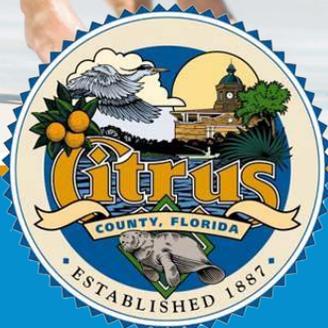


CITRUS COUNTY BOARD OF COUNTY COMMISSIONERS



2017

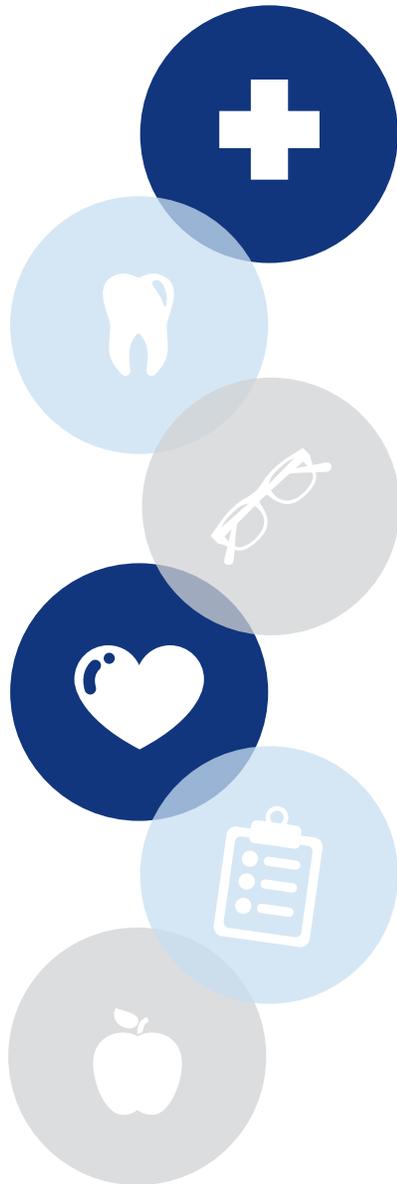
2018

EMPLOYEE BENEFIT HIGHLIGHTS

Plan Year Effective October 1, 2017 through September 30, 2018



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Contact Information

	Board of County Commissioners	Human Resources Department	Phone: (352) 527-5370
	Property Appraiser	Rosa Scalzi	Phone: (352) 341-6668 Email: rscalzi@citruspa.org
	Supervisor of Elections	Elizabeth Atkinson	Phone: (352) 341-6751 Email: elizabeth.atkinson@votecitrus.com
	Clerk of Circuit Court	Tanika Dupree	Phone: (352) 341-6483 Email: tdupree@clerk.citrus.fl.us
	Medical Insurance	Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Prescription Drug Coverage & Mail-Order Program	PrimeMail	Customer Service: (800) 352-2583 www.floridablue.com
	Dental Insurance	Heritage Consultants	Customer Service: (800) 282-2460 www.myheritagebenefits.com
	Vision Insurance	EyeMed	Customer Service: (866) 804-0982 www.eyemedvisioncare.com
	Flexible Spending Account	WageWorks	Customer Service: (800) 950-0105 www.takecarewageworks.com
	Basic Life and AD&D Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Voluntary Life and AD&D Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Long Term Disability	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Life Assistance Program	Cigna	Customer Service: (800) 538-3543 www.cignabehavioral.com/cgi
	Supplemental Insurance	Aflac	Agent: Gina Ballard Cell: (352) 302-2185 Email: regina_ballard_inc@us.aflac.com Fax: (352) 637-7274 www.aflac.com
	Employee Health & Wellness Center	CareHere	Phone: (877) 423-1330 Citrus County Resource Center 2804 W. Marc Knighton Court Key #10, Lecanto, FL 34461



Introduction

Citrus County, Florida provides a comprehensive compensation package including group insurance benefits. The Employee Benefit Highlights Booklet provides a general summary of these benefit options as a convenient reference. Please refer to the County's Personnel Policies, applicable Union Contracts and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If further explanation or assistance is needed regarding processing, please refer to the customer service phone numbers under each benefit description or contact Human Resources Department for further information.

Group Insurance Eligibility



The County's group insurance plan year is October 1 through September 30.

Employee Eligibility

Employees are eligible to participate in the County's insurance plans if they are working a minimum of 30 hours per week. Coverage will become effective the first of the month following a 30 day waiting period. For example, if employee is hired on April 10, then the effective date of coverage will be June 1.

Please note eligibility for FSA account is the first of the month following six (6) months of employment.

Employee who works less than 30 hours a week, will NOT be eligible for benefits.

Termination

If employee separates employment from the County, insurance will continue through the end of the month in which the separation occurred. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or the spouse. The term "child" includes any of the following:

- A natural child
- A legally adopted child
- A stepchild
- A newborn (up to age 18 months) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Eligibility requirements for eligible over-age dependents were eliminated for the County's group insurance. Dependents may be covered by the medical plan through the end of the calendar year in which the child turns age 30. For dental, coverage may be continued through the end of the calendar year the child reaches age 25. For vision, coverage may be continued through the end of the calendar year the child reaches age 26.

Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured; and
- Coverage with the County began prior to age 26.

Proof of disability will be required upon request. Please contact Human Resources Department if further clarification is required.

Taxable Dependents

Employees covering adult children under employee's medical insurance plan may continue to have the related coverage(s) premium(s) payroll deducted on a pre-tax basis through the end of the calendar year in which the child reaches age 26. Beginning January 1 of the calendar year in which the child reaches age 27 through the end of the calendar year in which the child reaches age 30, imputed income must be reported on the employee's W-2 for the entire tax year. Imputed income is the dollar value of insurance coverage attributable to covering the adult child. Note: There is no imputed income if an adult child is eligible to be claimed as a dependent for federal income tax purposes on the employee's tax return. Contact Human Resources Department for further details if covering an adult child who will turn 27 any time during the upcoming calendar year or for more information.



Qualifying Events and IRS Code Section 125

IRS Code Section 125

Premiums for medical, dental insurance and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the employee or qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year, if event affects employee, spouse or dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125. Any requested changes must be consistent with and due to the qualifying event.

Examples of Qualifying Events

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Employee, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employee's work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing eligibility for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)
- Becoming eligible for State premium assistance under Medicaid or CHIP (60 day notification period)



IMPORTANT NOTES

Employee who experiences a qualifying event must contact **Human Resources Department within 30 days** to make the appropriate changes to coverage. Beyond 30 days, requests will be denied and the employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of the employee or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes are effective on the first of the month following the qualifying event. Newborns are effective on the date of birth and marriage is effective on the date of occurrence. Cancellations will be processed at the end of the month including divorce. In the event of death, coverage will terminate the date following the death. Employee will be required to furnish valid documentation supporting a change in status or "Qualifying Event."



Medical Insurance

The County offers medical insurance through Florida Blue to benefit-eligible employees. The monthly cost for coverage is listed in the premium tables below. For more detailed information about the medical plan, please refer to the Summary of Benefits and Coverage (SBC) or contact Florida Blue's customer service.

Medical Insurance – Florida Blue – BlueOptions Base Plan

Monthly Premium Cost

Tier of Coverage	Employee Cost with Tobacco Affidavit	Employee Cost without Tobacco Affidavit*
Employee Only	\$0.00	\$50.00
Employee + Family	\$552.36	\$602.36

*The Tobacco Free Wellness Incentive will take effect October 1, 2017 and will be payroll deducted if an affidavit is not completed.

Medical Insurance – Florida Blue – BlueOptions Buy-Up Plan

Monthly Premium Cost

Tier of Coverage	Employee Cost with Tobacco Affidavit	Employee Cost without Tobacco Affidavit*
Employee Only	\$55.26	\$105.26
Employee + Family	\$662.88	\$712.88

*The Tobacco Free Wellness Incentive will take effect October 1, 2017 and will be payroll deducted if an affidavit is not completed.

Tobacco Free Wellness Incentive Program

The County offers a Tobacco Free Wellness Incentive for all employees covered under the medical plan. If employee is a non-tobacco user, the County will provide a \$50.00 per month incentive to the insurance premium currently paid. Current tobacco users that have not completed a tobacco cessation course, however, will be responsible for the \$50.00 per month charge to the insurance premium currently paid. The Tobacco Free Wellness Incentive program runs October 1, 2017 through September 30, 2018. Tobacco testing will be required for benefit eligible employees to receive the premium incentive. Tobacco users will be offered the option to complete tobacco counseling or a tobacco cessation program. Free resources are available through the Health Department or the County's Employee Wellness Center. The County will assist in locating a program to fit employee needs as necessary. Please note, Chantix (stop smoking prescription) is a covered medication under the Florida Blue plan.

Florida Blue | Customer Service: (800) 352-2583 | www.floridablue.com

Other Available Plan Resources

Florida Blue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the SBC document, contact Florida Blue at (800) 352-2583 or visit www.floridablue.com.

Summary of Benefits and Coverage

A Summary of Benefits & Coverage (SBC) for the medical plan is provided as a supplement to this booklet being distributed to new hires and existing employees during open enrollment. The summary is an important item in understanding benefit options. A free paper copy of the SBC document may be requested or is available as follows:

From: Human Resources Department
Address: 3600 W. Sovereign Path, Suite 178
 Lecanto, FL 34461
Phone: (352) 527-5370
Email: sherry.anderson@citrusbocc.com
Website URL: www.citrusbocc.com

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting the Human Resources Department.

If there are any questions about the plan offerings or coverage options, please contact the Human Resources Department at (352) 527-5370.



Florida Blue BlueOptions Base Plan At-A-Glance (Plan1)



Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select **BlueOptions** network.



Plan References

***Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the plan's summary of benefits and coverage document.

****Quest Diagnostics** is the preferred lab for bloodwork through Florida Blue.

When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueOptions network prior to receiving services.

Network	BlueOptions	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Single	\$1,500	\$1,500
Family	\$3,000	\$3,000
Coinsurance		
Member Responsibility	30% After CYD	40% After CYD
Calendar Year Out-of-Pocket Limit		
Single	\$4,500	\$9,000
Family	\$9,000	\$18,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$35 Copay	40% After CYD
Specialist Office Visit (No Referral Required)	30% After CYD	40% After CYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work)**	No Charge	40% After CYD
X-rays	\$50 Copay	40% After CYD
Advanced Imaging (MRI, PET, CT) – Per Scan	\$175 Copay	40% After CYD
Outpatient Surgery in Surgical Center	\$150 Copay	40% After CYD
Physician Services at Surgical Center	30% After CYD	40% After CYD
Urgent Care	\$75 Copay	40% After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	30% After CYD	40% After CYD
Outpatient Hospital (Per Visit)	30% After CYD	40% After CYD
Physician Services at Hospital	30% After CYD	30% After CYD
Emergency Room	30% After CYD	30% After In Network Deductible
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospitalization (Per Admission)	30% After CYD	40% After CYD
Outpatient Services (Per Visit)	30% After CYD	40% After CYD
Prescription Drugs (Rx)		
Generic	\$15 Copay	50% Coinsurance
Preferred Brand Name	\$40 Copay	50% Coinsurance
Non-Preferred Brand Name	\$60 Copay	50% Coinsurance
Mail Order Drug (90-Day Supply)	\$30 / \$80 / \$120 Copay	50% Coinsurance



Florida Blue BlueOptions Buy-Up Plan At-A-Glance (Plan2)

Network	BlueOptions	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Single	\$750	\$750
Family	\$2,250	\$2,250
Coinsurance		
Member Responsibility	20% After CYD	40% After CYD
Calendar Year Out-of-Pocket Limit		
Single	\$3,250	\$6,000
Family	\$6,500	\$12,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$20 Copay	40% After CYD
Specialist Office Visit (No Referral Required)	20% After CYD	40% After CYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work)**	No Charge	40% After CYD
X-rays	\$50 Copay	40% After CYD
Advanced Imaging (MRI, PET, CT) – Per Scan	\$125 Copay	40% After CYD
Outpatient Surgery in Surgical Center	\$100 Copay	40% After CYD
Physician Services at Surgical Center	20% After CYD	40% After CYD
Urgent Care	\$50 Copay	40% After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	20% After CYD	40% After CYD
Outpatient Hospital (Per Visit)	20% After CYD	40% After CYD
Physician Services at Hospital	20% After CYD	20% After In Network CYD
Emergency Room	20% After CYD	20% After In Network CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospitalization (Per Admission)	20% After CYD	40% After CYD
Outpatient Services (Per Visit)	20% After CYD	40% After CYD
Prescription Drugs (Rx)		
Generic	\$15 Copay	50% Coinsurance
Calendar Year Pharmacy Deductible***	\$250 Per Member	\$250 Per Member
Preferred Brand Name***	\$30 Copay	50% Coinsurance
Non-Preferred Brand Name***	\$50 Copay	50% Coinsurance
Mail Order Drug (90-Day Supply)	\$30 / \$60 / \$100 Copay	50% Coinsurance



Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select **BlueOptions** network.



Plan References

***Out-Of-Network Balance Billing:**
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the plan's summary of benefits and coverage document.

****Quest Diagnostics** is the preferred lab for bloodwork through Florida Blue. When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueOptions network prior to receiving services.

*****Calendar Year Pharmacy Deductible (Preferred Brand/Non-Preferred Brand):** This deductible is required to be met prior to Rx copay benefits applying. The pharmacy deductible is separate from the medical calendar year deductible but does accumulate towards the plans calendar year out of pocket limit.



Dental Insurance

Heritage Dental Plan

The County offers a self-funded dental plan through Heritage Consultants to benefit-eligible employees. The entire premium cost employee only coverage is paid by the County however, any applicable payroll deduction is listed in the premium table below.

A brief summary of benefits is provided below. For more detailed information about the dental plan, please refer to the summary plan document or contact Heritage Dental's customer service.

Dental Insurance – Heritage Dental Plan Monthly Premium Cost

Tier of Coverage	Employee Cost
Employee Only	\$0
Employee + Family	\$37.30

Plan Benefits

The dental plan is open access, meaning it is not limited to a specific network of dental providers. The dental plan allows employee and dependent(s) to receive services from any dental provider, without having to select a Primary Dental Provider (PDP) or obtain a referral to see specialists. The dental plan will reimburse for services based on what is determined to be a Usual and Reasonable Charge (URC). The URC may vary by the type of dentist or service received. The URC can be defined as the most common charge for a particular dental procedure performed in a specific service area.

Out-of-Network Benefits

The dental plan is not limited to a specific network; therefore there are no out-of-network benefits. Employee and dependent(s) may receive services from any licensed dental provider.

Calendar Year Deductible

The dental plan benefits begin once each covered member satisfies a \$50 deductible (waived for preventive services). Once any three (3) covered members in a family each satisfy the \$50 deductible, the deductible will then be considered met for all covered members in the family.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the dental plan will pay for each covered member is \$1,250. Once the calendar year benefit maximum has been met, the member will be responsible for any future charges until the next calendar year. All services, including preventive services, accumulate towards calendar year benefit maximum.

Heritage Consultants

Customer Service: (800) 282-2460 | www.myheritagebenefits.com



Heritage Dental Plan At-A-Glance

Network	Open Network
Calendar Year Deductible (CYD)	
Per Member	\$50
Per Family	\$150
Calendar Year Benefit Maximum	
Per Member	\$1,250
Preventive Services*	
Routine Oral Exam	Plan Pays: 100% Deductible Waived
Routine Cleanings	
Bitewing X-rays	
Basic Services	
Complete X-rays	Plan Pays: 80% After CYD
Fillings (Composite/White and Amalgam)	
Extractions	
Endodontics (Root Canal Therapy)	
Periodontal Services	
Anesthesia (In connection with covered dental charge)	
Non-Routine Oral Exam	
Major Services	
Fillings (Gold)	Plan Pays: 50% After CYD
Crowns	
Dentures	
Replacement/Repairs of Bridgework and Dentures**	
Orthodontia Services	
Lifetime Maximum	\$1,000
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50% After CYD



Locate a Provider

The dental plan allows for employee to receive services from any licensed dental provider.



Plan References

*All Preventive Services are limited to two (2) per calendar year.

**For replacements, patient must have been covered under the dental plan for at least one year at a time of replacement or replacement will not be considered an eligible expense.



Important Notes

- It is recommended for members to request provider to obtain a pretreatment plan review when services are expected to exceed \$200 in costs.
- Waiting periods and age limitations may apply.
- Service costs are calculated based on usual and reasonable charges. Please contact Heritage's customer service for any questions concerning plan benefits.



Vision Insurance

EyeMed Vision Care Plan

The County offers vision insurance through EyeMed to benefit-eligible employees. The costs per pay period for coverage for the EyeMed Vision Care Plan are listed in the premium table below and a summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to EyeMed's summary plan document or contact EyeMed's customer service.

Vision Insurance– EyeMed Vision Care Plan

Monthly Premium Cost

Tier of Coverage	Employee Cost
Employee Only	\$5.66
Employee + Spouse	\$10.74
Employee + Child(ren)	\$11.32
Employee + Family	\$16.64

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered employees and dependent(s) can select any network provider who participates in the EyeMed Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the EyeMed Insight network. When going out of network, the provider will require payment at the time of appointment. EyeMed will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

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

EyeMed | Customer Service: (866) 804-0982 | www.eyemedvisioncare.com



EyeMed Vision Care Plan At-A-Glance

Network	Insight	
	In-Network	Out-of-Network
Services		
Eye Exam	\$10 copay	Up to \$40 Reimbursement
Frequency of Services		
Examination		12 Months
Lenses		12 Months
Frames		24 Months
Contact Lenses		12 Months
Lenses		
Single	\$25 Copay	Up to \$30 Reimbursement
Bifocal	\$25 Copay	Up to \$50 Reimbursement
Trifocal	\$25 Copay	Up to \$70 Reimbursement
Frames		
Allowance	\$120 Retail Allowance then 20% Discount Above \$120	Up to \$84 Reimbursement
Contact Lenses*		
Non-Elective (<i>Medically Necessary</i>)	Covered at 100%	Up to \$210 Reimbursement
Elective	\$120 Allowance then 15% Discount Above \$120	Up to \$120 Reimbursement
Fitting & Follow Up	\$40 Copay	Not Covered



Locate a Provider

To search for a participating provider, contact EyeMed's customer service or visit www.eyemedvisioncare.com. When completing the necessary search criteria, select **Insight** network.



Important Notes

Member options, such as Lasik, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.



Plan References

**Contact lenses are in lieu of spectacle lenses and a frame.*



Flexible Spending Account

Citrus County offers Flexible Spending Accounts (FSA) administered through WageWorks. The FSA plan year is from January 1 through December 31.

If employee or family member(s) have predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses employee regularly pays. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

Health Care FSA

This account allows participants to set aside up to an annual maximum of \$2,600. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participants to set aside up to an annual maximum of \$5,000 if single or married and file a joint tax return (\$2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and adults.

Please note, if family income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.

A sample list of qualified expenses eligible for reimbursement include, but not limited to, the following:

- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees
- ✓ Diagnostic Tests/Health Screenings
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction/Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ LASIK Surgery
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees
- ✓ Prescription Drugs
- ✓ Sunscreen
- ✓ Wheelchairs

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



Flexible Spending Account *(Continued)*

FSA Guidelines

- Employee may carry over \$500 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed. Dependent Care funds cannot be carried over.
- The Health Care FSA has a 90 run out period at the end of the calendar year in which to submit reimbursement on eligible expenses incurred during the period of coverage, January 1 to December 31.
- When a plan year ends and all claims have been filed, with the exception of the \$500 rollover for the Health Care FSA, unused funds will be forfeited and will not be returned.
- Employee can enroll in either or both of the FSAs only during the open enrollment period, a qualifying event, or new hire eligibility.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services they have not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible as federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail or fax. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. WageWorks may request supporting documentations for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated.

This card will not expire at the end of the benefit year. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

HERE'S HOW IT WORKS!



Employee earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.66 based on a 24 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$227.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$30,000	\$30,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$29,000	\$30,000
Estimated Tax 22.65% = 15% + 7.65% FICA	-\$6,568	-\$6,795
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$22,432	\$22,205
Tax Savings	\$227	

Please Note: Be conservative when estimating medical and/or dependent care expenses. IRS regulations state that any unused funds remaining in employee's FSA after a plan year ends and after all claims have been filed cannot be returned or carried forward to the next plan year with the exception of the \$500 carry over that may be allowed for the Health Care FSA. This rule is known as "use it or lose it."

Access WageWorks Online

Visit www.takecarewageworks.com. Create a new user registration by selecting "Participant Account." Once the user ID and password is created, employees can upload claims electronically, check claim status, receive electronic account updates, review account balance.

Employee can log into MyFlex Mobile app or mobile website to access account and upload claims on the go.

WageWorks (Formerly through FlexOne/Aflac)

Customer Service: (800) 950-0105 | Mon. - Fri. from 8:00am - 7:00pm CST
www.takecarewageworks.com | www.fsaworksforme.com/takecare



Basic Life and AD&D Insurance

Basic Term Life Insurance

At no cost to employee, the County provides Basic Term Life insurance for all eligible employees through Cigna. The group Basic Term Life insurance benefit for active employees is \$20,000. The Basic Term Life insurance benefit will be paid in the event of the insured's death. Employee can designate and update life insurance beneficiary designations at any time throughout the year by contacting Human Resources Department.

The group Basic Term Life insurance benefit for active employees is \$20,000. Eligible employees are automatically enrolled in this coverage.

Accidental Death & Dismemberment Insurance

Also at no cost to employee, the County provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals and is in addition to the Basic Term Life benefit. A partial benefit may also be payable.

Age Reduction Schedule

Coverage reduces by 35 percent at age 70 and by 50 percent at age 75. Reductions in coverage would be effective at the beginning of the plan year (October 1) following employee's 70th or 75th birthday. For example: if employee turns 70 on December 12, 2017, plan would be reduced October 1, 2018.

Always remember to keep beneficiary forms updated. Employee may update beneficiary information at anytime. Beneficiary forms are available in Human Resources Department.

Cigna | Customer Service: (800) 732-1603 | www.cigna.com

Voluntary Life Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employees may elect to purchase additional life insurance on a voluntary basis through Cigna. This coverage may be purchased in addition to the Basic Term Life and AD&D coverages. Voluntary Life insurance offers coverage for employee, spouse or child(ren) at different benefit levels.

New Hires can purchase Voluntary Employee Life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the **Guaranteed Issue amount of \$200,000**. If employee does not enroll when first eligible for Voluntary Life insurance, employee must complete a medical questionnaire and is subject to Cigna's approval.

- Units can be purchased in increments of \$10,000 with a benefit maximum of six (6) times annual salary, not to exceed \$500,000.
- Increases in Voluntary Life insurance will require completion of a medical questionnaire and subject to Cigna's approval.
- Coverage reduces by 35 percent at age 70 and by 50 percent at age 75. Reductions in coverage would be effective at the beginning of the plan year (October 1) following employee's 70th or 75th birthday. For example: if employee turns 70 on December 12, 2017, plan would be reduced October 1, 2018.

Voluntary Life/AD&D Rate Per \$10,000 of Benefit

Coverage	Monthly Employee Rates
\$10,000	\$4.50
\$20,000	\$9.00
\$30,000	\$13.50
\$40,000	\$18.00
\$50,000	\$22.50
\$60,000	\$27.00
\$70,000	\$31.50
\$80,000	\$36.00
\$90,000	\$40.50
\$100,000	\$45.00



Voluntary Life Insurance *(Continued)*

Voluntary Spouse Life Insurance

- Employee may elect spouse coverage for a \$7,500 Dependent Life benefit amount. All late applications for coverage require medical underwriting approval.

Dependent Child(ren) Life Insurance

- Employee may purchase \$2,000 of Dependent Life insurance for eligible children. Unmarried child(ren) may be covered from birth through age 20, or through the end of the calendar year in which turns 25, if a full-time student.
- Child(ren) applications are not subject to medical underwriting.

Please Note: The rate for spouse and/or dependent child(ren) coverage is \$1.75 per pay period. The rate is the same if employee is covering a spouse only, covering eligible dependent child(ren) only, or covering a spouse plus eligible dependent child(ren).

The Basic & Voluntary Life policies may be converted or ported upon separation with the County. Please submit any applications to convert or port your coverage to Cigna within 31 days of separation. Basic Life with AD&D & Voluntary Life policies can be found on the Employee Intranet under the Human Resources link.

Always remember to keep beneficiary forms updated. Employee may update beneficiary information at anytime. Beneficiary forms are available in Human Resources Department.

Cigna | Customer Service: (800) 732-1603 | www.cigna.com

Long Term Disability

At no cost to employee, the County provides Long-Term Disability (LTD) insurance to all eligible employees through Cigna. Eligible employees must be regular, benefit eligible Board and Constitutional Offices' employees who work **at least 30 hours per week**. The LTD benefit pays employee a percentage of gross monthly pre-disability earnings if employee becomes disabled due to an illness or non-work related injury.

The maximum LTD benefit is \$8,000 per month (this amount may be offset by other income).

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly pre-disability earnings.
- The maximum LTD benefit is \$8,000 per month.
- This benefit may be reduced by other income such as Social Security, Workers' Compensation, retirement benefits, etc. (see plan summary or contact Cigna Customer Service for more information).
- The benefit begins on the 91st day after the disabling event (known as the elimination period).
- The duration of the LTD benefit payable is based on employee's age at the time the disabling event occurs.
- If returning to work on a part-time basis, employee may continue to be eligible for partial benefits.
- Periodic evaluations will occur at the discretion of Cigna.
- Employee will receive benefits for the first 36 months if unable to return to previous occupation.
- After 36 months, employee must return to any occupation in which employee is suitably trained, educated, and capable of performing.
- The LTD benefit does not pay a benefit for disabilities resulting from war or act of war, intentionally self-inflicted injury, pre-existing condition, loss of license or certification, and violent or criminal conduct.

Cigna | Customer Service: (800) 732-1603 | www.cigna.com



Life Assistance Program

The County offers, at no cost, a Life Assistance Program (LAP) through Cigna for employee and household. The LAP is strictly confidential and provides professional counseling 24 hours a day, seven (7) days a week for handling life's demands. The LAP allows employee or a household family member to call and request a referral for three (3) face-to-face visits with a specialist.

Phone support, advice, or referrals for community services on topics such as:

- Legal Consultation – Receive a 30-minute free consultation and up to a 25% discount on select fees.
- Parenting – Receive guidance on child development, sibling rivalry, separation anxiety, and much more.
- Senior Care – Learn about challenges and solutions associated with caring for an aging loved one.
- Child Care – Assistance with locating a daycare or aftercare program, which will fit the family's needs.
- Pet Care – Information on veterinary, grooming and boarding services.
- Financial – Receive a 30-minute free consultation with a qualified specialist on issues such as tax preparation, debt counseling and planning for retirement. 25% off tax preparation.

The LAP also provides Online Support for topics like:

- Parenting – Adoption, child care, developmental stages, kid's well-being, education.
- Aging – Adults with disabilities, aging well, planning for the future, U.S. systems for the elderly, housing options, home care, health, caregivers, grief & loss.
- Balancing – Personal growth, communication, families, relationship, grief & loss, mental health, addiction & recovery.
- Thriving – Health tools, live healthy, healthy eating, medical care, infant & toddler health, child health, adolescent health, women's health, men's health, senior health, health challenges.
- Working – Accomplished employee, effective manager, career development, training & development, workplace productivity, workplace diversity, workplace safety.
- Living – Consumer tips, home improvement, home buying or selling, moving, financial, legal, legal ready docs, errands online, safety, pets, travel & leisure time, fraud & theft.

Are the Services Confidential?

Yes. Receiving LAP services are completely confidential. If, however, participation in the LAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), LAP will ask permission to communicate certain aspects of employee's care (attendance at sessions, adherence to treatment plans, etc.) to referring supervisor/manager. The referring supervisor will not, however, receive specific information regarding referred employee's case. The supervisor will only receive reports on whether referred employee is complying with the prescribed treatment plan.

Healthy Rewards Program®

The County also participates with Cigna's Healthy Rewards® Program, provided through the LAP. This program offers discounts and access to a variety of health and wellness products and services. For more information regarding discounts and programs available contact Healthy Reward's customer service, or click on the Healthy Rewards link while visiting the LAP website at www.cignabehavioral.com/cgi.

Healthy Rewards®

Customer Service: (800) 258-3312 | Password: savings

Cigna | Customer Service: (800) 538-3543 | www.cignabehavioral.com/cgi



Additional Cigna Programs

Will Preparation Services

Online interactive tools help covered employee and spouse create a will and other legal documents. In addition, employee and spouse can create and memorialize funeral planning with special arrangements, providing clear guidance to families when they need it most. The site also provides access to other valuable financial educational materials.

Cigna's Identity Theft Program

Identity Theft Resolution Services includes access to personal case managers who will work with employee and covered family members to resolve identity theft issues. Support is available 24 hours a day, seven (7) days a week and the program includes all types of identity theft.

Beneficiary Services

Comprehensive package of financial, bereavement and legal counseling. Available for benefit payments \geq \$5,000.

Cigna Secure Travel

Travel assistance program available for trips more than 100 miles from home. Medical evacuation and repatriation with no maximum limits.

Cigna | www.mycigna.com

Aflac Supplemental Insurance

Aflac offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis; premiums are paid by payroll deduction but all plans are portable at the same discounted group rate and guaranteed renewable for life. Aflac has provided the following information about its plans but detailed brochures are available from Human Resources Department or by contacting the Aflac agent listed below. Agent will be available during open enrollment or schedule an appointment on ROSCOE as dates and times are posted.

Available plans include:

- ✓ Accident Insurance
- ✓ Hospital Advantage
- ✓ Cancer Insurance – Three (3) Levels of Coverage
- ✓ Critical Care Event Protector/
Hospital Intensive Care Combination Plan
- ✓ Whole Life Insurance for Children

Aflac Claims Department: (800) 992-3522
Aflac One-Day-Pay Online Claims: www.aflac.com

Agent: Gina Ballard
Email: regina_ballard_inc@us.aflac.com | Office: (352) 637-2011



Employee Health & Wellness Center

Employees, retirees and dependents are able to use the Employee Health & Wellness Center. Primary care services include acute care; sore throats, ear aches, headaches, cough, sinusitis, strains and sprains. Services also include chronic illness evaluation, treatment and management including, diabetes, high cholesterol and hypertension. The Center also provides many popular medications, health risk assessments, lab work, health coaching & education, and occupational medical services as a no-cost option to the traditional insurance network.

Who is eligible?

Employees, retirees and dependents (age 15 and older) who are covered under the medical insurance plan offered by the County.

Benefits to Employees/Retirees:

- ✓ No deductibles or copays
- ✓ No long stay in a waiting room
- ✓ Annual Health Risk Assessment (HRA)
- ✓ Health coaches available on-site, phone and email
- ✓ Many medications dispensed free
- ✓ Easy online appointment scheduling

For first time users, please log onto www.carehere.com, the access code can be located on the Employee Intranet, or BOCC website at www.citrusbocc.com.

Feel free to also contact CareHere at (877) 423-1330 24 hours a day, seven (7) days a week for appointments or to speak with a registered nurse about medical questions.

Medical Staff:

Dr. Shaila Shenai, M.D.

Location:

The Employee Health & Wellness Center is located within the Citrus County Resource Center.

2804 W. Marc Knighton Court Key #10 | Lecanto, FL 34461

Employee Health & Wellness Center Hours

Monday	8:00 a.m. – 5:00 p.m. (Closed for Lunch 12:00 p.m. – 1:00 p.m.)
Tuesday	8:00 a.m. – 4:00 p.m.
Wednesday	8:00 a.m. – 5:00 p.m. (Closed for Lunch 12:00 p.m. – 1:00 p.m.)
Thursday	8:00 a.m. – 2:00 p.m.
Friday	8:00 a.m. – 12:00 p.m.

CareHere | Customer Service: (877) 423-1330 | www.carehere.com



Miscellaneous Benefits

Please note that the following benefits may not apply to all constitutional offices, please refer to policies for specific information.

Florida Retirement System (FRS)

Contribution Rate

Employee: 3% of gross salary

Employer: 7.92% of gross salary

Paid Holidays

11 annually (8 hour/5 workday employees)

8 + 1 personal day annually (10 hour/4 workday employees)

Vacation Leave

Less than 5 years of service: 80 hours annually = 2 weeks

5 to 10 years of service: 120 hours annually = 3 weeks

10 or more years of service: 160 hours annually = 4 weeks

Sick Leave

96 hours annually

Pay Schedule and Direct Deposit

County employees are paid bi-weekly. Employee paycheck is automatically deposited into checking or savings account and money is available at the close of the payroll on Thursday at employee's bank. **Direct deposit is mandatory for all County employees.** Please see Human Resources Department for a Direct Deposit Form.

Credit Unions

The credit unions listed below are both full-service. They have checking, savings, home mortgage, vehicle loans, and several other programs.

First Florida Credit Union

P.O. Box 6548 | Jacksonville, FL 32236-6548 | (800) 766-4328

www.firstflorida.org

Suncoast Credit Union

2367 E. Gulf to Lake Hwy. | Inverness, FL 34453 | (800) 999-5887

Deferred Compensation

The County has three (3) Deferred Compensation companies:

- ✓ ICMA
- ✓ Nationwide
- ✓ MassMutual

Deferred Compensation is basically a second retirement source for employees. It is tax deferred money deposited into employees account. Employees pay taxes on the money once it has been withdrawn. The County does not match the amount employee deposits or make any deposits into account on employee behalf. It is strictly an employee contributory plan. Additional information is available from Human Resources Department.



Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctor's names and addresses or prescription medications.

A series of horizontal dotted lines for taking notes.



4200 Northcorp Parkway, Suite 185
Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970
www.gehringgroup.com