid by you before the insurer begins to pay.

### What is “Coinsurance”?

- Coinsurance is the percentage paid by the insurer and the percentage paid by you after you have met the deductible.

### What is “Pre-Certification”?

- Certain services, such as hospitalization or outpatient surgery, may require prior authorization with your insurer to verify coverage for those services. When required, your participating physician must obtain a precertification for you prior to your treatment.

### Where can I find my in-network Florida Health Care Plan (FHCP) provider?

- Directories of participating service providers may be found on your insurer’s website. If you do not have internet access, you may call member services at 386-615-4022 to find an in-network provider near you.

### Should I use FHCP Extended Hours Care Center, or the Emergency Room?

- Extended Hours Care Centers are a great way to address the common cough, cold, and sore throat. The cost is a \$0 copay – (no matter which FHCP coverage you elect). Extended Hours Care Centers are another great alternative to the Emergency Room when your doctor’s office is closed. The co-payment is a lot less than an Emergency Room visit, and you can also schedule same day appointments. Appointments are available through central scheduling at: 386-676-7198 or toll free: 1-855-210-2648, 7:00am—7:00pm Monday - Friday.

# WHERE TO GO WHEN YOU NEED MEDICAL ATTENTION



Your Primary Care Physician (PCP) office is your Medical Home and is the first place to call with any health care needs and questions. Your physician has your history and is often able to help you. .

Primary Care Physician	Doctor on Demand	Extended Hours Care Centers	Emergency Room
<p><b>Reasons to see your Primary Care Physician include:</b></p> <p>Chronic Conditions like:</p> <ul style="list-style-type: none"> <li>Hypertension/High Blood Pressure</li> <li>Diabetes/High Blood Sugar</li> <li>High Lipids/Cholesterol</li> <li>Heart Disease</li> <li>Arthritis</li> <li>Depression</li> </ul> <p>Acute conditions like:</p> <ul style="list-style-type: none"> <li>Headache and/or fever</li> <li>Urinary tract infection</li> <li>Minor injuries</li> <li>Low back pain</li> </ul> <p>Coordination of Care</p> <ul style="list-style-type: none"> <li>After Hospital, Skilled Nursing Home or Home Health Discharge</li> <li>After ER Evaluation</li> </ul> <p>Benefits of visiting PCP</p> <ul style="list-style-type: none"> <li>Low copay for most plans</li> <li>Medical history is available</li> <li>Established relationship with your physician and clinical staff</li> </ul>	<p><b>Reasons to use a video visit with a physician include:</b></p> <ul style="list-style-type: none"> <li>Cough, cold or flu</li> <li>Minor strains &amp; sprains</li> <li>Bronchitis &amp; sinus infection</li> <li>Skin &amp; eye issues</li> <li>Upset stomach</li> <li>Urinary tract/bladder infections</li> <li>Rashes</li> <li>Pediatric issues</li> <li>Psychological issues</li> <li>Visit with a licensed therapist</li> </ul> <p>Benefits of using Doctor on Demand:</p> <ul style="list-style-type: none"> <li>Low copay and 24/7 hours</li> <li>Board certified physicians</li> <li>Licensed psychologists</li> <li>Use smartphone or tablet</li> <li>Available throughout U.S.</li> <li>Use when PCP/EHCC are unavailable to you</li> </ul> <p>Text "FHCP" to <b>68938</b> or visit <a href="http://doctorondemand.com/fhcp">doctorondemand.com/fhcp</a> to download today!</p>	<p><b>Reasons to visit an EHCC include:</b></p> <ul style="list-style-type: none"> <li>Acute minor trauma</li> <li>Cough, cold or flu</li> <li>Strains &amp; sprains</li> <li>Minor allergic reactions</li> <li>Immunizations</li> <li>Low back pain</li> <li>Placement of stitches for a cut/laceration</li> </ul> <p>Benefits of visiting an EHCC:</p> <ul style="list-style-type: none"> <li>Nine locations in Volusia and Flagler Counties with physicians and advanced practitioners</li> <li>WorkForce Wellness rider is accepted</li> <li>Same-day appointments</li> <li>Shorter wait time</li> <li>Significant savings over ER</li> </ul> <p>If your local EHCC is closed, please consider visiting the nearest FHCP participating Urgent Care Center.</p>	<p><b>Reasons to visit the Emergency Room include:</b></p> <ul style="list-style-type: none"> <li>Any life-threatening emergency</li> <li>Any severe illness or injury</li> <li>Unresponsiveness</li> <li>Chest pain</li> <li>Weakness on one side</li> <li>Inability to speak</li> <li>Spine or head injury</li> <li>Mental status change</li> <li>Difficulty breathing</li> <li>Uncontrolled bleeding</li> <li>Poisoning</li> </ul>

# HELPFUL TOOLS

## Member Portal

Information you need is always available online at [www.fhcp.com](http://www.fhcp.com) and on FHCP's member portal. In addition to viewing a list of participating providers, you can find the Preferred Fitness gym list, health education materials and much more.

**The Member Portal:** Here you can access benefit and personalized health information, find a provider/facility, print a temporary ID or request a new FHCP Provider.

**The Health Portal:** Here you will find the "Welcome to Wellness" Health Risk assessment and Health Management Tool. After you register, you have the opportunity to complete a personalized health risk assessment that will provide insight on different areas of improvement concerning members' health. This also allows access to a database of thousands of articles, programs and news, related to health and health conditions.

**FollowMyHealth/Patient Portal:** FollowMyHealth is a free portal that allows FHCP members access to their medical information 24/7 from their computer, tablet or phone.

Members who see physicians in FHCP facilities can:

- ❖ View lab and other test results
- ❖ Request, reschedule, view or cancel appointments and receive appointment reminders.
- ❖ Request prescription renewals
- ❖ Send routine secure message to physicians
- ❖ Review personal information such as medications, allergies and medical history.

Members who see contracted physicians can:

- ❖ View lab and other test results
- ❖ Review personal health information and medical history

If you are using a computer, go to [fhcp.followmyhealth.com](http://fhcp.followmyhealth.com). If you use a tablet or smartphone, download the free FollowMyHealth mobile app to create an account.

**MYFHCP Mobile App:** MYFHCP is a free mobile app, available for both Apple and Android devices. The app allows you to view account, benefits and claims information for you and your dependents. You can also use the app to refill current prescriptions at FHCP pharmacies and view a copy of your FHCP insurance card. To install, search for "my FHCP" in the iTunes App Store or Google Play.

**Nurse Advice Line:** FHCP has partnered with Carenet Healthcare Services to provide members with access to highly skilled, registered nurses 24 hours a day, 7 days a week, 365 days a year to assist with their health concerns. If you need help understanding a condition or symptom, want to ask a Registered Nurse a confidential health question or wondering where to go for care, the Nurse Advice Line is available to you at no cost. It also has a 24 hour Audio Health Library that contains over 1, 500 English and Spanish topics as well as current community health concerns and announcements.

Contact the Nurse Advice Line at 866-548-0727.

**Doctor on Demand:** Connect with a board certified and licensed physician virtually within 90 seconds. Simply text "FHCP" to 68398 or download the app from the App Store on your smartphone or tablet today. Visits with a medical doctor are \$10, and visits with a psychologist are \$30 (Please check your schedule of benefits to see if a deductible applies, if so, medical visits are \$40 and psychologist visits are \$50 for 25 minutes and \$95 for 50 minutes, until the deductible is met). Doctor on Demand is convenient, fast and easy!

## Lower your out-of-pocket costs

When you see a provider who participates in the Florida Health Care Network, your expenses for covered services will be lower. Under your FHCP plans, when you use out-of-network providers, your out-of-pocket costs for covered services may be higher and you could be balance billed for any charges that are over the Florida Health Care eligible charges.

Directories of participating network providers may be found on your insurer's website. If you do not have internet access, you may call the member services telephone number (1-800-352-9824) to find an in-network provider near you.

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2018 – December 31, 2018. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).

# Important Notices - Medical Coverage

## ALL PARTICIPANTS ENROLLING SPOUSES WITH MEDICAL COVERAGE must fill out the working Spouse Surcharge Form.

An adjusted health insurance premium of \$100.00 per month will be assessed if your spouse works full-time and is eligible for free or affordable low cost medical coverage through his/her own employer and you decide to enroll him/her in the Clerk of the Circuit Court’s medical plan. Please see the "Working Spouse Surcharge Declaration" for potential exemptions.

The adjusted health insurance premium will automatically be assessed for employees enrolling spouses in our Employee + Spouse or Family medical coverage and who fail to turn in the required form. This form must be submitted anytime you are enrolling in medical coverages during the designated annual open enrollment timeframe, within 31 days of your date of hire or 31 days of a Qualifying Event. The form is located in the Paycom benefits section. All changes submitted will take effect the first of the month following the effective date or qualifying event date. Bi-weekly costs are listed below.

FHC HDHP HSA T11 / TF1	
Who is covered	Bi-Weekly Cost
You + Spouse	\$116.33
You + Family	\$149.93

HMO PLAN T14	
Who is covered	Bi-Weekly Cost
You + Spouse	\$216.67
You + Family	\$273.54

Triple Option Plan T19	
Who is covered	Bi-Weekly Cost
You + Spouse	\$294.04
You + Family	\$370.78

## Medicare Part D Prescription Drug Coverage Non-Creditable

If you or your dependents are 65 or will be 65 in this coming year and have elected the Florida Health Care Plan – FHC HDHP T11 / TF1, please note this coverage is **not creditable**. Depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn’t join, if you go 63 continuous days or longer without prescription drug coverage that’s creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

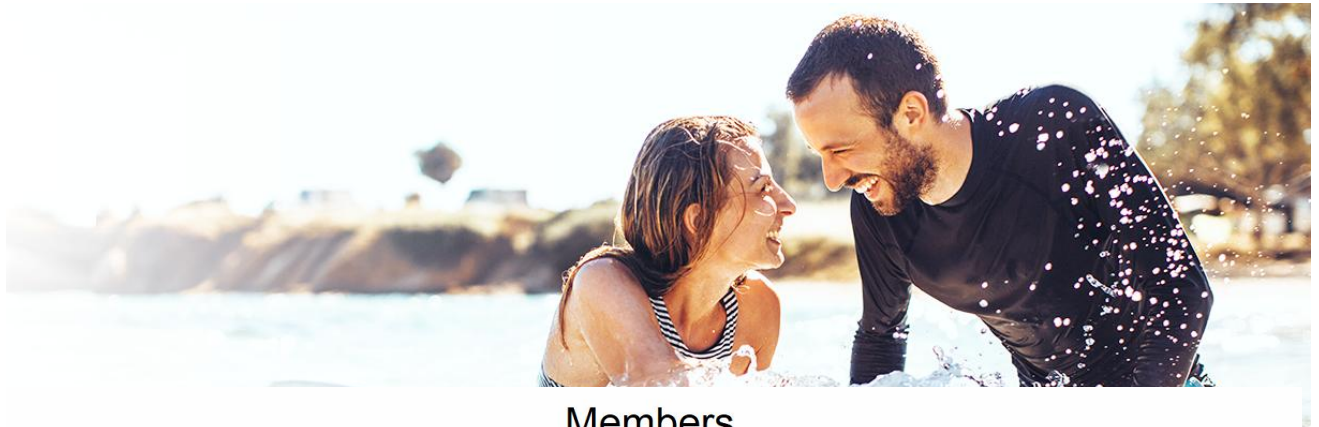
# Employer/Employee Paid Benefits



# Florida Retirement System (FRS)

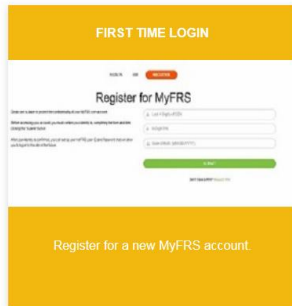
The FRS is the primary retirement plan for employees of Florida's state and county government agencies. This benefit is available to all full-time and regular part-time employees and is effective immediately after their date of hire. Employees may choose for contributions to be made into either the Pension Plan or the Investment Plan. The Clerk of the Court makes contributions into the employee's selected retirement plan, and contributions are based on the employee's salary. Effective July 1, 2011 employees must contribute 3% of their salary on a pre-tax basis to their retirement plan.

For more information on this benefit, you can visit the websites, [www.myflorida.com](http://www.myflorida.com) or [www.myfrs.com](http://www.myfrs.com), call 1-866-446-9377, or see your Human Resources Department.



## Members

The following resources are available to you as an active FRS Investment Plan or Pension Plan member.



**FIRST TIME LOGIN**

Register for MyFRS

Register for a new MyFRS account.



**INVESTMENT PLAN NEWSLETTERS**

INVESTMENT PLAN Quarterly Newsletter  
Second Quarter, April 2017

Current and past quarterly newsletters.



**PLAN FOR YOUR RETIREMENT VIDEO**

Using the FRS to Plan for Your Retirement

YOUR Money YOUR Choice

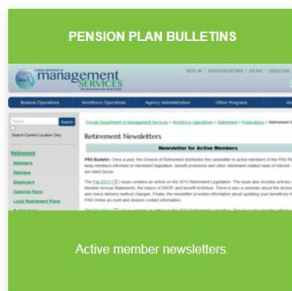
The nuts and bolts of planning for retirement.



**FRS INVESTMENT PLAN VIDEO**

Using the FRS to Plan for Your Retirement

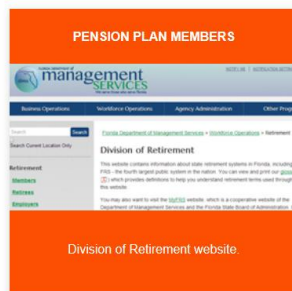
Better understand the Investment Plan.



**PENSION PLAN BULLETINS**

management SERVICES

Active member newsletters.



**PENSION PLAN MEMBERS**

management SERVICES

Division of Retirement

Division of Retirement website.



**INVESTMENT PLAN TERMINATION KIT**

For Investment Plan Members:  
**WHEN YOUR FRS EMPLOYMENT ENDS**

Your FRS Investment Plan Payout Options and Special Tax Notice

Your distribution options.

Visit  
**WWW.MYFRS.COM**  
To view videos

Healthcare Services

Single  
(TI1)

Family Individual  
(TF1)

Family Combined  
(TF1)

\*\*Plan changes from prior year are highlighted in red

<u>Dependent Age Limit</u>	To age 26 – coverage terminates at end of year 26		
<u>Lifetime Maximum</u>	Unlimited		
<u>Annual Deductible</u> Individual Family	\$2,500 N/A	<b>\$2,700</b> N/A	N/A \$5,000
<u>Annual Out-of-Pocket Maximum</u> <i>(Includes deductible, copay, coinsurance, and pharmacy)</i> Individual Family	\$4,000 N/A	\$7,150 N/A	N/A \$8,000
<u>Co-Insurance</u>	30%		
<u>Extended Hours Care Center</u>	<b>\$0 Copay</b> (Does not include diagnostic testing)		
<u>Physician Services</u> Office Visit Specialist Chiropractic Care (Max visits 20 per year)	Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance		
<u>Routine Adult and Child Wellness Exams, Wellness Services and Immunizations</u>	100% Covered		
<u>Hospital Services</u> Inpatient Hospital Per Admission Emergency Room Urgent Care Outpatient Surgical Facility	Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance		
<u>Diagnostic Services</u> <b>Call Member Services to locate FHCP Contracted Facilities</b> Independent Facility - Lab/X-ray Independent Facility - Advanced Imaging (CT, PET, MRI) Outpatient Hospital Facility – X-ray Outpatient Hospital Facility – Advanced Imaging (CT, PET, MRI)	Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance		
<u>Prescription Drugs</u> Retail (30 day supply): Generic Non Preferred Generic Preferred Brand Non-Preferred Brand Preferred/Non-Preferred Specialty  Mail Order (90 day supply): Preferred Generic Non- Preferred Generic Preferred Brand Name Non-Preferred Brand Name	<b>After Your Calendar Year Deductible is Met:</b> (FHCP) (Walgreens – After FHCP hours) \$ 3 Copay \$ 15 Copay \$ 10 Copay \$ 15 Copay \$ 30 Copay \$ 35 Copay \$ 55 Copay \$ 60 Copay <b>15%/25% Coinsurance</b> N/A  (FHCP Only) \$ 6 Copay \$ 27 Copay \$ 87 Copay \$162 Copay		
<u>Non-Participating Providers</u> Deductible Coinsurance Per Occurrence Deductible	\$5,000 50% \$6,000 per person	\$5,000 (\$10,000 per family) 50% \$8,000 (\$12,000 per family)	

## GENERAL INFORMATION

Based on your pay period.

Who is covered	Bi-Weekly Cost
You Only	\$0.00
You + Spouse	\$70.18
You + Children	\$70.18
You + Family	\$103.78

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2018 – December 31, 2018. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).

# FHCP Member Cost Examples

w/ FHC HDHP HSA TI1 / TF1

Provided by Florida Health

## Health Savings Accounts (HSA)

If you enroll in the FHC HDHP HSA TI1/TF1 Plan and meet all of the below requirements, you have the option of opening a Health Savings Account with Optum Bank. For open enrollment 2018, the Clerk of Circuit Court will be making a contribution of \$2,000 to employees that decide to open an HSA.

**HSA information and FAQ's can be obtained through your Human Resources Department.**

### Am I eligible for an HSA?

If you can answer yes to the following questions, then you are eligible:

- Are you enrolled in a High Deductible Health Care Plan?
- Do you have no other health coverage except what's permitted by the IRS (Publication 969)?
- Are you not enrolled in Medicare or Tricare?
- Are you not claimed as a dependent on someone else's tax return?

### HSA Contributions after Open Enrollment

New entrants to the HDHP after open enrollment will be eligible for the Clerk of Circuit Court contribution to the HSA as defined below:

January 1	\$2,000.00	July 1	\$999.98
February 1	\$1,833.00	August 1	\$833.31
March 1	\$1,666.66	September 1	\$666.64
April 1	\$1,499.99	October 1	\$499.97
May 1	\$1,333.32	November 1	\$333.30
June 1	\$1,166.65	December 1	\$166.63

The below table gives examples of approximate costs for certain services and procedures:

<u>Service</u>	<u>Approximate Cost</u>
<b>Urgent Care</b>	<b>\$75</b> (Local Average) <b>\$0</b> FHCP Urgent Care (EHCC) (Does not include diagnostic testing)
<b>ER Visit</b>	<b>\$200</b> (does not include treatment)
<b>Abdominal ultrasound</b>	Approx. <b>\$687</b> (Halifax Medical Center) Approx. <b>\$121</b> (FHCP)
<b>Bilateral diagnostic mammogram</b>	Approx. <b>\$168.68</b> (Twin Lakes Imaging) Approx. <b>\$257</b> (with 2D digital imaging) (Halifax Medical Center)
<b>MRI of cervical spine w/o contrast</b>	Approx. <b>\$350</b> (Open MRI of Daytona) Approx. <b>\$560</b> (Twin Lakes Imaging) Approx. <b>\$2,000</b> (Halifax Medical Center)
<b>Lab Work</b>	FHCP Lab <b>\$0</b> LabCorp <b>\$0</b>
<b>Inpatient Hospital Stay</b>	<b>\$2,000</b> (local average)
<b>DME—Wheelchair Rental</b>	<b>\$50/month</b>

# Managing your HSA

Provided by: OPTUM Bank

## Managing your HSA is easy



### Anytime, anywhere

With Optum Bank, you have access to your HSA whenever you need it.

- Check your balance and transaction history
- Contribute to your HSA
- Pay your healthcare bills
- Reimburse yourself for healthcare expenses
- Manage your HSA investments



**See how an HSA can fit you** – Discover how an HSA can help you feel confident managing your healthcare costs with the Optum Bank at [www.optumbank.com](http://www.optumbank.com)

## How much can you contribute?



The IRS sets limits on how much you can contribute to your HSA each year. These limits include any money your employer adds to your account. If you are enrolled in family coverage and your spouse has individual coverage, please remember that spouse contributions to their HSA will also count towards the family contribution limit.

	Individuals	Families
2018	\$3,450	\$6,900
2017	\$3,400	\$6,750

## Are you 55 or older?

You may be able to contribute an extra \$1,000 per year to help you catch up for retirement!

## Benefits of an HSA



**Tax Savings** – the money contributed to your HSA through payroll deduction is pre-tax - reducing your taxable income and helping you save on taxes you pay

**Tax-Free Spending** - the money you use from your HSA to pay for qualified medical expenses is never taxed

**Tax-Free Earnings** – the money in the account earns interest, tax-free

**When You Retire** – you can use it to pay for certain healthcare premiums not associated with Medicare coverage

Healthcare Services

In-Network

\*\*Plan changes from prior year are highlighted in red

Dependent Age Limit	To age 26 – coverage terminates at end of year 26	
Lifetime Maximum	Unlimited	
<u>Annual Deductible</u>		
Individual	\$500	
Family	\$1,500	
<u>Annual Out-of-Pocket Maximum</u> (Includes deductible, copay, coinsurance and pharmacy)		
Individual	\$3,000	
Family	\$6,000	
<u>Co-Insurance</u>	10%	
<u>Extended Hours Care Center</u>	\$0 Copay (Does not include diagnostic testing)	
<u>Physician Services</u>		
Office Visit	\$20 Copay	
Specialist	\$35 Copay	
Chiropractic Care (Max visits 20 per year)	Deductible + Coinsurance	
<u>Routine Adult and Child Wellness Exams, Wellness Services and Immunizations</u>	100% Covered	
<u>Hospital Services</u>		
Inpatient Hospital Per Admission	Deductible + Coinsurance	
Emergency Room	\$100 Copay	
Urgent Care	\$50 Copay	
Outpatient Surgical Facility	Deductible + Coinsurance	
<u>Diagnostic Services</u>		
<b>Call Member Services to locate FHCP Contracted Facilities</b>		
Independent Facility - Lab (e.g. Blood Work)/X-ray & Ultrasounds	\$0 Copay (Lab)/ \$35 Copay (X-ray)	
Independent Facility - Advanced Imaging (CT, PET, MRI)	\$75 Copay	
Outpatient Hospital Facility - X-Ray & Ultrasounds	Deductible + Coinsurance	
Outpatient Hospital Facility – Diagnostic Services (CT, PET, MRI)	Deductible + Coinsurance	
<u>Prescription Drugs</u>		
<i>Retail (30 day supply):</i>		
Generic	(FHCP)	(Walgreens)
Non Preferred Generic	\$ 3 Copay	\$ 15 Copay
Preferred Brand	\$ 10 Copay	\$ 15 Copay
Non-Preferred Brand	\$ 30 Copay	\$ 35 Copay
Preferred/Non-Preferred Specialty	\$ 55 Copay	\$ 60 Copay
	15%/25% Coinsurance	N/A
<i>Mail Order (90 day supply):</i>	(FHCP Only)	
Preferred Generic	\$ 6 Copay	
Non- Preferred Generic	\$ 27 Copay	
Preferred Brand Name	\$ 87 Copay	
Non-Preferred Brand Name	\$162 Copay	

## MEDICAL PLAN RATES

Based on your pay period.

Who is covered	Bi-Weekly Cost
You Only	\$ 51.72
You + Spouse	\$170.52
You + Children	\$170.52
You + Family	\$227.39



# Triple Option Plan T19

Provided by: Florida Health Care

## Healthcare Services

### OPTION 1

### OPTION 2

### OPTION 3

#### In-Network

\*\*Plan changes from prior year are highlighted in red

Dependent Age Limit	To age 26 – coverage terminates at end of year 26		
Lifetime Maximum	Unlimited	Unlimited	Unlimited
<u>Annual Deductible</u>			
Individual	\$250	\$500	\$1,000
Family	\$500	\$1,000	\$2,000
<u>Annual Out-of-Pocket Maximum</u> (Includes deductible, copay, coinsurance and pharmacy)			
Individual	\$2,500	\$2,500	\$5,000
Family	\$5,000	\$5,000	\$10,000
<u>Co-Insurance</u>	10%	20%	30%
<u>Extended Hours Care Center</u>	<b>\$0 Copay</b> (Does not include diagnostic testing)	N/A	N/A
<u>Physician Services</u>			
Office Visit	\$20 Copay	\$35 Copay	Deductible + Coinsurance
Specialist	\$35 Copay	\$60 Copay	Deductible + Coinsurance
Chiropractic Care (Max 20 visits per year)	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
<u>Routine Adult and Child Wellness Exams, Wellness Services and Immunizations</u>	100% Covered	100% Covered	Deductible + Coinsurance
<u>Hospital Services</u>			
Inpatient Hospital Per Admission	Deductible + Coinsurance	N/A	Deductible + Coinsurance
Emergency Room	\$100 Copay	\$100 Copay	\$100 Copay
Urgent Care	\$75 Copay	\$75 Copay	\$75 Copay
Outpatient Surgical Facility	Deductible + Coinsurance	N/A	N/A
<u>Diagnostic Services</u>			
<b>Call Member Services to locate FHCP Contracted Facilities</b>			
Independent Facility - Lab/X-ray	\$0 Copay	N/A	Deductible + Coinsurance
Independent Facility - Advanced Imaging (CT, PET, MRI)	\$75 Copay	Deductible + Coinsurance	Deductible + Coinsurance
Outpatient Hospital Facility - X-ray	Deductible + Coinsurance	N/A	Deductible + Coinsurance
Outpatient Hospital Facility – Advanced Imaging (CT, PET, MRI)	Deductible + Coinsurance	N/A	Deductible + Coinsurance
<u>Prescription Drugs</u>			
Preferred Generic	\$3 Copay	Walgreens Only \$15 Copay	Walgreens Only \$15 Copay
Non-Preferred Generic	\$10 Copay	\$15 Copay	\$15 Copay
Preferred Brand	\$30 Copay	\$35 Copay	\$35 Copay
Non-Preferred Brand	\$55 Copay	\$60 Copay	\$60 Copay
Preferred/Non-Preferred Specialty	<b>15%/25% Coinsurance</b>	N/A	N/A

## MEDICAL PLAN RATES

Based on your pay period.

Who is covered	Bi-Weekly Cost
You Only	\$175.16
You + Spouse	\$247.89
You + Children	\$247.89
You + Family	\$324.63

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2018 – December 31, 2018. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).

# HEALTHY PERSPECTIVES



Florida  
Health Care  
Plans



An Independent Licensee of the Blue Cross and Blue Shield Association

"YOUR SOURCE FOR A HAPPY AND HEALTHY LIFESTYLE"

## FLORIDA HEALTH CARE PLANS EXTENDED HOURS CARE CENTERS

Call Central Scheduling at 386-676-7198 to Set Up an Appointment Today!

Hearing Impaired only: TRS Relay 711

### MediQuick Palm Coast - North

6 Office Park Dr.  
Palm Coast, FL 32137  
386-447-6615  
Mon - Fri: 8 a.m. - 8 p.m.  
Sat: 8 a.m. - 6 p.m.  
Sun: 10 a.m. - 5 p.m.

### MediQuick Palm Coast - South

140 Pinnacles Dr.  
Palm Coast, FL 32164  
386-597-2829  
Mon - Fri: 8 a.m. - 8 p.m.  
Sat: 8 a.m. - 6 p.m.  
Sun: 10 a.m. - 5 p.m.

### FHCP - Ormond Beach

461 S. Nova Rd.  
Ormond Beach, FL 32174  
386-671-4337  
Mon - Fri: 7 a.m. - 7 p.m.

### FHCP - Daytona Beach

320 N. Clyde Morris Blvd., Ste. D  
Daytona Beach, FL 32114  
386-238-3204  
Mon - Fri: 7 a.m. - 7 p.m.  
Sat: 8 a.m. - Noon

### Advanced Urgent Care – Port Orange

1690 Dunlawton Ave., Ste. 120  
Port Orange, FL 32127  
386-763-4915  
Mon - Fri: 7 a.m. - 10 p.m.  
Sat & Sun: 9 a.m. - 7 p.m.

### FHCP - Edgewater

239 N. Ridgewood Ave.  
Edgewater, FL 32132  
386-427-4868  
Mon - Fri: 7 a.m. - 7 p.m.  
Sat: 8 a.m. - Noon

### FHCP - DeLand

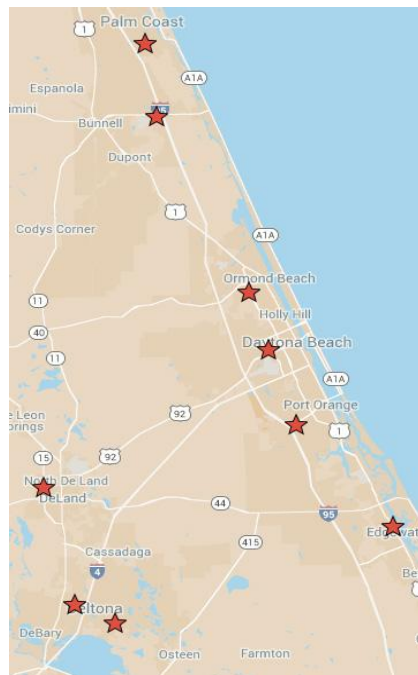
927 N. Spring Garden Ave.  
Deland, FL 32720  
386-736-1948  
Mon - Fri: 7 a.m. - 7 p.m.

### FHCP - Orange City

2777 Enterprise Rd.  
Orange City, FL 32763  
386-774-2550  
Mon - Fri: 7 a.m. - 7 p.m.  
Sat: 8 a.m. - Noon

### Advanced Urgent Care – Deltona

1240 East Normandy Blvd.,  
Deltona, FL 32725  
386-860-5051  
Mon - Fri: 8 a.m. - 6 p.m.  
Sat & Sun: 9 a.m. - 3 p.m.



Florida Health Care Plans is excited to announce that our WorkForce Wellness Centers now have a new name: **FHCP Extended Hours Care Centers (EHCC)**.

Avoid unnecessary, costly Emergency Room visits, and save time by using one of FHCP's Extended Hours Care Centers. Our EHCCs offer same-day appointments and are conveniently located throughout the community.

For additional questions, please contact Member Services from 8am to 8pm, 7 days a week at **1-877-615-4022** (TRS Relay 711)



## Preferred Fitness Program

Provided by Florida Health



All eligible Clerk of the Circuit Court enrolled members have **FREE fitness** access to a variety of quality health and fitness facilities in Volusia, Flagler, Brevard, and Seminole counties. For a current list of facilities, visit [www.fhcp.com](http://www.fhcp.com) click on “find a gym” or call the Member Services Department at 386-615-4022 or 877-615-4022.



Gym memberships will now cover dependents any age and will defer to each gym to set the minimum age. For example, if a gym allows 12 year olds accompanied by a parent the gym rider will cover the dependent as well as the member. Be sure to call your gym and find out what their age limits are.



# Dental Coverage – PPO

Provided by: Guardian

Dental Services	In-Network Value	Out-of-Network Value (MAC)	In-Network NAP	Out-of-Network NAP (90 <sup>th</sup> )
Dependent Age Limit	Up to age 26– coverage terminates at the end of the month turning 26			
Annual Maximum Benefit	\$5,000		\$5,000	
Calendar Year Deductible:				
Individual	\$25	\$25	\$25	\$25
Family	\$75	\$75	\$75	\$75
<b>PREVENTATIVE PROCEDURES:</b> Deductible Waived				
Routine Oral Exams - 2 times in 12 months				
Prophylaxis (Cleanings)-2 times in 12 months				
X-rays (Bitewing) - Once in 12 months	100%	100%	100%	100%
X-rays (Full Mouth) - Once in 36 months				
Fluoride Treatment - 2 times per 12 months, up to age 19				
Sealants - 1 time per 36 months, under 16				
<b>BASIC PROCEDURES:</b> Deductible Applies				
Fillings				
Oral Surgery				
Root Canal Therapy– 1 per tooth per lifetime	80%	80%	50%	50%
Periodontal Surgery – 1 per quadrant per 36 months				
<b>MAJOR PROCEDURES:</b> Deductible Applies				
Crowns / Inlays / Onlays				
Bridges	50%	50%	25%	25%
Dentures				
Implants				
<b>ORTHODONTIC PROCEDURES</b> Deductible Waived				
Lifetime Maximum	\$1,000		\$1,000	
Orthodontics				
Dependent Children only to age 19	50%	50%	50%	50%

## DENTAL PLAN RATES

*Based on your pay period.*

Who is covered	Bi-Weekly Cost
You Only	\$0.00
You + Spouse	\$11.16
You + Children	\$15.51
You + Family	\$28.20

## Why are both plans the same price?

Because they offer different advantages. One plan (**Value Plan**) is better for those staying in network. The other plan (**NAP Plan**) is typically better for those going out-of-network. So, your choice will depend on whether you will be staying in-network or not. Find a provider: [www.guardiananytime.com/fpapp/FPWeb/home.process](http://www.guardiananytime.com/fpapp/FPWeb/home.process)

## What are the difference between the two plans?

The Value Plan has better coinsurance (100/80/50) than the NAP Plan (100/50/25). However, the advantage of the NAP Plan is that you have a much lower chance of being “balance billed” if going out of network because the reimbursement level to out-of-network dentists is much higher than the Value Plan.

“Balance Billing” = Extra money a member must pay, in addition to their coinsurance and deductible, in order to cover the cost of the procedure.

## Which plan is best for me?

If you are staying in-network then the Value Plan is definitely the best plan for you. If you are going out-of-network completely, then the NAP will in most cases provide the best benefits for you. If you are doing some of both, it could be either plan, but the Value Plan would be the safer choice since it is the most similar to your previous plan. When in doubt, choose the Value Plan as it is the most similar to your previous plan and will work very much the same way.

## Make it easy for me:

If I plan to stay in network (my dentist is in-network) = Value Plan

If I plan to go out of network (my dentist is out-of-network) = NAP Plan

Some of Both = Value Plan

# Employer Paid Benefits

# Disability Coverage



*You count on your income to provide the things you need today and to achieve the dreams you have for tomorrow. But, what would happen if you were suddenly unable to earn a living because of an unexpected accident or illness?*



## Short-Term Disability

If you become disabled because of a non-occupational illness or injury and cannot work, you can be covered by the short-term disability insurance policy. Benefits can begin on the 15th day following an accident or illness. The short-term disability plan replaces up to 60% of your basic weekly earnings, with a maximum weekly benefit of \$1,000. You can receive short-term disability benefits for up to 13 weeks **except for the birth of a child.**

**Maternity Leave – pays up to 6 weeks, after the delivery that will include a 14-day waiting period. For more information please contact Human Resources.**

**The cost of this benefit is entirely paid for by the Clerk of Circuit Court.**

## Employee Assistance Program



Provided by: Aetna Resources for Living

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home. Services are confidential and available 24, hours a day, 7 days a week. You can call our dedicated staff, 24 hours a day; you can also talk to licensed behavioral health professionals for emotional support Up to 6 counseling sessions per issue per year with licensed network professionals at no cost to you; you don't have to worry about copays or deductibles. Counseling sessions are available face to face, by phone or televideo. Support, consultation and resources for a range of issues such as: helping you balance work and home life, family relationship issues, depression, conflict management, alcohol/substance abuse, stress management and more. Simply call the toll-free number 1-800-272-7252.

[www.Mylifevalues.com](http://www.Mylifevalues.com) is a customized website which offers a full range of tools and resources on behavioral health and worklife balance topics (enter the login ID **CLERK** and password **CLERK**). Most sections of the website are available in Spanish. Website links include:

**Articles/self-assessments**-- Access to worklife service providers-- Stress Resource Center-- Live webinars and webinar library-- Mobile app-- myStrength – a "health club" for your mind

**Discount Center** with discounts on brand-name products and services, including computers and electronics, theme parks, movie tickets, local attractions, travel, gifts, apparel, flowers, jewelry, fitness centers and more•Telephonic consultation and online access to EAP services are always available.

### Legal Services

**½ hour free consultation with a participating attorney for each new legal topic (each plan year) related to:**

- General, family, criminal law-- Elder law and estate planning--Divorce-- Wills and other document preparation-- Real estate transactions-- Mediation services
- A discount of 25% off of the fees for services beyond the initial consultation (excluding flat legal fees, contingency fees and plan mediator services)
- Services must be related to the employee and eligible household members; employment law is excluded

### Financial Services

**½ hour free telephonic consultation for each new financial topic (each plan year) related to:**

- Budgeting-Retirement or other financial planning-Mortgages and refinancing-Credit and debt issues-College funding=Tax and IRS questions and preparation
- A discount of 25% off tax preparation services-Services must be for financial matters related to the employee and eligible household members

**Identity theft services** – One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2018 – December 31, 2018. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).

# Basic Life Coverage

Provided by: Aetna

Life insurance protects your family or other beneficiaries in the event of your death. The death benefit helps replace the income you would have provided and can help meet important financial needs. It can help pay your mortgage, rent, run your household, send your children to college, pay off debts, etc. The Clerk of the Circuit Court provides eligible employees basic life insurance with Aetna. Please refer to the chart to determine your level of coverage. **The cost of this insurance is paid entirely by the Clerk of the Circuit Court.** Your employer also provides eligible employees to enroll in voluntary life insurance with Aetna at a group rate (located on ).

The following are attached to this group term life insurance policy:

- Waiver of premium
- Accelerated life benefit
- Portability
- Conversion
- The Age reduction scale for basic life insurance is as follows:
  - 65% of original amount at age 65
  - 40% of original amount at age 70
  - 25% of original amount at age 70+

To find more information about the attachments above, refer to your Aetna Certificate of Benefits or contact your Human Resources Department.

Job Classifications Included	Coverage Amount
Clerk of the Circuit Court Directors Managers	\$50,000
Supervisors Project Specialists Salaried Employees	\$30,000
All other Active Employees	\$15,000

## Value Added Benefits

### Aetna Life Essentials

With Aetna Life Essentials, you're connected to special support to live your life today

- ❖ Financial counseling for help with everything from taxes to budgeting
- ❖ Legal services, like help setting up a living will or power of attorney
- ❖ Help from social workers to cope with an illness
- ❖ Funeral planning services
- ❖ Wellness programs and discounts

### Everest

Everest give you the information you need to make the best choices about funeral issues. They offer both pre-planning and at-need services at or near the time of need. Their online planning tools help you prepare for the future. Everest Advisors are available by phone 24/7.

You can reach Everest at 1-800-913-8318 or access their online planning tools at [www.everestfuneral.com/aetna](http://www.everestfuneral.com/aetna).

### Aetna Travel Assistance Program

Aetna's Travel Assistance Program , through AXA Assistance, provides direct access to round-the-clock support when traveling more than 100 miles from home – up to 120 days. You can help with medical or cash emergencies, evacuations, prescription refills and more. The program also pays for a companion to accompany you if you need to be hospitalized for more than 7 days.

You can contact AXA Assistance by phone or email anytime.

- ❖ Outside the United States: call 1-312-935-3704 (all collect calls accepted)
- ❖ Within the United States: call 1-877-935-3704
- ❖ Email: [aetnatravelassistance@axa-assistance.us](mailto:aetnatravelassistance@axa-assistance.us)

## Additional Vision Benefits – No additional cost

### Florida Health Care Plans (FHCP) Annual Eye Exam

Blue365.

As a FHCP Member you have access to an annual eye exam for a \$10 Copay when visiting participating providers. You can also take advantage of various vision discounts on products and services such as Lasik, eye exams, glasses and contacts through Blue365 (example below). Registering is easy! Simply visit [www.blue365deals.com](http://www.blue365deals.com) to begin enjoying your discounts!

PERSONAL CARE 



**EYEMED**  
\$50 Eye Exams and 35% Off  
Frames When Paired with  
Prescription Lenses


[VIEW DETAILS](#)


PERSONAL CARE 



**GLASSES.COM**  
Save 35% on Frames When  
Paired with Prescription  
Lenses

[VIEW DETAILS](#)

PERSONAL CARE 



**LASIKPLUS**  
Over \$800 Off LASIK

[VIEW DETAILS](#)

### Guardian VSP Vision Access Program

When you enroll in Guardian Dental, you can also enjoy vision discounts through Guardian's VSP Vision Access Program when using the Preferred Provider Organization (PPO) Network. To find a VSP network doctor, visit [www.guardiananytime.com](http://www.guardiananytime.com) or call VSP member services at 1-877-814-8970.

**Eye Exams** - 20% off the VSP doctor's usual charge.

**Glasses and Lenses:** Discounts are given for an unlimited number of glasses or contact lens professional services visits, as long as the VSP network doctor has provided an eye exam to the member within the last 12 months.

- Standard lenses - 20% off the VSP doctor's usual charge, when a complete set of prescription glasses is purchased.
- Lens options - 20% off the VSP doctor's usual charge for all lens options, such as tints and coatings.
- Frames - 20% off the VSP doctor's usual charge when a complete set of prescription glasses is purchased.
- Elective contact lenses - 15% off the VSP doctor's usual charge for professional services. The lenses are not discounted.



# Employee Paid Benefits

(These are elective benefits you pay for)

# Voluntary Vision Coverage

Provided by: Superior Vision

This plan covers eye exams, prescription lenses and frames, or contact lenses for you and your dependents when you receive services from in-network or out-of-network providers. As you can see from the table below, staying in-network cuts costs down and gives you more of a benefit. To find a participating provider log on to [www.superiorvision.com](http://www.superiorvision.com)

Dependent Age Limit		Age 26 – coverage terminates at the end of the month turning 26	
Vision Services	In-Network	Out-of-Network	
Frequency	Once every 12 months	Once every 12 months	
Exam	\$20 Copay	Reimbursed up to \$33	
Contact fit	\$25 Copay	N/A	
BASIC LENSES			
Frequency	Once every 12 months	Once every 12 months	
Single vision	\$20 Copay	Reimbursed up to \$28	
Bifocal vision	\$20 Copay	Reimbursed up to \$40	
Trifocal vision	\$20 Copay	Reimbursed up to \$53	
FRAMES			
Frequency*	Once every 24 months	Once every 24 months	
Benefit	\$100 Allowance and 20% off balance	Reimbursed up to \$46	
CONTACTS			
Frequency*	Once every 12 months	Once every 12 months	
Benefit	\$100 Allowance	Reimbursed up to \$80	

## Vision Coverage Rates Based on your pay period

Who is covered	Bi-Weekly Cost
You Only	\$2.61
You + Spouse	\$4.97
You + Children	\$5.23
You + Family	\$7.68

### Additional Vision benefits – No additional cost to the employee

#### Florida Health Care Plans (FHCP)

Members can still take advantage of FHCP's annual eye exam for a \$10 copay by visiting participating providers!

Members also have access to discounts on Lasik, eye exams, glasses and contacts through the Blue365 discount program. Please visit [www.blue365deals.com](http://www.blue365deals.com) for details.

#### Guardian VSP Vision Access Program

Program provided through Vision Service Plan (VSP) Preferred Provide Organization (PPO) network.

- 20% off eye exams
- 20% off Frames, Standard Lenses and Lens Options (when a complete pair of prescription glasses purchased.
- 15% off VSP doctor's usual charge for Contact Lens Professional Services. Contact lenses are not discounted.
- 15% off Laser Surgery or 5% off promotional price





# Voluntary Supplemental Life Insurance

Provided by: Aetna

If you chose to enroll in voluntary life insurance, you may also insure your spouse and eligible dependent children up to the age of 25. **For the 2018 plan year, the age limit for dependents has changed from age 21 to age 19. The employee guaranteed issue amount must not exceed 7x's your annual salary or \$200,000. The guaranteed issue amount for a spouse is \$20,000.** A summary of your life insurance coverage is listed in the table below. If you should have questions on this policy, or need information about porting the policy at retirement, contact Human Resources or see your Aetna Certificate of Benefits.

## Summary of Employee Coverage

Guaranteed Issue	\$200,000 (Not to exceed 7x salary)
Minimum Benefit Amount	\$10,000
Maximum Benefit Amount	\$500,000 (Not to exceed 7x salary)
Increments of...	\$10,000

## Spouse Coverage

Spouse Guarantee Issue	\$20,000
Maximum Benefit Amount	\$250,000 (Not to exceed 100% of EE's elected amount)
Increments of...	\$5,000

## Child(ren) Coverage

Age 14 days to 19 years (Age 25 if Full-time Student)	\$10,000 (This is a Fixed Rate, cannot elect any other coverage amount)
--	---

**\*\*\*Please note: You may not elect dependent child or spouse life insurance if you do not elect self life insurance**

## Voluntary Long-Term Disability

If you become unable to perform your regular job duties for an extended period of time due to sickness, or accidental injury, you can be covered by the long-term disability (LTD) policy.

Your income replacement benefit would equal 60% of your basic monthly earnings. The maximum monthly benefit you can receive is \$5,000. Benefits begin after you have been unable to work for 90 days due to a covered sickness or accident and will continue to be paid for up to 2 years if you are disabled in your own occupation. If you are disabled in any occupation, benefits will be paid until normal social security age.

Your LTD benefit will be reduced by any disability income you receive for other sources, such as Social Security, worker's compensation, and/or state disability plans, to provide you with a combined monthly benefit equal to 60% of your basic monthly earnings.

The LTD plan contains a pre-existing condition exclusion. The exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought care within the 12 month period prior to the effective date of coverage and the disability begins within 12 months of the effective date of coverage.

To enroll, please contact Human Resources

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2018 – December 31, 2018. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).

# Voluntary Supplemental Life Insurance Costs

## Employee/Spouse: Monthly Cost

(based on employee's age)

If your age is	Your cost for each \$1,000 of supplemental life is
<25	\$0.059
25-29	\$0.071
30-34	\$0.095
35-39	\$0.107
40-44	\$0.118
45-49	\$0.178
50-54	\$0.272
55-59	\$0.509
60-64	\$0.781
65-69	\$1.503
70+	\$2.438

## Dependent Children: Monthly Cost

If your coverage level is	Your cost for \$10,000 of supplemental life is
Child Life Up to age 19 (25 if full time student)	\$0.102



## Additional Information

- Age reduction scale:
  - 65% of original amount at age 65
  - 50% of original amount at age 70+
- Age-bracketed premiums:
  - Premiums increase on plan anniversary after you enter next 5 year age group
- Evidence of Insurability form:
  - Is required for employees who do not enroll during their initial eligibility period, who elect more than \$200,000/7x's their annual salary, or who want to increase coverage or add dependent coverage at Open Enrollment



### How to figure your voluntary life cost per paycheck:

- Indicate your elected benefit amount (EBA)
- Divide EBA by \$1,000
- Enter age rate from cost table
- Multiply Step 2 by Step 3
- Multiply Step 4 by 12 then divide by 26 to calculate your cost per paycheck

**Aflac Cancer Care Indemnity Insurance** is added protection for you and your family. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment.

You can use these **cash benefits** to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills--the choice is yours. There are four different levels of benefit offerings and the cost to participate is tailored to meet your individual and family needs. (Your eligible dependent children are covered up to age 26 at no additional cost.)

**TO ENROLL – Contact Human Resources to schedule a meeting or email [holly\\_rorem@us.aflac.com](mailto:holly_rorem@us.aflac.com)**

*Aflac is different from health insurance; it's insurance for daily living.  
 Aflac pays you cash benefits to use as you see fit.  
 Aflac benefits help with unexpected expenses.*



**ACCIDENT ADVANTAGE PLAN**

\$200 Initial Injury treatment benefit per accident/Follow-up visits  
 \$1,000 Hospital Admission/Daily Hospital Confinement  
 Ambulance Benefit/Appliance Benefit (crutches, wheelchairs, etc.)  
 \$60 Wellness Benefit/Accidental Death Benefit

**CANCER CARE PLAN**

\$2,000/\$4,000 Initial Diagnosis Benefit  
 Surgical Benefits/Hospital Confinement/Radiation Therapy/Chemotherapy  
 \$40/\$75 Cancer Screening Wellness/Skin Cancer Benefit & More

**HOSPITAL ADVANTAGE PLAN**

\$1,000 Hospital Confinement/Rehab \$100 per day  
 \$100 Emergency Room Benefit/\$150 Diagnostic & Imaging  
 \$25 Physicians Visits/Ambulance Benefit & More

**CRITICAL CARE PROTECTION PLAN**

\$7,500 First-Occurrence Benefit for  
 Heart Attack, Stroke, Coma, Paralysis, Major 3<sup>rd</sup> Degree Burns & More  
 \$300 Daily Hospital Confinement/\$800-\$1,200 Daily Intensive Care Unit  
 \$250 Ambulance Benefit/\$125 Daily Continuing Care  
 \$1,000 Coronary Angioplasty Benefit

**TO ENROLL CONTACT HOLLY ROREM, our local Aflac agent at 386.290.6385 or [holly\\_rorem@us.aflac.com](mailto:holly_rorem@us.aflac.com)**

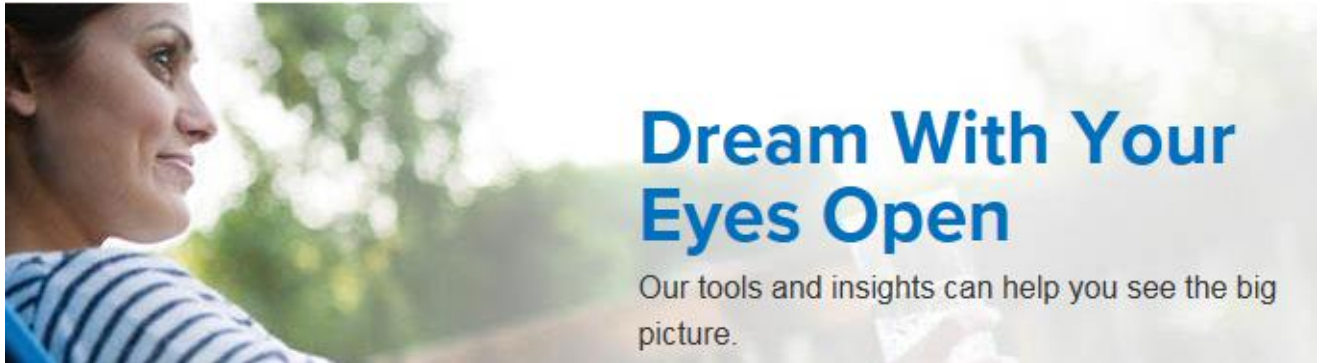
Whether it's accident, cancer, hospitalization or illness, no one will process and pay your claim faster. Our promise to you is to process and pay, not deny and delay.

## What is a 457b plan?

A 457b deferred compensation plan (deferred comp) is a retirement plan that allows public employees like you to set aside money for retirement from every paycheck.

Benefits include:

- Can help bridge the gap between your pension and Social Security, and the income you'll need in retirement
- Contributions and potential earnings are tax-deferred
- Designed for long-term investing



## Deferred Compensation Plan (457b)



Nationwide®

Provided by: Nationwide

Employees who wish to contribute to a supplemental retirement program are encouraged to join the Deferred Compensation Plan.

Section 457 of the Internal Revenue Code allows employees to defer a certain portion of their income and invest that deferral income to provide them additional financial security at retirement. Income that is deferred reduces the current tax obligation, and the earnings on the investments also remain tax free until withdrawal, usually at retirement, but no later than age 70 1/2.

Presently, Section 457 allows a maximum of 100% of gross compensation to be deferred, up to \$18,000 annually plus an additional \$6,000 if age 50 or over during the calendar year.

Contact your Nationwide  
Retirement Specialist:  
Ruth M Marquez, CRC  
407-451-2520  
[marquer1@nationwide.com](mailto:marquer1@nationwide.com)

Contact our Nationwide  
Retirement Specialist:  
David Bazzel, ChFC, CRC, CBC  
813-785-1844  
[bazzeld@nationwide.com](mailto:bazzeld@nationwide.com)



# Leave Policies

Provided by: Clerk of Circuit Court

BENEFIT	SUMMARY OF COVERAGE	ELIGIBILITY	EFFECTIVE DATE	COST PER PAY PERIOD
PAID TIME OFF	Employees earn paid time off leave for each payroll period after meeting eligibility requirements. See Clerk's Policy Manual for rates of accruals.	All active full-time and regular part-time employees	Accrued and available to use after one month of continuous service	Paid by Clerk
HOLIDAY LEAVE	The Clerks Office recognizes certain holidays throughout the year.	All full-time and regular part-time employees	Immediate	Paid by Clerk
BEREAVEMENT LEAVE	Provides up to 3 days paid leave per calendar year in the event of the death of an employee's immediate family member.	All full-time and regular part-time employees	Immediate	Paid by Clerk
JURY DUTY	Provides compensation for employees who are summoned and report for jury duty.	All full-time and regular part-time employees	Immediate	Paid by Clerk
OTHER LEAVE	Employees may access their Paid Time Off benefits for instances involving domestic violence, and approved family medical leaves and military leaves that meet eligibility requirements.	All full-time and regular part-time employees	Immediate	As your accrual bank permits
PRIOR SERVICE CREDIT	The Clerk retains the right to grant service credit for former/rehired employees, and persons who were formerly employed by outside state, county or local governments.	All full-time and regular part-time employees	Requests will be reviewed after 6 months of continuous service.	As Approved by the Clerk

## Important Notices

### Special Enrollment Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a State premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.
- If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy. Note: The 60 day period for requesting enrollment applied only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applied to most special enrollments.

### Women's Health & Cancer Rights Act of 1998

The Women's Health and Cancer Act (WHCRA) requires group health plans to provide participants with notices of their rights under WHCRA, to provide certain benefits in connection with a mastectomy, and to provide other protections for participants undergoing mastectomies.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For Individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance amounts applicable to other medical and surgical benefits provided under the health plan offered by your employer.

Please keep this information with your other group health plan documents. If you have any questions about the Plan's coverage of mastectomies and reconstructive surgeries, please contact the Human Resources Department.

## Important Notices

### Health Insurance Portability and Accountability Act (HIPAA) Notice

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability and Accountability Act (HIPAA) also addresses the circumstances under which treatment for medical condition may be excluded from health plan coverage.

This Information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. You, your spouse and any dependents should all take the time to read the entire notice carefully.

**Special Enrollments:** If you decline enrollment for yourself or your dependents (including your spouse) because of having other health insurance coverage at the time of your eligibility to participate, you may enroll yourself or your dependents at a future point, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days of such an event.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

**Obtaining Additional Information:** If you need assistance in determining your rights under ERISA or HIPAA, you may contact your Plan Administrator or the U.S. Department of Labor by writing to the Chicago Regional office at 200 W. Adams Street, Suite 1600, Chicago, IL 60606, or by calling the Department at (312)353-0900.

If you have any questions about this notice or the law, please contact your Plan Administrator at the number or location provided in your benefits booklet or Summary Plan Description.

Also, if you have changed marital status, or if you, your spouse or any other qualified dependents have changed addresses, please notify your local Human Resources Representative.

**Notice of Privacy Practices:** Plan administrators, clearinghouses, business associates, and health care providers that transmit health information electronically or use electronic health records may not redistribute or unlawfully use electronic health records without permission from the insured. The insured may request information on how their electronic records are distributed, how frequently they are distributed, and who they are distributed to by contacting the U.S. Department of Health and Human Services.

**Notice of Breach of Unsecured PHI:** If a breach in protected health information (PHI) was to occur you should receive notice of the breach without unreasonable delay in no less than 60 days of the discovery from the entities mentioned above (plan administrators, providers, etc.)

### Family Medical Leave Act (FMLA)

The Clerk of Circuit Court follows the United States' Department of Labor's FMLA laws. Should you have any questions regarding entitlements or requirements to qualify for a leave under FMLA, please contact your Human Resources Department.

To respect your privacy the Clerk of Court has engaged a third party to administrate FMLA. You may call FMLA Source directly at (800) 365-2666 or go online at [www.FMLASource.com](http://www.FMLASource.com).

## FMLA Source

Answers when you have questions.  
Guidance when you need support.

## Are you facing one of the following?

Birth of a child



Care for an injured  
service member



Adoption or foster care



Care for a child, spouse or parent with serious health conditions



FMLASource® provides employees with quick access to experts who will answer questions, review guidelines and provide information regarding a job protected medical or family leave of absence. Please contact FMLASource® for information and forms required for your leave.

### FMLA Claims:

Call: **877-365-2666**

TDD: **800-697-0353**

Fax: **877-309-0218**

Online: [www.fmlasource.com](http://www.fmlasource.com)

FMLASource® Inc. is a ComPsych® company.

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2018 – December 31, 2018. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).



## Important Notices

### Health Insurance Marketplace Coverage Notice

The Health Insurance Marketplace is available to assist you as you evaluate health insurance options for you and your family. This notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer. The Marketplace is designed to help you find private health insurance and compare private health insurance options. You may also be eligible for a new kind of tax credit under section 36B of IRS code that could potentially lowers your monthly premium. If the employee purchases a qualified health plan through the Marketplace, the employee may lose the employer contribution (if any) to any health benefits plan offered by the employer and that all or a portion of such contribution may be excludable from income for federal income tax purposes. More information on the health insurance Marketplace may be found at <https://www.healthcare.gov>

### Notice of Rescission

**a) Prohibition on rescissions** - (1) A group health [plan](#), or a [health insurance issuer](#) offering group or [individual health insurance coverage](#), must not rescind coverage under the [plan](#), or under the policy, certificate, or contract of insurance, with respect to an individual (including a group to which the individual belongs or family coverage in which the individual is included) once the individual is covered under the [plan](#) or coverage, unless the individual (or a person seeking coverage on behalf of the individual):

- I. performs an act, practice, or omission that constitutes fraud
- II. makes an intentional misrepresentation of material fact,

as prohibited by the terms of the [plan](#) or coverage. A group health [plan](#), or a [health insurance issuer](#) offering group or [individual health insurance coverage](#), must provide at least 30 days advance written notice to each participant (in the [individual market](#), primary subscriber) who would be affected before coverage may be rescinded under this paragraph (a)(1), regardless of, in the case of group coverage, whether the coverage is insured or self-insured, or whether the rescission applies to an entire group or only to an individual within the group. (The rules of this paragraph (a)(1) apply regardless of any contestability period that may otherwise apply.)

A rescission is a cancellation or discontinuance of coverage that has retroactive effect. For example, a cancellation that treats a policy as void from the time of the individual's or group's enrollment is a rescission. As another example, a cancellation that voids benefits paid up to a year before the cancellation is also a rescission for this purpose.

A cancellation or discontinuance of coverage is not a rescission if -

- I. The cancellation or discontinuance of coverage has only a prospective effect;
- II. The cancellation or discontinuance of coverage is effective retroactively, to the extent it is attributable to a failure to timely pay required premiums or contributions (including [COBRA](#) premiums) towards the cost of coverage;
- III. The cancellation or discontinuance of coverage is initiated by the individual (or by the individual's authorized representative) and the sponsor, employer, [plan](#), or [issuer](#) does not, directly or indirectly, take action to influence the individual's decision to cancel or discontinue coverage retroactively or otherwise take any adverse action or retaliate against, interfere with, coerce, intimidate, or threaten the individual; or
- IV. The cancellation or discontinuance of coverage is initiated by the exchange pursuant (the insured).

## Important Notices

### Michelle's Law

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

### Mental Health Parity & Addiction Equity Act 2008 (MHPAEA)

Under the MHPAEA, the financial requirements and treatment limits that group health plans and health insurance issuers apply to mental health or substance use disorder benefits generally cannot be more restrictive than those applicable to medical and surgical benefits. If a plan covers mental health and substance use disorder, MHPAEA provides medical and surgical benefits and mental health and substance use disorder benefits. MHPAEA it must comply with the federal parity requirements.

The MHPAEA contains the following parity requirements:

The financial requirements (such as deductibles, copayments, coinsurance and out-of-pocket limits) applicable to mental health and substance use disorder benefits cannot be more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits.

Treatment limitations (such as frequency of treatment, number of visits, days of coverage or other similar limits on the scope or duration of coverage) must also comply with the MHPAEA's parity requirements. Non-quantitative treatment limitations (such as medical management standards, formulary design and determinations of usual, customary or reasonable amounts) are subject to a separate parity requirement.

If medical and surgical benefits are offered on an out-of-network basis, a plan or issuer must also offer mental health and substance use disorder benefits on an out-of-network basis.

## Important Notices

### COBRA (Consolidated Omnibus Budget Reconciliation Act)

Cobra provides eligible individuals and their dependents who would otherwise lose group health coverage as a result of a qualifying life event with an opportunity to continue group health coverage for a limited time period under certain circumstances such as:

- Voluntary or involuntary job loss
- Reduction in the hours worked
- Transition between jobs
- Death
- Divorce
- And other qualifying life events

If you are entitled to elect COBRA coverage, you will have 60 days (starting on the date you are furnished the election notice or the date you would lose coverage) to choose whether or not to elect continuation coverage. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

COBRA generally requires that group health plans sponsored by groups with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.

The duration of COBRA extends from the date of the qualifying event for a limited period of 18 or 36 months. The length of time depends on the type of qualifying life event that gave rise to the COBRA rights. A plan, however, may provide longer periods of coverage beyond the maximum period required by law.

COBRA Continuation coverage may be terminated earlier than the end of the maximum period for any of the following reasons:

- Premiums are not paid in full on a timely basis
- The employer ceases to employ any group health plan
- A qualified beneficiary begins coverage under another group health plan after electing continuation coverage;
- A qualified beneficiary becomes entitled to Medicare benefits after electing continuation coverage;
- A qualified beneficiary engages in conduct that would justify the plan in terminating coverage of a similarly situated participant or beneficiary not receiving continuation coverage (such as fraud).

If continuation coverage is terminated early, the plan must provide the qualified beneficiary with an early termination notice. The notice must be given as soon as practicable after the decision is made, and it must describe the date coverage will terminate, the reason for termination, and any rights the qualified beneficiary may have under the plan or applicable law to elect alternative group or individual coverage.

If you decide to terminate your COBRA coverage early, you generally won't be able to get a Marketplace plan outside of open enrollment period. For more information on alternatives to COBRA coverage reach out to your HR Representative or Plan administrator.

Contact your plan administrator or Human Resources to determine how COBRA is administered at your workplace.

## Important Notices

### Newborn's and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### CHIP Model Notice

#### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

#### FLORIDA - Medicaid

**Website:** <https://www.flmedicaidprecovery.com/>

**Phone:** 1-877-357-3268

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



## FOR ASSISTANCE

*Should you have a benefit or claims question, refer to the table below for the appropriate provider. Be sure to have your insurance identification card available when you make your call.*

Company/Provider	Insurance	Telephone	Website
 <p>Florida Health Care Plans An Independent Licensee of the Blue Cross and Blue Shield Association</p>	Medical Insurance	1-800-352-9824	<a href="http://www.fhcp.com">www.fhcp.com</a>
 <p>GUARDIAN</p>	Dental Insurance	1-800-541-7846	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
 <p>SUPERIOR VISION See yourself healthy.</p>	Vision Insurance	1-800-507-3800	<a href="http://www.superiorvision.com">www.superiorvision.com</a>
 <p>aetna</p>	Life insurance Short term Disability Long Term Disability	Life Claims: 1-800-523-5065 Disability Claims: 1-866-326-1379 Portability Dept.: 1-800-882-8395	<a href="http://www.aetna.com">www.aetna.com</a>
 <p>aetna Aetna Resources For Living™</p>	Employee Assistance Program	1-800-388-6444	<a href="http://www.mylifevalues.com">www.mylifevalues.com</a>
 <p>DEPARTMENT OF MANAGEMENT SERVICES DIVISION OF RETIREMENT</p>	Retirement System (FRS)	1-866-446-9377	<a href="http://www.myfrs.com">www.myfrs.com</a>
 <p>Nationwide</p>	Deferred Compensation Plan (457B)	1-877-677-3678	<a href="http://www.nrsforu.com">www.nrsforu.com</a>
 <p>OPTUM Bank™</p>	Health Savings Account	1-844-326-7967	<a href="http://www.optumbank.com">www.optumbank.com</a>
 <p>Aflac SmartClaim® One Day Pay</p>	Supplemental Policies	1-800-992-3522	<a href="http://www.aflac.com">www.aflac.com</a>
 <p>FMLA Source®</p>	FMLASource®	Call: 877-365-2666 TDD: 800-697-0353 Fax: 877-309-0218	<a href="http://www.fmlasource.com">www.fmlasource.com</a>