



January 1, 2017 – December 31, 2017

# Clerk of the Circuit Court



20  
17

Your Benefits Overview



## Important changes you will want to look for:

Open enrollment for 2017 benefits will be from October 25, 2016 to November 7, 2016. Our enrollment will be online through Paycom in the benefits section of your Employee Self Service. We will send you the link for guidance in an email.

We have a new dental carrier. It is called **Guardian** and we found that 90% of the doctors you are using are also practitioners in the Guardian plan. They offered a reduced rate (just slightly below our current rates) and offered a two year hold on those rates – insulating us from change for next year. They also raised the Calendar Year Maximum from \$1,500 to \$5,000. More benefit, Yes!

Florida Health Care Plans held down their costs and they have enhanced their Wellness Program. This coming year (2017) the gym membership 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. Starting in 2017 be sure to call your gym and find out what their age limits are. More benefit, Yes!

We will stay the course with our plan change from last year and those of you who enroll in the High Deductible Health Plan (HDHP) this year will receive **\$2,500** to a Health Savings Account that will be yours to use to defray the deductible costs.

Good news for those of you on or considering the HDHP with dependents. That plan now has embedded deductibles for each individual and when any one individual reaches **\$2,600** they have met their individual deductible and switch over to the coinsurance process. (Again, more benefit. WOW!)

We will be implementing a process to verify if your spouse has affordable healthcare. As a way to insulate against future healthcare cost increases; we will be encouraging working spouses with affordable medical insurance (below our cost) to exercise their options with their own employers. If your spouse does not have coverage options or those options are more expensive than the Clerk of Court (HDHP Individual plan) – you will still be permitted to enroll your working spouse. This will apply only to working spouses – not to children and only to Medical coverage, not dental, or vision.

Pets are family too! All one has to do is look around at the photos in our office to realize that our pets are loved and cherished. We have sourced pet insurance options for you. Enrollment will be voluntary and at your own cost, but we know some of you would like this benefit.

Sincerely,  
Human Resources



# TABLE OF CONTENTS

BENEFIT INFORMATION	4
GENERAL INFORMATION	5
HELPFUL TOOLS	6
MEDICAL – IMPORTANT NOTICES	7
MEDICAL - FLORIDA HEALTH CARE - HDHP HSA	8 - 10
MEDICAL - FLORIDA HEALTH CARE - HMO PLAN	11
MEDICAL - FLORIDA HEALTH CARE - TRIPLE OPTION	12
MEDICAL – FLORIDA HEALTHCARE - ADDITIONAL INFORMATION	13 - 16
DENTAL - GUARDIAN	17 - 18
VISION - SUPERIOR VISION	19
SHORT TERM/LONG TERM DISABILITY - MUTUAL OF OMAHA	20
BASIC AND VOLUNTARY LIFE INSURANCE - MUTUAL OF OMAHA	21 – 22
PET INSURANCE - NATIONWIDE	23
FLORIDA RETIREMENT SYSTEM (FRS) – NATIONWIDE 457b	24
AFLAC AND EMPLOYEE ASSISTANCE PROGRAM – AETNA RESOURCES FOR LIVING	25
LEAVE POLICIES - CLERK OF THE CIRCUIT COURT	26
IMPORTANT NOTICES	27 – 30
KEY CONTACTS	31

# 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
Pet Insurance	Employee

## Who can I enroll?

- Your spouse, unless legally separated or divorced
- Your children up to age 26 (Medical & Dental)
- 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.

- 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 that could result in entitlement to coverage
- Change in residence/worksite 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 WorkForce Wellness Centers, or the Emergency Room?

- WorkForce Wellness Centers are a great way to address the common cough, cold, and sore throat. The cost is a \$10 copay – (no matter which FHCP coverage you elect). WorkForce Wellness Centers are another great alternative to the Emergency Room when your doctor’s office is closed. The copayment 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.

# HELPFUL TOOLS

## Member Portal

By being a Florida Health Care Plans member, you automatically receive services that are free for you and your covered dependents to use. Below are some of these services. For more information, log on to your member portal at [www.fhcp.com](http://www.fhcp.com).

**Florida Health Care's Member Portal** is available 24 hours a day, 7 days a week, 365 days a year. The Member Portal has three main sections, Health Portal, Documents Portal and Member Resources. See below for a description of each portal.

- Find a Provider/Facility
- Health Care Reform Information
- Member Portal Login
- Member Wellness Programs
- Glossary of Health Coverage and Medical Terms
- Summary of Benefits Coverage
- Case Management
- Utilization Management

**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.

If you utilize a FHCP staff physician, you can access the Patient Portal which will allow you to communicate directly with your FHCP staff physician, make an appointment or request prescription refills.

**The Documents Portal:** Here you will be able to obtain view and print your Certificate of Coverage (Member Handbook) which describes your rights and obligations along with FHCP rights and obligations with respect to the coverage and benefits provided. You will also be able to view and print your benefit summary and any applicable benefit riders.

**Member Resources:** Provides access to common FHCP programs, contacts, resources and forms.

**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.

**Coinsurance Estimator Center:** When a member calls the coinsurance estimator center, they are given costs specific to their plan. FHCP will review their plan, deductible, maximum out of pocket, etc., and give them an estimate based on the plan benefits specific to them, including the physician they are using and the facility where the procedure is taking place. Phones are answered from 7am - 4pm Monday through Friday, and there is also a portal through the FHCP website. The service will provide estimated costs specific to providers. As it is impossible to give exact prices due to changes in procedures as well as results, this service simply provides an estimate on total negotiated cost as well as member responsibility based on the current status. To speak to a coinsurance estimator representative call 386-615-5068 option 1.

## 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 PPO 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 (located on the last page) to find an in-network provider near you.

# Important Notices - Medical Coverage

**Effective January 1, 2017, ALL PARTICIPANTS 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 fail to turn in the 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	\$106.14
You + Family	\$134.85

HMO PLAN T14	
Who is covered	Bi-Weekly Cost
You + Spouse	\$190.46
You + Family	\$238.73

Triple Option Plan T19	
Who is covered	Bi-Weekly Cost
You + Spouse	\$282.24
You + Family	\$355.50

## 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 HSA 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.



**Florida  
Health Care  
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association

# FHC HDHP HSA T11 / TF1

Provided by Florida Health

Healthcare Services	T11	TF1
<b>Lifetime Maximum</b>	Unlimited	
<b>Annual Deductible</b>	In-Network	In-Network
Individual	\$2,500	\$2,600 per person
Family		\$5,000 per family
<b>Annual Out-of-Pocket Maximum (Includes deductible, copay, and coinsurance)</b>	In-Network	In-Network
Individual	\$4,000	\$7,150 per person
Family		\$8,000 per family
<b>Co-Insurance</b>	30%	
<b>Work Force Wellness</b>	\$10	
<b>Physician Services</b>		
Office Visit	Deductible + Coinsurance	
Specialist	Deductible + Coinsurance	
Chiropractic Care	Deductible + Coinsurance	
<b>Routine Adult and Child Wellness Exams, Wellness Services and Immunizations</b>	100% Covered	
<b>Hospital Services</b>		
Inpatient Hospital Per Admission	Deductible + Coinsurance	
Emergency Room	Deductible + Coinsurance	
Urgent Care	Deductible + Coinsurance	
Outpatient Surgical Facility	Deductible + Coinsurance	
<b>Diagnostic Services</b>		
Independent Facility - Lab/X-ray	Deductible + Coinsurance	
Independent Facility - Advanced Imaging (CT, PET, MRI)	Deductible + Coinsurance	
<b>Prescription Drugs</b>	<b>After Your Calendar Year Deductible is Met:</b>	
Retail (30 day supply):	(FHCP)	(Walgreens – After FHCP hours)
Generic	\$ 3 Copay	\$ 15 Copay
Non Preferred Generic	\$ 10 Copay	\$ 15 Copay
Preferred Brand	\$ 30 Copay	\$ 35 Copay
Non-Preferred Brand	\$ 55 Copay	\$ 60 Copay
Pre-approves, pre-certified Specialty	\$125 Copay	N/A
Mail Order (90 day supply):	(FHCP Only)	
Preferred Generic	\$ 6 Copay	
Non- Preferred Generic	\$ 27 Copay	
Preferred Brand Name	\$ 87 Copay	
Non-Preferred Brand Name	\$162 Copay	
<b>Non-Participating Providers</b>		
Deductible	\$5,000	\$5,000 (\$10,000 per family)
Coinsurance	50%	50%
Per Occurrence Deductible	\$6,000 per person	\$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	\$59.99
You + Children	\$59.99
You + Family	\$88.70

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2017 – December 31, 2017. 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 T11 / TF1



Florida  
Health Care  
Plans



An Independent Licensee of the Blue Cross and Blue Shield Association

Provided by Florida Health

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

Service	Approximate Cost
Urgent Care	\$75 (Local Average) \$10 FHCP Urgent Care (Workforce Wellness)
ER Visit	\$200 (does not include treatment)
Abdominal ultrasound	Approx. \$687 (Halifax Medical Center) Approx. \$121 (FHCP)
Bilateral diagnostic mammogram	Approx. \$168.68 (Twin Lakes Imaging) Approx. \$257 (with 2D digital imaging) (Halifax Medical Center)
MRI of cervical spine w/o contrast	Approx. \$350 (Open MRI of Daytona) Approx. \$560 (Twin Lakes Imaging) Approx. \$2,000 (Halifax Medical Center)
Lab Work	FHCP Lab \$0 LabCorp \$0
Inpatient Hospital Stay	\$2,000 (local average)
DME—Wheelchair Rental	\$50/month

## Health Savings Accounts (HSA)

If you enroll in the FHC HDHP HSA T91 Plan and meet all of the below requirements, you have the option of opening a Health Savings Account with Optum Bank. For open enrollment 2017, the Clerk of Circuit Court will be making a contribution of \$2,500 to employees that decide to open an HSA. This employer contribution will only be available to employees who enroll during annual open enrollment.

**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?



This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2017 – December 31, 2017. 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).

# 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.

	Individuals	Families
2016	\$3,350	\$6,650
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



# Triple Option Plan T19

Provided by: Florida Health Care

Healthcare Services	OPTION 1 In-Network	OPTION 2	OPTION 3
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Annual Deductible</b>			
Individual	\$250	\$500	\$1,000
Family	\$500	\$1,000	\$2,000
<b>Annual Out-of-Pocket Maximum (Includes deductible, copay, and coinsurance)</b>			
Individual	\$2,500	\$2,500	\$5,000
Family	\$5,000	\$5,000	\$10,000
<b>Co-Insurance</b>	10%	20%	30%
<b>Work Force Wellness</b>	\$10	N/A	N/A
-			
<b>Physician Services</b>			
Office Visit	\$20 Copay	\$35 Copay	Deductible + Coinsurance
Specialist	\$35 Copay	\$60 Copay	Deductible + Coinsurance
Chiropractic Care	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
<b>Routine Adult and Child Wellness Exams, Wellness Services and Immunizations</b>	100% Covered	100% Covered	Deductible + Coinsurance
<b>Hospital Services</b>			
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
<b>Diagnostic Services</b>			
Independent Facility - Lab/X-ray	\$0 Copay	Deductible + Coinsurance	Deductible + Coinsurance
Independent Facility - Advanced Imaging (CT, PET, MRI)	\$75 Copay	Deductible + Coinsurance	Deductible + Coinsurance
<b>Prescription Drugs</b>		Walgreens Only	Walgreens Only
Preferred Generic	\$3 / \$10	\$15	\$15
Non-Preferred Generic	\$30	N/A	N/A
Preferred Brand	\$55	\$35	\$35
Non-Preferred Brand	\$125	\$60	\$60
Pre-Approved, Pre-Certified Specialty Drug		N/A	N/A

## MEDICAL PLAN RATES

Based on your pay period.

Who is covered	Bi-Weekly Cost
You Only	\$166.08
You + Spouse	\$236.09
You + Children	\$236.09
You + Family	\$309.35

# 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>

# 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.



This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2017 – December 31, 2017. 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).



[www.doctorondemand.com/fhcp](http://www.doctorondemand.com/fhcp)

Text “**FHCP**” to **68398** or download the app from the App Store on your smartphone or tablet today!



1. Tap “Sign Up”
2. When asked for your health insurance, select “**Florida Health Care Plan**” from the list.
3. Enter the information from your FHCP insurance card on the next screen

#### Affordable

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.*

#### Convenient

Stay in bed and get rid of your cold, flu or other common medical issues

#### Fast & Easy

Connect with a physician within 90 seconds. Book an appointment with a psychologist.

#### Great Doctors

Board-certified and licensed in Florida.

#### Treat Nearly Everything

Nearly any non-emergency medical issue or emotional health issue such as anxiety and depression.

#### Get a Prescription

Quick and paperless prescription fulfillment to your pharmacy\*.

*\*No controlled drugs prescribed*



## Preferred Fitness Program

Provided by Florida Health



All eligible Clerk of the Circuit Court enrolled members now 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.



In 2017, the gym membership 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 Plan (MAC)	Out-of-Network Value (MAC)	In-Network (90 <sup>TH</sup> ) NAP	Out-of-Network (90 <sup>TH</sup> ) NAP
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 year, up to age 19				
Sealants - 1 time per 3 years, 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 / Onlay– 1 per tooth per 5 years				
Bridges - 1 per 5 years	50%	50% *	25%	25%
Dentures - 1 per 5 years				
Implants - 1 per tooth per 5 years				
<b>ORTHODONTIC PROCEDURES</b>	*Maximum Allowable Charge			
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	\$28.88

### 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 most similar to our previous plan?

The Value Plan is by far the most similar.

### 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

# 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)

Vision Services	In-Network	Out-of-Network
Frequency	Once every 12 months	Once every 12 months
Benefit	\$20 Copay	Reimbursed up to \$33
Contact fit Exam	\$25 Copay	N/A
<b>BASIC LENSES</b>		
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
<b>FRAMES</b>		
Frequency*	Once every 24 months	Once every 24 months
Benefit	\$100 Allowance and 20% off balance	Reimbursed up to \$46
<b>CONTACTS</b>		
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



For additional information: <\\spock\TeamWorx\Your Vision Decision.pptx>

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2017 – December 31, 2017. 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 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.**

## 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.



# Basic Life Coverage

Provided by: Mutual of Omaha

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 Mutual of Omaha. 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 Mutual of Omaha at a group rate (located on the next page).

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

- Waiver of premium
- Accelerated life benefit
- Portability
- Conversion

To find more information about the attachments above, refer to your Mutual of Omaha 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

## Voluntary Supplemental Life Insurance

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. A summary of your life insurance coverage is listed in the table below, if you should have questions on this policy, contact Human Resources or see your Mutual of Omaha Certificate of Benefits.

### Summary of Employee Coverage

Guaranteed Issue	\$200,000 (Up to 7x's your annual salary)
Minimum Benefit Amount	\$10,000
Maximum Benefit Amount	\$500,000 (Up to 7x's your annual 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 21 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 Supplemental Life Insurance Costs

Provided by: Mutual of Omaha

## 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	\$0.101



## 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 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

## Pet Insurance – Voluntary Benefit



### My Pet Protection (with wellness)

90% back on veterinary bills

- \$250 annual deductible
- Accidents & illnesses
- Hereditary & congenital
- Cancer
- Dental diseases
- Behavioral treatments
- R<sub>x</sub> therapeutic diets & supplements
- Specialty & ER coverage included
- Use any vet
- Wellness exams
- Spay or neuter
- Flea & tick
- Teeth cleaning & more...



### My Pet Protection

90% back on veterinary bills

- \$250 annual deductible
- Accidents & illnesses
- Hereditary & congenital
- Cancer
- Dental diseases
- Behavioral treatments
- R<sub>x</sub> therapeutic diets & supplements
- Specialty & ER coverage included
- Use any vet



Florida Dog	Bi-Weekly Cost
MPP	\$20.27
MPP w/ Wellness	\$32.46

Florida Cat	Bi-Weekly Cost
MPP	\$12.16
MPP w/ Wellness	\$19.47

\*Multiple pet discount: Pets 2 and 3, 10% off; 4 + 15% off, premiums listed.

All policies include 24/7 access to the exclusive  
1-855-331-2833

**vet**helpline<sup>SM</sup>

## 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.

## 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)



# 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 video. 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.



**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.**

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2017 – December 31, 2017. 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).



# 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 or prior Sick Time 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;
- Prostheses; 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.

### 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).

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



Short-term disability claim



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 or Short-term Disability 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, 2017 – December 31, 2017. 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

### 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>Mutual of Omaha</p>	Life insurance Short term Disability Long Term Disability	Life Claims: 1-800-775-8805 Disability Claims: 1-800-877-5176 Portability Dept.: 1-877-466-8367	<a href="http://www.mutualofomaha.com">www.mutualofomaha.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>Nationwide</p>	Pet Insurance	1-855-331-2833	<a href="http://www.petinsurance.com">www.petinsurance.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>

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2017 – December 31, 2017. 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).