

JANUARY 2020

CLERK OF THE CIRCUIT COURT
VOLUSIA COUNTY

Benefits Illustrated

OPEN ENROLLMENT EDITION
JANUARY 1, 2020 - DECEMBER 31, 2020

Annual Open Enrollment

Ends: November 15th, 2019

Looking for Life Insurance?



Bring us your questions! We love helping People!

NEW PAID BENEFITS:

Long Term Disability beginning January 1, 2020

Find out why an HSA might be right for you!



Table of Contents

Where to go for care	Page 2
Extended Hours Care Centers	Page 3
Medical Coverage - HDHP	Page 4
Health Savings Account (HSA)	Page 5
Medical Coverage - HMO	Page 6
FHCP Preferred Fitness Program	Page 7
FHCP Vision Benefits	Page 8
Dental Coverage	Page 9
Basic Life & AD&D Coverage	Page 10
Short/Long Term Disability Coverage	Page 11
Employee Assistance Program	Page 12
Florida Retirement System	Page 13
Voluntary Supplemental Life/AD&D	Page 15
Vision Coverage	Page 16
Supplemental Policies - AFLAC	Page 17
Nationwide Retirement Plan	Page 18
Enrollment Forms	Pages 19-26

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—Dep. Life)
- Legally adopted children
- Any child for whom you have legal guardianship
- 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

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 a spouse or covered child
- Birth, adoption, acquiring foster child or stepchild
- Change in your spouse’s employment
- Status (gain/loss of coverage that could result in entitlement to coverage)
- Change in residence/worksites that affects eligibility

Benefit Information

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 finance needs are met.

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

Insurance FAQ’s

Q: What is a “Copayment”?

A: 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.

Q: What is a “Deductible”?

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

Q: What is “Coinsurance”?

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

Q: What is “Annual Out of Pocket Maximum”?

A: An out-of-pocket maximum is a predetermined, limited amount of money that an individual or family must pay before an insurance company or pays 100% of an individual’s health care expenses for the remainder of the year.

Q: What is “Pre-Certification”?

A: 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.

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

A: Directories of participating series 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.

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



Reasons to see your Medical Home include:

- Chronic Conditions like:*
- Hypertension/High Blood Pressure
 - Diabetes/High Blood Sugar
 - High Lipids/Cholesterol
 - Heart Disease
 - Arthritis
 - Depression

- Acute Conditions like:*
- Headache and/or fever
 - Urinary tract infection
 - Minor injuries
 - Low back pain

- Coordination of Care*
- After Hospital, Skilled Nursing Home or Home Health Discharge
 - After ER Evaluation

- Benefits of visiting PCP*
- Low copay for most plans
 - Medical history is available
 - Established relationship with your physician and clinical staff

DOCTOR ON DEMAND



Reasons to use a video visit with a physician include:

- Cough, cold or flu
- Minor strains & sprains
- Bronchitis & sinus infection
- Skin & eye issues
- Upset stomach
- Urinary tract/bladder infections
- Rashes
- Pediatric issues
- Psychological issues
- Visit with a licensed therapist

Benefits of using Doctor On Demand:

- Low copay and 24/7 hours
- Board certified physicians
- Licensed psychologists
- Use smartphone or tablet
- Available throughout U.S.
- Use when PCP/EHCC are unavailable to you

Text "FHCP" to **68938** or visit doctorondemand.com/fhcp to download today!

EXTENDED HOURS CARE CENTERS



Reasons to visit an EHCC include:

- Acute minor trauma
- Cough, cold or flu
- Strains & sprains
- Minor allergic reactions
- Immunizations
- Low back pain
- Placement of stitches for a cut/laceration
- Removal of stitches
- Urinary tract/bladder infections

Benefits of visiting an EHCC:

- Nine locations in Volusia and Flagler Counties with physicians and advanced practitioners
- WorkForce Wellness rider is accepted
- Same-day appointments
- Shorter wait time
- Significant savings over ER

If your local FHCP Extended Hours Care Center is closed, please consider visiting the nearest FHCP participating Urgent Care Center.

EMERGENCY ROOM



Reasons to visit the Emergency Room include:

- Any life-threatening emergency
- Any severe illness or injury
- Unresponsiveness
- Chest pain
- Weakness on one side
- Inability to speak
- Spine or head injury
- Mental status change
- Difficulty breathing
- Uncontrolled bleeding
- Poisoning



H1035_NR649 (08/15/2016)

EXTENDED HOURS CARE CENTERS

VOLUSIA/FLAGLER COUNTY

Call FHCP Central Scheduling Mon-Fri, 8am-5pm at 386-676-7198 to schedule an appointment at one of our FHCP Facilities. Saturday appointments, call the Extended Hour Facility directly. For a complete list of providers, visit providersearch.fhcp.com.

FHCP - Daytona Beach

350 N. Clyde Morris Blvd.
Daytona Beach, FL 32114

386-238-3221

Mon - Fri: 7:00 a.m. - 7:00 p.m.
Sat: 8:00 a.m. - Noon

FHCP - Port Orange

740 Dunlawton Avenue
Port Orange, FL 32127

386-763-1000

Mon - Fri: 7:00 a.m. - 7:00 p.m.

Advanced Urgent Care-Port Orange

1690 Dunlawton Ave., Ste. 120
Port Orange, FL 32127

386-271-2273

Mon - Fri: 7:00 a.m. - 10:00 p.m.
Sat & Sun: 9:00 a.m. - 7:00 p.m.

FHCP - Edgewater

239 N. Ridgewood Ave.
Edgewater, FL 32132

386-427-4868

Mon - Fri: 7:00 a.m. - 7:00 p.m.
Sat: 8:00 a.m. - Noon

FHCP - DeLand

937 N. Spring Garden Ave.
DeLand, FL 32720

386-736-1948

Mon - Fri: 7:00 a.m. - 7:00 p.m.

Pediatric Unscheduled Care Walk-In Clinic

999 S. Volusia Ave. Ste. B
Orange City, FL 32763

386-763-4915

Wed: 1:00 p.m. - 6:00 p.m.

FHCP - Orange City

2777 Enterprise Rd.
Orange City, FL 32763

386-774-2550

Mon - Fri: 7:00 a.m. - 7:00 p.m.
Sat: 8:00 a.m. - Noon

FHCP - Ormond Beach

461 S. Nova Rd.
Ormond Beach, FL 32174

386-671-4337

Mon - Fri: 7:00 a.m. - 7:00 p.m.

MediQuick Walk-in Clinic

140 Pinnacles Dr.
Palm Coast, FL 32164

386-597-2829

Mon - Fri: 8:00 a.m. - 6:30 p.m.
Sat: 8:00 a.m. - 5:30 p.m.
Sun: 10:00 a.m. - 4:30 p.m.

MediQuick Walk-in Clinic

6 Office Park Dr
Palm Coast, FL 32137

386-401-5470

Mon - Fri: 8:00 a.m. - 7:30 p.m.
Sat: 8:00 a.m. - 5:30 p.m.
Sun: 8:00 a.m. - 2:30 p.m.

Avoid unnecessary, costly Emergency Room visits 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-8pm, 7 days a week at: 1-877-615-4022 (TRS Relay 711)

Have you registered on the FHCP Member Portal yet?

Click on the "New Member Registration" link, then enter "Member Number, Birth Date and Zip Code" and then create your portal login.

For additional assistance email memberservices@fhcp.com or call 1-877-615-4022

Why is it useful?

Using the portal allows you to have access to:

- Taking your personal health assessment
- Your health plan and your medical claims
- Information on medications
- Chatting securely with health professionals about your symptoms

24 Hour Nurse Line

Remember as an FHCP member you have access to their 24 hour nurse line for things like:

- Understanding conditions or symptoms
- Asking confidential health questions
- Advice on the best facility to go to based on your symptoms



See a board certified doctor through live, face to face video visits anywhere! They can diagnose, treat and write prescriptions (if needed) for most **non-emergency** medical conditions. Use Doctor on Demand for a \$10 copay for HMO Only. On the HDHP the cost = Deductible + Coinsurance.

Text "FHCP" to 68398 or download the app from your smartphone to use Doctor on Demand today!

Medical Plan - FHC HDHD/POS T11/TF1

Provided by: Florida Health Care Plans

www.fhcp.com

Member Services: 1-800-352-9824

Cost Estimation: 1-800-352-9824 ext. 5068 or email at: CEC@fhcp.com



Healthcare Services	Single (T11)	Family Individual (TF1)	Family Combined (TF1)
<u>Dependent Age Limit</u> (See page 1 for other age requirement details)	To age 26 – coverage terminates at end of year 26		
<u>Lifetime Maximum</u>	Unlimited		
<u>Annual Deductible</u>			
Individual	\$2,500	\$2,800	N/A
Family	N/A	N/A	\$5,600
<u>Annual Out-of-Pocket Maximum</u> (Includes deductible, copay, coinsurance, and pharmacy)			
Individual	\$4,000	\$6,900	N/A
Family	N/A	N/A	\$13,800
<u>Co-Insurance</u>	30%		
<u>Extended Hours Care Center</u>	\$0 Copay (Does not include diagnostic testing)		
<u>Physician Services</u>			
Office Visit	Deductible + Coinsurance		
Specialist	Deductible + Coinsurance		
Chiropractic Care (Max visits 20 per year)	Deductible + Coinsurance		
Telemedicine	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	Deductible + Coinsurance		
Urgent Care	Deductible + Coinsurance		
Outpatient Surgical Facility	Deductible + Coinsurance		
<u>Diagnostic Services</u>			
Call Member Services to locate FHCP Contracted Facilities			
Independent Facility - Lab/X-ray	Deductible + Coinsurance		
Independent Facility - Advanced Imaging (CT, PET, MRI)	Deductible + Coinsurance		
Outpatient Hospital Facility - X-ray	Deductible + Coinsurance		
Outpatient Hospital Facility - Advanced Imaging (CT, PET, MRI)	Deductible + Coinsurance		
<u>Prescription Drugs</u>			
Retail (30 day supply):	After Your Calendar Year Deductible is Met:		
Generic	(FHCP)	(Walgreens – After FHCP hours)	
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	
Mail Order (90 day supply):	15%/25% Coinsurance	N/A	
Preferred Generic	(FHCP Only)		
Non- Preferred Generic	\$ 6 Copay		
Preferred Brand Name	\$ 27 Copay		
Non-Preferred Brand Name	\$ 87 Copay		
	\$162 Copay		
<u>Non-Participating Providers</u>			
Deductible	\$5,000	\$5,000 (\$10,000 per family)	
Coinsurance	50%	50%	
Annual Out-of-Pocket Maximum	\$6,000 per person	\$8,000 (\$16,000 per family)	

Medical Plan Rates



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 01, 2020 – December 31, 2020. 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). 4

Health Savings Account (HSA)

Provided by: Optum Bank

www.optumbank.com

Telephone: 1-844-326-7967



If you enroll in the FHC HDHP 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 2020, If you enroll in the FHCP HDHP TI1/TF1 plan and meet all of the below requirements, you must open a Health Savings Account (HSA) with Optum Bank to receive the Clerk's contribution as scheduled below. Throughout the year you may take advantage of pre-tax savings by requesting your own contributions be deducted from each pay check. You are able to change your own deduction at anytime during the year by filling out the Direct Deposit Authorization form with either you change, add, delete request and send it to Human Resources. Do you already have an HSA from another employer? For administrative convenience, an employer can use any one bank exclusively to make payroll deposits. However, you, as the employee and owner of the HSA money, can move that money to another (HSA) if you so desire.

HDHP-WARNING REGARDING NON-CREDITABLE COVERAGE

WARNING: The Clerk of Court High Deductible Healthcare Plan (Individual or Family plan) does not provide creditable prescription drug coverage. Are you or a covered dependent currently 65 or will be in 2020? If so, you or a Medicare enrolled dependent could be penalized by Medicare. The HDHP is not considered to have Creditable Coverage. The Medicare Modernization Act specifies creditable coverage as prescription drug coverage that is expected to pay on average as much as the standard Medicare prescription drug coverage (Part D). During the deductible phase of the HDHP you will be exposed to full costs of prescription drugs. Please call HR to discuss your options.

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 is 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 contributions 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

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 and your spouse has individual coverage, please remember that spouse contributions to their HSA will also count towards the family contribution limit.

	Individual	Family
2020	\$3,550	\$7,100
2019	\$3,500	\$7,000

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 you 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

Managing your HSA is easy

With Optum Bank you have access to your HSA whenever you need it to do things like:

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

Visit www.optumbank.com for more information



Medical Plan - HMO T14

Provided by: Florida Health Care Plans

www.fhcp.com

Member Services: 1-800-352-9824



Healthcare Services	In-Network
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
Co-Insurance	10%
Extended Hours Care Center	\$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
Telemedicine	\$10 Copay
<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>	
Call Member Services to locate FHCP Contracted Facilities	
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) \$ 3 Copay (Walgreens) \$ 15 Copay
Non Preferred Generic	\$ 10 Copay \$ 15 Copay
Preferred Brand	\$ 30 Copay \$ 35 Copay
Non-Preferred Brand	\$ 55 Copay \$ 60 Copay
Preferred/Non-Preferred Specialty	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

FREE Preferred Fitness Program

Provided by: Florida Health Care Plans

<https://www.fhcp.com/documents/FHCP-Gym-List.pdf>

Member Services: 1-800-352-9824



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 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.

Please note: Facilities with ** by their name on the gym list require a Fitness Evaluation before use.

Preferred Fitness Program FAQ's

Q: How does this “free gym” thing work?

A: Once your benefits kick in, you can visit as many of the 70+ gyms as you want. It's all about flexibility! You don't pay membership fees or joiner fees. You're not limited to using just one facility or to a certain amount of visits. Go try them out and find one that's a good fit for you!

Q: So how do I sign up at a gym?

A: It's simple! Just bring your FHCP Insurance card to the facility you are interested in and follow their membership registration process. You'll probably have to fill out some paperwork and sign a waiver. Make sure you always check in when you go to the gym.

Q: Why do some facilities require a fitness evaluation?

A: Some facilities require a fitness evaluation so that they know you're medically authorized to exercise and the evaluations give them a clear picture of your current fitness limitations and goals. Check the list of facilities to view who requires an evaluation.

Q: The gym I go to is not on the list. How can we add them?

A: We love to expand our network of gyms! If a gym is not on the list, contact your Wellness Team and we will verify if FHCP has already reached out to them or ask FHCP to reach out to ask about joining.

FREE Vision Benefit FHCP

Provided by: Florida Health Care Plans

Florida Health Care Plans (FHCP) Annual Eye Exam

As an FHCP Member you have access to an annual eye exam. Eye care is limited to routine eye care provided by an FHCP participating optometrist. You do not need a referral to see an optometrist.

Your annual eye costs are:

- \$10 copay/exam for Eyeglasses
- \$50 copay/exam for Contact Lenses
- \$10 copay/exam for Eye Disease, Visual Disturbances, etc.

Exclusions and limitations: Eye care including but not limited to the purchase or fitting of eyeglasses or contact lenses.

Questions? Call FHCP Member Services at 386-615-4022

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 to begin enjoying your discounts!

Blue365.

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

Dental Plan - PPO

Provided by: Humana

www.humana.com

Member Services: 1-800-233-4013



Dental Services	In-Network	Out-of-Network
Dependent Child Age Limit	Up to age 26- coverage terminates at the end of the month turning 26	
Annual Maximum Benefit	Unlimited	
Calendar Year Deductible: Individual/Family	\$25/\$75	\$25/\$75
PREVENTATIVE PROCEDURES:	Deductible Waived	
Routine Oral Exams - 3 per year Prophylaxis (Cleanings)- 3 per year X-rays (Bitewing) - 2 films under age 10, up to 4 films ages 10+ X-rays (Full Mouth) Fluoride Treatment (Through age 16)- 1 per year Sealants - (Permanent molars, through age 16) Periodontal cleanings - 4 per year	100%	100%
BASIC PROCEDURES:	Deductible Applies	
Fillings Oral Surgery Root Canal Therapy- 1 per tooth per lifetime Periodontics (Scaling/root planning and surgery 1 per quadrant every 3 years) Endodontics (Root canals 1 per tooth per lifetime and 1 re-treatment)	80%	80%
MAJOR PROCEDURES:	Deductible Applies	
Crowns / Inlays / Onlays Bridges Dentures Implants	50%	50%
ORTHODONTIC PROCEDURES	Deductible Waived	
Lifetime Maximum	\$1,000	
Orthodontics Dependent Children only through age 18	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

Basic Life and AD&D Coverage

Provided by: Aetna

www.aetna.com

Life Claims: 1-800-523-5065; Portability Dept.: 1-800-882-8395



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 page 15).

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:

- Original amount reduced by 35% at age 65
- Original amount reduced by 60% at age 70
- Original amount reduced by 75% 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 Chief Officers Managers	\$50,000
Supervisors Project Specialists Salaried Employees	\$30,000
All other Active Employees	\$15,000

If you need to file a life insurance claim, please contact your Human Resources Representative for assistance.

Value Added Benefits

Aetna Life Essentials

With Aetna Life Essentials, you're connected to special support to live your life today. Take advantage of financial counseling, legal services, help from social workers, funeral planning, and wellness programs and discounts.

Everest

Everest gives 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 at 1-800-913-8318 or access their online planning tools at www.everestfuneral.com/aetna.

Aetna Life Essentials

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. They can help with medical or cash emergencies, evacuations, prescription refills and more. You can contact AXA Assistance by phone or email anytime. Outside the US: Call 1-312-935-3704 (all collect calls accepted); Within the US: call 1-877-935-3704; Email: aetnatravelassistance@axa-assistance.us.

Short Term Disability Coverage

Provided by: Aetna

www.aetnadisability.com

Member Services: 1-866-326-1380

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.

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

For more information, claim set up, and eligibility please contact your Human Resources Representative.

aetna



Long Term Disability Coverage

Provided by: Aetna

www.aetnadisability.com

Member Services: 1-866-326-1380

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.

The cost of this insurance is paid entirely by the Clerk of the Circuit Court.



aetna

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 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.



Florida Retirement System (FRS)

www.myflorida.com

1-866-446-9377



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 or 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.



New Hire Communication Road Map — Effective January 1, 2018

HIRED!	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9
Employee Orientation	Payroll Submitted	Welcome Brochure	1 st Reminder Email	2 nd Reminder Email	3 rd Reminder Mailing	4 th Reminder Email	5 th Reminder Email	6 th Reminder Mailing	Confirm and Welcome Letter
New Hire Video			20 th day of the month	15 th day of the month	10 th day of the month	5 th day of the month	1 st day of the month	10 th day of the month	(Version depends on plan selected or default. Shown is the default to Investment Plan welcome letter.)
New Hire Flyer									
Access to Choose My FRS Plan		Employee receives PIN and can access the 1 st Election Choice Service						7 th Reminder Email	
								Day before choice deadline	
								Choice Deadline	
								4:00 p.m. on the last business day of month 8	

ELECTIVE BENEFITS SECTION

(The Clerk does not contribute to these benefits)

Voluntary Supplemental Life and AD&D Coverage

Provided by: Aetna

www.aetna.com

Life Claims: 1-800-523-5065; Portability Dept.: 1-800-882-8395



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. When initially eligible, you are guaranteed the insurance amounts below (Guarantee Issue) without submitting any Evidence of Insurability (EOI) or proof of good health. Any life insurance coverage over the Guarantee Issue Amount (s) will be subject to Evidence of Insurability. **For the 2020 plan year, Aetna is allowing all employees to increase their employee voluntary life amount election by \$10,000 without completing the Evidence of Insurability Form (health questionnaire).**

Coverage	Benefit Amounts	Guarantee Issue
Employee	Increments of \$10,000 up to a maximum of \$500,000 (not to exceed 7x salary)	\$200,000 (not to exceed 7x salary)
Spouse	Increments of \$5,000 up to a maximum of \$250,000 (not to exceed 100% of EE's amount)	\$20,000
Child(ren)	Fixed amount of \$10,000. Dependent children are eligible from age 14 days to 19 years, or to age 25 if full-time student.	N/A

***Contact your Human Resources Representative for increases of amounts greater than \$10,000**

Important Reminders

Voluntary Supplemental Life and AD&D Insurance benefits reduce to 65% of original amount at age 65, and 50% of original amount at age 70+.

Sample Employee Bi-Weekly Premiums

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<20	\$0.27	\$0.54	\$0.82	\$1.09	\$1.36	\$1.63	\$1.91	\$2.18	\$2.45	\$2.72
20-24	\$0.27	\$0.54	\$0.82	\$1.09	\$1.36	\$1.63	\$1.91	\$2.18	\$2.45	\$2.72
25-29	\$0.33	\$0.66	\$0.98	\$1.31	\$1.64	\$1.97	\$2.29	\$2.62	\$2.95	\$3.28
30-34	\$0.44	\$0.88	\$1.32	\$1.75	\$2.19	\$2.63	\$3.07	\$3.51	\$3.95	\$4.38
35-39	\$0.49	\$0.99	\$1.48	\$1.98	\$2.47	\$2.96	\$3.46	\$3.95	\$4.44	\$4.94
40-44	\$0.54	\$1.09	\$1.63	\$2.18	\$2.72	\$3.27	\$3.81	\$4.36	\$4.90	\$5.45
45-49	\$0.82	\$1.64	\$2.46	\$3.29	\$4.11	\$4.93	\$5.75	\$6.57	\$7.39	\$8.22
50-54	\$1.26	\$2.51	\$3.77	\$5.02	\$6.28	\$7.53	\$8.79	\$10.04	\$11.30	\$12.55
55-59	\$2.35	\$4.70	\$7.05	\$9.40	\$11.75	\$14.10	\$16.44	\$18.79	\$21.14	\$23.49
60-64	\$3.60	\$7.21	\$10.81	\$14.42	\$18.02	\$21.63	\$25.23	\$28.84	\$32.44	\$36.05
65-69	\$6.94	\$13.87	\$20.81	\$27.75	\$34.68	\$41.62	\$48.56	\$55.50	\$62.43	\$69.37
70-74	\$11.25	\$22.50	\$33.76	\$45.01	\$56.26	\$67.51	\$78.77	\$90.02	\$101.27	\$112.52
75+	\$11.25	\$22.50	\$33.76	\$45.01	\$56.26	\$67.51	\$78.77	\$90.02	\$101.27	\$112.52

Sample Employee Bi-Weekly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<20	\$0.14	\$0.27	\$0.41	\$0.54	\$0.68	\$0.82	\$0.95	\$1.09	\$1.23	\$1.36
20-24	\$0.14	\$0.27	\$0.41	\$0.54	\$0.68	\$0.82	\$0.95	\$1.09	\$1.23	\$1.36
25-29	\$0.16	\$0.33	\$0.49	\$0.66	\$0.82	\$0.98	\$1.15	\$1.31	\$1.47	\$1.64
30-34	\$0.22	\$0.44	\$0.66	\$0.88	\$1.10	\$1.32	\$1.53	\$1.75	\$1.97	\$2.19
35-39	\$0.25	\$0.49	\$0.74	\$0.99	\$1.23	\$1.48	\$1.73	\$1.98	\$2.22	\$2.47
40-44	\$0.27	\$0.54	\$0.82	\$1.09	\$1.36	\$1.63	\$1.91	\$2.18	\$2.45	\$2.72
45-49	\$0.41	\$0.82	\$1.23	\$1.64	\$2.05	\$2.46	\$2.88	\$3.29	\$3.70	\$4.11
50-54	\$0.63	\$1.26	\$1.88	\$2.51	\$3.14	\$3.77	\$4.39	\$5.02	\$5.65	\$6.28
55-59	\$1.17	\$2.35	\$3.52	\$4.70	\$5.87	\$7.05	\$8.22	\$9.40	\$10.57	\$11.75
60-64	\$1.80	\$3.60	\$5.41	\$7.21	\$9.01	\$10.81	\$12.62	\$14.42	\$16.22	\$18.02
65-69	\$3.47	\$6.94	\$10.41	\$13.87	\$17.34	\$20.81	\$24.28	\$27.75	\$31.22	\$34.68
70-74	\$5.63	\$11.25	\$16.88	\$22.50	\$28.13	\$33.76	\$39.38	\$45.01	\$50.64	\$56.26
75+	\$5.63	\$11.25	\$16.88	\$22.50	\$28.13	\$33.76	\$39.38	\$45.01	\$50.64	\$56.26

Child (ren)	\$0.47
-------------	--------

Vision Coverage

Provided by: Guardian

www.superiorvision.com

Member Services: 1-800-507-3800



The vision plan provides you with the freedom to use an eye doctor of your choice or access the Superior Vision network of providers. If you use a provider participating in the network, your out-of-pocket expenses will be reduced. If you use a non-network provider, in-network benefits and discounts will not apply and benefits will be paid according to a set benefit reimbursement schedule.

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	

Additional Vision Plan Information

Standard (not premium, brand, or progressive) Lens Add-Ons

	Single	Bifocal & Trifocal
Scratch Coat	\$13	\$13
Ultraviolet Coat	\$15	\$15
Tints, Solid or Gradients	\$25	\$25
Anti-reflective Coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High Index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

**Discounts and maximums may vary by lens type. Please check with your provider

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision. For more information, you can call Superior Vision member services.

Vision Plan 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

Supplemental Policies

Provided by: Aflac

www.aflac.com; holly_rorem@us.aflac.com

Member Services: 1-800-992-3522



Aflac pays you **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

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

\$1,000/\$4,000 Initial Diagnosis Benefit
Surgical benefits/Hospital Confinement/Radiation Therapy/Chemotherapy
\$25/\$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 3rd 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
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.



Feel more confident about participation in your Nationwide retirement plan

Your local Nationwide Retirement Specialist can help you get the most out of your retirement plan participation. But when they're not available, our Retirement Resource Group is here to deliver the same services your local representative offers.

So, you don't have to wait when you want help with:

- **Identifying** your retirement goals
- **Enrolling** in your employer's plan
- **Determining** your contribution level
- **Understanding** your investing style
- **Learning** about your investment options
- **Setting up** online access to your account
- **Managing** your retirement assets
- **Tracking** your retirement readiness
- **Exploring** whether professional account management may be right for you

To start taking advantage of all the benefits the Retirement Resource Group can offer, contact us at 1-888-401-5272.

Monday - Thursday 8:30 am - 8 pm ET

Friday 8:30 am - 6:30 pm ET

Investing involves market risk, including possible loss of principal. No investment strategy or program can guarantee a profit or avoid loss. Actual results will vary depending on your investment and market experience.

Assets rolled into a 457(b) plan from a qualified plan or IRA may be subject to a 10% tax penalty if withdrawn prior to age 59½.

NRM-15125AO.5 (01/19)

Contact:
Jeff Waldeck
407-415-1910
waldej3@nationwide.com

Contact:
1-888-401-5272

The Nationwide Group Retirement Series includes unregistered group fixed and variable annuities and trust programs. The unregistered group fixed and variable annuities are issued by Nationwide Life Insurance Company. Trust programs and trust services are offered by Nationwide Trust Company, FSB, a division of Nationwide Bank. Nationwide Investment Services Corporation, member FINRA. Nationwide Mutual Insurance Company and Affiliated Companies, Home Office: Columbus, OH 43215-2220.

Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company. © 2019



Nationwide®