

Hernando County Sheriff's Office



2024 BENEFITS EMPLOYEE GUIDEBOOK

Hernando County Sheriff's Office
January 1, 2024 - December 31, 2024



SELECT THE BEST BENEFITS FOR YOU AND YOUR FAMILY

The Hernando County Sheriff's Office strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that is why we have put together this Benefit Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all the different benefits options, so you can identify which options are best for you and your family.

Elections you make during open enrollment will become effective on January 1st, 2024. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to HR.

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Note: This booklet is a summary of coverage only; the summary plan description contains exclusions and limitations that are not shown here. Please refer to the summary of benefits (SBC) or call your plan administrator for further details into each plan.

WHAT'S NEW FOR 2024

You will find many positive changes to your benefits plans for the upcoming plan year!

- **GREAT NEWS!** Premiums will remain the same for Medical, Dental, and Vision insurance.
- **NEW FOR MEDICAL**– FL Blue benefit enhancements.
 - **Condition Care Rx Program** offers medicines to treat things like high blood pressure, cholesterol, diabetes, depression and respiratory conditions at little or no cost to you. (pg. 14)
 - **Diabetic Supplies** covered by the plan with little to no expense to the member. (pg. 15)
- **NEW – Optavise Advocacy.** An Employee Advocacy program that will empower employees to make informed decisions on the agency health and welfare benefits for themselves and family members (pg. 4)
- **NEW – Assured Excellence.** A program paired with the medical plan, designed to connect employees and their dependents with high quality healthcare at minimal cost. (pg. 16)



WE'RE IN YOURCORNER.



An Advocate is ready to fight for you. ●●●●●●●●●●

Your Advocate will work to:

- ★ Find you the best pricing for a procedure or prescription drugs
- ★ Resolve your claims and billing issues
- ★ Assist with referrals and prior authorizations
- ★ Connect you with a registered nurse for education about diagnosis, procedures and medication options
- ★ Find providers for second opinions
- ★ Answer any questions about your benefits

Call us with any benefits or health care question throughout the year.

FREE & CONFIDENTIAL



**Your
Advocacy
Support**

Your Advocate can save you time, money & frustration by:

- ★ Answering your questions
- ★ Maximizing your benefits
- ★ Navigating the system



OPEN ENROLLMENT – WHAT YOU WILL NEED

Open enrollment begins on Monday, October 2, 2023 and ends Friday, October 13, 2023.

- On **Wednesday, October 4, 2023**, we will have an in-person Benefits Fair at the Grace World Outreach Church from 8:30 am to 3:30 pm. Carrier representatives and HR will be on hand to help you complete your enrollment. **Remember:** The benefits you choose during open enrollment will become effective **January 1, 2024**. If you'd like a one-on-one session to review your benefits, schedule a virtual enrollment appointment with a Colonial Life benefit counselor by visiting [Hernando County Sheriff's Office OE 2024](#).
- On **Thursday, October 5, 2023**, we will have a virtual webinar from 2:30 pm – 4:30 pm to review all the benefits available for 2024.
- If you are adding a **new dependent** to any of the insurance plans, proof of dependent status will be required (i.e., marriage certificate, birth certificate, court order).

OPEN ENROLLMENT PROCESS

Every employee or retiree will enroll in or decline benefits for the 2024 benefit plan year through Munis Employee Self Service.

Contact our partners at Colonial Life to enroll in supplemental coverage(s), at (800)-325-4368. During the Open Enrollment period, Colonial Life benefit counselors will be available to assist in enrollment of all benefits offered including medical, dental, vision and life insurance, via virtual enrollment meetings. To schedule a virtual appointment, visit [Hernando County Sheriff's Office OE 2024](#).



VIRTUAL ENROLLMENT PROCESS

On the day of your scheduled enrollment, you will receive a phone call from a Colonial Life benefit counselor who can answer questions about all the benefits available. Your benefit counselor will send you a link so you can sign into Global Meet in order to begin your virtual enrollment session.



Scan the QR code with a smartphone or tablet to access MUNIS online and enroll in benefits today!

NEW HIRE BENEFIT ENROLLMENT – WHAT YOU WILL NEED

New Hires are eligible for benefits the first of the month following 30 days of full-time employment.

When it is time for you to enroll, you will need to have the following items on hand:

- A computer or tablet
- Your Munis log-in Information
- All Dependents - names, Social Security numbers, dates of birth and addresses of any/all dependents that you may wish to enroll in one or more of the plans.
 - Proof of dependent status is required to add dependent coverage (i.e., marriage certificate, birth certificate, court order)
- All Beneficiaries - name, Social Security number, relationship, date of birth and age.



Scan the QR code with a smartphone or tablet to access MUNIS online and enroll in benefits today!



WHO IS ELIGIBLE?

If you are a full-time employee or retiree at the Hernando County Sheriff's Office, you are eligible to enroll in the benefits outlined in this guide. In addition, the following criteria specify who is eligible for benefits:

- Dependent children are eligible for:
 - Medical and dental coverage to the end of the calendar year until they reach age 30 without regard to marriage, student status, or financial dependence.
 - Vision coverage to the end of the calendar year until they reach age 26 if they are dependent on you for support; and living in your household, or full/part-time student.
 - Voluntary life insurance coverage if an unmarried dependent child through age 20, or through age 24 if a full-time student; or unmarried children who are disabled and meet the criteria of a disabled child according to policy guidelines.
- Legal spouse
- Dual spouse: If both spouses are employed with HCSO, they cannot double cover each other on *any* plan.
- Medicare Eligible: As you and/or your spouse near Medicare eligibility for Medicare Part A and Part B due to age (65) or disability, you should contact the Social Security Administration (SSA) about Medicare benefits. Enrollment in Medicare is time sensitive, and you may be subject to substantial financial penalties if you fail to meet federal deadlines. Contact your local SSA office or call 1-800-MEDICARE (633-4227) or visit the web at www.medicare.gov for more information. TTY users call 877-486-2048.

ADDITIONAL INFORMATION

- If you are an active employee with a dependent and Medicare, this plan will typically be primary to Medicare. You should inform your health care provider of all plans that you or your dependents have.
- The information contained in this booklet is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be differences between the information in the booklet and the contract, the contract will govern.

TAKING ADVANTAGE OF PRE-TAX BENEFITS

HCSO has put into place a Section 125 Pre-Tax Plan. Certain coverages you contribute to are deducted from your paycheck on a pre-tax basis to save you money. The IRS stipulates that when you elect to have your deductions taken out with pre-tax dollars, you also agree to remain in the benefit plan of your selection for one full year, unless you experience a life-changing qualifying event. *You must notify Human Resources in writing within 30 days of the qualifying event and provide appropriate documentation.*

Examples of qualifying events include, but are not limited to the following:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

EMPLOYEE & RETIREE RATES

The Finance and Human Resource team have worked very hard to enhance your benefits package this year. We are pleased to announce premiums for active employees remain the same for medical, dental and vision plans. Retirees may see a slight reduction depending on the medical plan selected and enrollment tier!

Many do not know, but the HCSO Health Plan is self-funded. Florida Blue acts as a third-party administrator to secure discounts from physicians and hospitals, processes the claims, and the care-management nurses help coordinate and improve the quality of care. What that means is HCSO pays all the claims, except, generally, for those above a certain catastrophic level. That is why employee stewardship of the health plan financially benefits all parties. Every member has a stake.

Our ability to keep these premiums low depends on your wise use of your medical and dental benefits. Please take advantage of the services our employee wellness center has to offer and pay attention to the many educational notices sent throughout the year. When you stay healthy, control your chronic conditions, and use the agency resources to be well, you keep the costs down.



EMPLOYEE RATES



Semi-monthly payroll deductions as shown:

EMPLOYEE SEMI-MONTHLY DEDUCTIONS				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Blue Options PPO Plan 3766	\$20.00	\$260.00	\$185.00	\$310.00
Blue Options PPO Plan 5782	\$0	\$26.00	\$0.00	\$26.00
Florida Combined Life Dental Plan	\$0	<i>Employee + 1 dependent: \$9.42 Employee + 2 or more dependents: \$21.20</i>		
Humana Vision	\$2.63	\$7.53		
Additional Life Insurance (\$10,000 increments)	\$1.46	N/A	N/A	N/A
New York Life Long-Term Disability Buy-Down (per \$100)	\$0.23	N/A	N/A	N/A
DEPENDENT LIFE COVERAGE				
Dependent Life Coverage Rates	Spouse Cost: \$2,500 - \$0.66 \$5,000 - \$1.33 \$10,000 - \$2.65		Child(ren) Cost: \$2,500 - \$0.29 \$5,000 - \$0.58 \$10,000 - \$1.15	

Age reduction for active and retiree employee basic life: benefits reduce by 35% at age 65 and by 50% at age 70

NOTE: This is a summary of coverage only; the summary plan description contains exclusions and limitations that are not shown here. Please refer to the summary of benefits (SBC) or call your plan administrator for further details.

RETIREE RATES



RETIREE MONTHLY RATE				
	Retiree Only	Retiree & Spouse	Retiree & Children	Retiree & Family
Blue Options PPO Plan 3766	\$650.00	\$1,080.00	\$980.00	\$1,180.00
Blue Options PPO Plan 5782	\$375.00	\$650.00	\$800.00	\$900.00
Florida Combined Life Dental Plan	\$28.97	\$47.81	<i>Retiree + 2 or more dependents: \$71.37</i>	
Humana Vision Plan	\$5.26	\$15.06		
Portable Basic Life with AD&D upon Retirement (\$10,000*)	\$8.81	N/A	N/A	N/A
Portable Additional Life with AD&D upon Retirement (Rate per \$10,000)	\$8.04	N/A	N/A	N/A
DEPENDENT LIFE COVERAGE FOR RETIREES - MONTHLY				
Dependent Life Coverage Rates (Based on portable amount determined as of Retirement date)	Spouse Cost: \$2,500 - \$1.33 \$5,000 - \$2.65 \$10,000 \$5.30		Child(ren) Cost: \$2,500 - \$0.58 \$5,000 - \$1.15 \$10,000 - \$2.30	

Age reduction for active and retiree employee basic life: benefits reduce by 35% at age 65 and by 50% at age 70

MEDICAL INSURANCE



Benefit plan year 2024 brings no major changes to the two medical plans offered at HCSO through Florida Blue. Though no major changes were made, a few enhancements have been added to optimize opportunities for plan members to receive addition cost savings while managing their healthcare

	My Health Onsite Employee Wellness Center	Blue Options 3766	Blue Options 5782
HRA Amounts	N/A	\$25.00 Per Month	\$200.00 Per Month
Physician Services: Virtual Visit/PCP/SP Visit	All Provider Services Free with \$0 Copay	\$0 / \$25 / \$50 Copay	\$0 / \$35 / \$50 Copay
Urgent Care	\$0 Copay	\$50 Copay	\$50 Copay
Deductible (Individual/Family)	No cost to you.	In-Network: \$0 / \$0 Out-of-Network: \$500 / \$1,500	In-Network: \$1,800 / \$3,500 Out-of-Network: \$4,000 / \$8,000
Coinsurance (Individual/Family)		In-Network: 80% / 20% Out-of-Network: 50% / 50%	In-Network: 80% / 20% Out-of-Network: 50% / 50%
Maximum Out-of-Pocket Limit (Individual/Family)	N/A	In-Network: \$2,500 / \$5,000 Out-of-Network: \$5,000 / \$10,000	In-Network: \$3,500 / \$5,000 Out-of-Network: \$7,000 / \$14,000
Hospitalization In-Patient	N/A	\$600 Copay	\$500 Per Admin Deductible
Hospitalization Out-Patient	N/A	\$0 Copay – Surgical Center \$400 Copay – OP Hospital	\$0 Copay – Surgical Center \$400 Copay – OP Hospital
Lab Services & Simple X-Ray's	\$0 Copay	\$0 Copay	\$0 Copay
Emergency Room	N/A	\$300 Copay	\$400 Copay
Hearing Benefits (In-Network Only)	N/A	\$300 Per Plan Year	\$500 Per Plan Year
Prescription Drugs - Generic - Preferred - Non-preferred - Specialty Medications	Generic Prescriptions are free! No cost to you.	Prescription Copays: \$10 Copay \$25 Copay \$40 Copay \$50 Copay per month	Prescription Copays: \$10 Copay \$25 Copay \$40 Copay \$50 Copay per month

HEALTH REIMBURSEMENT ACCOUNTS (HRA)

The HRA is set up for each individual employee through contributions made by the Sheriff’s Office. This is a great benefit in which money is accrued that can be used to cover copays, deductibles, prescription drug costs, and other approved medical expenses. This results in much lower out-of-pocket costs for employees!

Employees who elect associated medical plans will have the corresponding HRA funds contributed in January 2024.	
Medical Option 1—Blue Options Plan 3766	\$25.00 Monthly
Medical Option 2—Blue Options Plan 5782	\$200.00 Monthly
If you waive medical coverage (<i>see details below</i>)	*\$25.00 Monthly

**If you waive medical coverage (proof of other insurance will be required), you may elect to accept the \$25 monthly as taxable income in lieu of the HRA contribution.*

Funds may be used for IRS-defined “unreimbursed” medical expenses for yourself or your eligible dependents. You may use the debit card or file paper claims for reimbursement, but most expenses must be documented per IRS regulations. The Sheriff’s Office has contracted with PrimePay to provide claims services and complete plan information will be provided upon enrollment.



Any unused funds in the HRA at the end of the year will carry over into the next plan year, as long as the plan remains in effect, and you remain an employee of the Sheriff’s Office (or if COBRA continuation coverage is elected). Retirees with funds in their HRA will be eligible to roll those funds in to a Retirement HRA or spend down through PrimePay within the 12 months following their retirement date or until funds are depleted - subject to eligibility requirements. See HR for more details.

CRITERIA PER IRS REGULATIONS FOR ELIGIBLE EXPENSES

- Qualify as a federal income tax deduction under section 213 of the IRS code; *and*
- Be rendered for the diagnosis, treatment, or prevention of disease; *and*
- Not be reimbursable by any insurance plan (i.e., you may only claim your remaining patient responsibility, not anything that is written off or paid by insurance); *and*
- Spouses and dependents must be covered on the plan to pay for eligible expenses.



amazon pharmacy

A new way to save on medications

Amazon Pharmacy offers a home delivery service that lets you easily order and quickly get your non-specialty prescription medication¹ delivered at home. And as a Florida Blue member, you get access to MedsYourWay™ prescription drug discount card pricing. The prescription discount card² gives you up to 80% savings³ on brand and generic medicines and is seamlessly built into the Amazon Pharmacy experience. You can get the lowest cost available while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medications⁴ will also count toward your out-of-pocket maximum.



SHOP Easy to use

Amazon Pharmacy makes ordering your medications easier because it's like shopping on Amazon:

- Easy sign up, which includes the option to have your account auto-populated with your prescription history.
- Option for 90+ day supply.
- Pharmacists on call 24/7.
- Ability to manage your medication and order history.



SAVE Built-in drug discount card

Some drugs may be available at lower prices with a discount card. MedsYourWay discount pricing is built right into the Amazon Pharmacy experience.

- At check out, you'll see the lowest cost available for your medication. That's the price you'll pay.
- MedsYourWay discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, automatically count toward your annual out-of-pocket maximum.



SHIP Convenient home delivery

Skip the pharmacy line with home delivery.

- Fast delivery: Amazon Prime members get 2-day no-cost shipping on most orders; standard no-cost shipping for non-Amazon Prime members is 5-day but can be expedited to 2-day delivery for an additional fee.
- Real-time package tracking from order to delivery.

To learn more about Amazon Pharmacy's home delivery services, call the number on the back of your member ID card and say, "Pharmacy." Or log on to your Florida Blue Member Account and see the **Pharmacy Section** under **My Plan**.

¹ Amazon Pharmacy does not dispense Schedule 2 controlled substance drugs. ² MedsYourWay prescription drug discount card, administered by Inside Rx LLC, is not insurance. You are responsible for the cost of prescription(s) when using the card. Limitations apply. The discount pricing card is automatically available to all members with no additional sign up needed. The card is electronic only, a physical card will not be mailed.

³ Average savings based on usage and Inside Rx data as compared to cash prices; average savings are up to 80% for all generics and 37% for select brand medicines. Restrictions apply. ⁴ If your medicine has an unfulfilled requirement, the cost may not count towards your (accumulator) out-of-pocket maximum. Typical requirements include prior authorization (PA) needed, quantity limit exceeded, or step therapy needed. Amazon Pharmacy is an independent company contracted to provide Pharmacy Home Delivery services for both Florida Blue and Florida Blue HMO. Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross Blue Shield Association. 109130 0322 7149-F1 FL 03/22 © 2021 Prime Therapeutics LLC 10014866

Condition Care RX Program

Florida Blue 
In the pursuit of health™

From doctor's appointments to prescriptions and everything in between, it can be tough to stay on top of a chronic health condition.

At least one thing is about to get a little easier. Through the **Condition Care Rx program**, medicines to treat things like high blood pressure, cholesterol, diabetes, depression and respiratory conditions could cost little or next to nothing.



Log in to your account at floridablue.com to find out how much your drug will cost you or to compare prices at different pharmacies in your network.

The type of health plan you have determines the health conditions and medications covered and your cost share

If you have a Health Savings Account or a plan with a deductible:

- Your pharmacy or medical deductibles are waived or lower
- Health conditions covered
 - Diabetes
 - High cholesterol
 - Respiratory conditions like asthma, COPD and chronic bronchitis
 - High blood pressure
 - Depression
 - Click here to see what drugs are included in the [medication list](#)

If your health plan has a copay:

- Your copays are lower
- Health conditions covered
 - Diabetes
 - High cholesterol
 - Respiratory conditions, such as asthma, COPD, chronic bronchitis and others
 - High blood pressure
 - Depression
 - Click here to see what drugs are included in the [medication list](#)

Personalized support and resources to help you manage your health

We know that each person has unique health care needs. That's why we've designed some no-cost tools and services around YOU—to help you get the most out of your health plan. Tap into these resources and start living well.

- **Care Consultants** can show you how your benefits work to manage costs, and help you find the doctors, programs and community services you need to get well. 888-476-2227
- **24-Hour Nurseline**¹ is available 24/7 for questions about your general health, a specific illness or any health questions. 877-789-2583
- **Care coordination** helps with disease management and extended care to ensure your treatment and recovery are on the right path. 844-730-2583 (844-730-BLUE)
- **Better You Strides**, our personal online wellness program,² creates a custom-made plan based on your needs, goals and interests to help you meet your health goals.
- **Blue365**[®], an exclusive national member discount program,³ offers savings on gym memberships, vision care, hearing aids, weight management programs and more.
- A **member website and mobile** app give you 24-hour access to your plan information, ID cards, cost comparisons and more.

Diabetic Supplies for Members



To encourage proper care for diabetes, our plan will now cover Diabetic Supplies, including durable medical equipment (DME) will be **covered at 100%** by the plan, no cost to members.

Pharmacy Supplies

Type of Diabetic Supplies

- Glucose Meter
- Test Strips
- Lancets
- Needles
- Syringes
- Insulin for Self-Injections and Insulin Pumps

Durable Medical Equipment (DME) Supplies

Type of Diabetic Supplies

- Insulin Pumps
- Insulin Pump Supplies (except for Insulin)
- Continuous Glucose Monitoring (CGM) Devices

Contact Information

You can get these supplies from your local in-network retail pharmacy or sign up for home delivery.

Use a Local Retail Pharmacy

For a current listing of in-network pharmacies, check Florida Blue's online directory. Simply log in to your member account at floridablue.com. Click on **Find & Get Care**. Then select **Find a Doctor & More**, and choose the **Pharmacy** category. Select **Retail** from the drop-down menu.

Get Home Delivery

After you select **Pharmacy**, select **Home Delivery** from the drop-down menu. In the pop-up box that appears, click on **Go to Home Delivery**.

CareCentrix can help you or your doctor get these supplies from a local DME supplier. Just call CareCentrix at 877-561-9910.

If you need more supplies than the monthly maximum covered under your plan, call the customer service number on the back of your Member ID card to request approval.

If you get your coverage from your employer, or if you have a Medicare plan, you may have different benefits than what are listed here. Please check your policy for details by logging in at floridablue.com or calling the customer service number on the back of your Member ID card.



HCSO and Leading National Providers Partnering for Your Health

AssuredExcellence



1-888-856-4317



AssuredExcellence@AssuredPartners.com

The AssuredExcellence program is designed to connect employees and their dependents¹ with high quality health care at minimal to no cost.² The program includes benefits for a broad range of services such as:

- orthopedic procedures,
- surgical cardiac and cancer procedures,
- organ transplant,
- bariatric surgery,
- gallbladder surgery,
- substance abuse treatment,
- treatments for various bleeding and clotting disorders,
- anorexia,
- high cost medications,
- pediatric orthopedics,
- other treatments available

Employees can begin the process by completing an application that includes basic information. Applications are reviewed by the prospective provider of care and, if it is determined that the applicant is a candidate for services, the provider will gather and review medical records. Following this review the provider will contact applicants who remain eligible for services to schedule a consultation, surgery or services depending on the medical issue being addressed. A stipend is paid to the employee to assist with lodging and/or transportation expenses associated with traveling **(if necessary)** to the designated Center of Excellence.

¹ Patients must be over age 18 for certain services.

² Employees enrolled in a high deductible/HSA Qualified Plan will be responsible for the **balance required to meet the IRS minimum deductible**. There is no patient liability for covered services for all other program participants.

If you are interested in learning more about the program, checking to see if it includes benefits for the services you need and/or receiving an application, please contact AssuredExcellence at **888-856-4317** or via e-mail at **assuredexcellence@assuredpartners.com**.

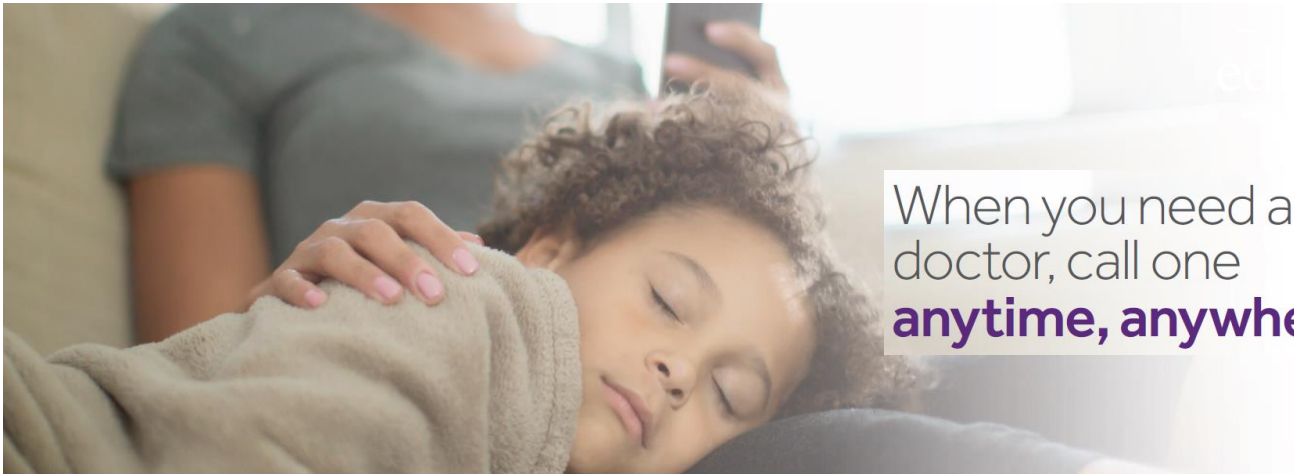
Participating Partners:

See back for more details



To ensure that you receive the maximum benefits available you **MUST** contact the AssuredExcellence team to initiate the process.





When you need a doctor, call one **anytime, anywhere**



Skip the trip to the waiting room. With Teladoc, you can talk with a doctor within an hour by phone or app from wherever you are.

Know your care options



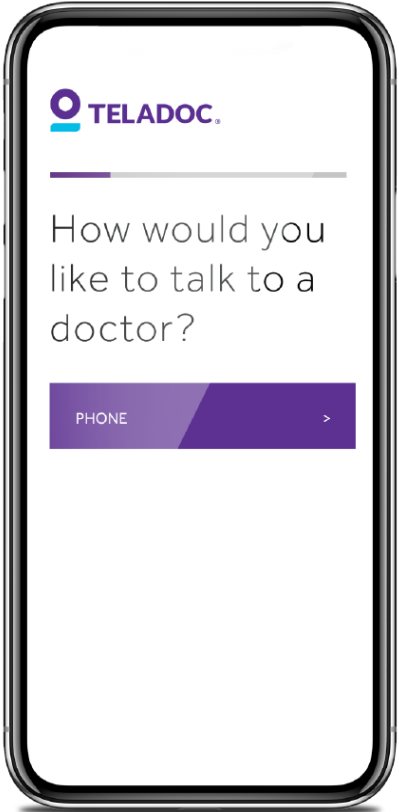
Teladoc
For non-emergency conditions like the flu, allergies, infections, and much more. Our doctors can also prescribe medicine, if needed.



General practitioner
For annual exams and ongoing medical conditions needing regular monitoring.



Urgent care/ER
For severe conditions like chest pain, sprains, cuts, burns, or broken bones.



Feel better when you need to with Teladoc
Visit www.Teladoc.com
Call 888-983-5236 | Download the app

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.



The following chart outlines the dental benefits we offer.

TYPE OF SERVICE	WHAT'S INCLUDED	
Deductible -Per Person -Per Family	In-Network \$50 \$150	Out-of-Network \$75 \$225
Preventive Services Basic Services Major Services	100% 70% 50%	80% 50% 30%
Preventive Services	Exams, 3 cleanings a year, office visits, restorations, fluoride-child, x-rays including bitewings, intraoral/complete series.	
Basic Services	Fillings, simple extractions, sealants, root canal, periodontal scaling	
Major Services	Oral surgery, crowns, complete dentures, pontics (bridges), implants	
Annual Maximum	\$2,000	
Orthodontia Services Adult & Child(ren) to age 19	Adults and Dependent Child(ren) to age 19: 50% to a Lifetime Max of \$1,000	
Dental Rollover Rewards	If, at the end of the year, the member has \$800 or less in unused claims, FL Blue will roll over a \$600 credit to next year's annual maximum benefit, making the new benefit \$2,600. See chart on page 10 for more details.	
Find a Dentist	https://www.floridabluedental.com/members/find-a-dentistfind-a-dentist/	
DENTAL EMPLOYEE SEMI-MONTHLY DEDUCTIONS		
Employee Only	\$0	
Employee + 1 dependent	\$9.42	
Employee + 2 or more	\$21.20	

BlueDental Maximum Rollover



Maximum Rollover for BlueDental Choice Plan Members

Maximum Rollover is a BlueDental Choice member benefit that rewards you just for visiting the dentist. There are no fees for Maximum Rollover and no paperwork to complete. Whenever you use less than the yearly threshold amount, you'll receive Rollover dollars for the following year. What if you could use your Rollover dollars for unexpected visits the next year? Or wouldn't those extra dollars come in handy when you have to pay out-of-pocket for expensive dental work in the following year?

See the chart below for some examples. Any available Rollover dollars will be added to your Rollover account approximately 60 days after the end of your plan year. It's that easy.

Maximum Rollover* is applied to your BlueDental Choice, BlueDental Choice Plus or BlueDental Choice Copayment plan automatically if you:

- Receive at least one covered service during your plan year,
- Are an active member of the plan on the last day of the plan year,
- Don't exceed the claim payment threshold in your plan year.

Use the chart below to see what your Maximum Rollover dollars could add up to.

- Look in the first column to find your plan's annual maximum benefit.
- Next, find the threshold amount for your plan in the second column. If we pay out less than this amount in benefits, you'll automatically receive Maximum Rollover dollars next year.
- Check the third column for the maximum amount of dollars you qualify for next year.
- The last column provides the maximum amount of rollover dollars that you can accumulate.

1. Plan's Annual Maximum Benefit Amount	2. Yearly Threshold Amount	3. Maximum Rollover you'll receive next year	4. Maximum Rollover you can accumulate
\$500 - \$749	\$200	\$150	\$500
\$750 - \$999	\$300	\$200	\$500
\$1,000 - \$1,249	\$500	\$350	\$1,000
\$1,250 - \$1,499	\$600	\$450	\$1,250
\$1,500 - \$1,999	\$700	\$500	\$1,250
\$2,000 - \$2,499	\$800	\$600	\$1,500
\$2,500 - \$2,999	\$900	\$700	\$1,500
\$3,000 or more	\$1,000	\$750	\$1,500

Questions? Want to learn more about Maximum Rollover or any of our other products and services? Our BlueDental Customer Service Representatives can help. Just call 1-888-223-4892 or find us online at FloridaBlueDental.com. Maximum Rollover is not available for our BlueDental Care plans. Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. BlueDental plans are offered through Florida Combined Life Insurance Company, Inc., D/B/A Florida Combined Life, an affiliate of Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Associations.

VISION INSURANCE

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems. HCSO’s vision insurance through Humana entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.



If you seek the services of a provider listed in our preferred provider directory, your benefits include the following:

- Routine vision exams for a \$10 copay.
- Preferred pricing on a large selection of designer frames, lenses, and lens options.

Plan Provisions	In-Network	Out-Of-Network
Exam	\$10 Copay	Up to \$30
Hardware (Frames)	\$15 Copay (Up to \$130 Allowance)	Up to \$65
<u>Frequency:</u> <ul style="list-style-type: none"> • Exam • Lenses • Frames 	<ul style="list-style-type: none"> • 12 Months • 12 Months • 24 Months 	<ul style="list-style-type: none"> • 12 Months • 12 Months • 24 Months
<u>Lenses:</u> <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal 	<ul style="list-style-type: none"> • Covered up to 100% • Covered up to 100% • Covered up to 100% 	<ul style="list-style-type: none"> • Up to \$25 • Up to \$40 • Up to \$60
Medically Necessary Contact Lenses	Covered at 100%	Up to \$200
Elective Contact Lenses in lieu of glasses	Up to \$130	\$104 Allowance
Find a Vision Provider	https://www.humana.com/vision-insurance/find-an-eye-doctor	
HUMANA VISION EMPLOYEE SEMI-MONTHLY DEDUCTIONS		
Employee	\$2.63	
Employee & Spouse	\$7.53	
Employee & Child		
Employee & Family		



BASIC AND SUPPLEMENTAL LIFE INSURANCE AND AD&D

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental death and dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment.

All eligible employees will receive basic life and AD&D insurance coverage in the flat amount of \$10,000 at no cost. Retirees can continue this benefit at their current election.

Employees who want to supplement their group life insurance benefits by covering a spouse and/or child/ren may purchase additional coverage through payroll deduction.

ACTIVE EMPLOYEES may elect supplemental life and AD&D insurance coverage in increments of \$10,000 up to the \$200,000. Supplemental dependent life insurance is available for spouses and dependent children through payroll deduction.

If you are newly eligible to electing supplemental life insurance, you may elect up the guaranteed issue amount without completing an evidence of insurability form (EOI).

If you previously waived supplemental life insurance, you will need to complete an evidence of insurability form (EOI).

RETIRING EMPLOYEES who enroll will have benefits reduced according to the same age schedule as explained below. For additional plan information please refer to your official plan summary/documents.

Voluntary Coverage	Election Amount	Guarantee Issue Amount	Cost
Employee Voluntary Life & AD&D	\$200,000	\$150,000	Class 1 (active) \$0.292 per \$1,000 Class 2 (retirees) \$0.705 per \$1,000
Spouse Voluntary Life & AD&D	Option 1: \$2,500	\$2,500	\$2,500 - \$1.33
	Option 2: \$5,000		\$5,000 - \$2.65
	Option 3: \$10,000		\$10,000 - \$5.30
Child Voluntary Life & AD&D	Option 1: \$2,500	All Amounts	\$2,500 - \$0.58
	Option 2: \$5,000		\$5,000 - \$1.33
	Option 3: \$10,000		\$10,000 - \$2.30

**Age reduction for active and retiree employee basic life: benefits reduce by 35% at age 65 and by 50% at age 70*



DISABILITY INSURANCE COVERAGE

The goal of the disability plan is to provide you with income replacement should you become disabled and unable to work due to a non-work-related illness or injury. The Hernando County Sheriff’s Office provides eligible employees with long-term disability income benefits.

If you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers’ compensation benefits.

Employees may sign up to reduce their benefit waiting period to 90 days through payroll deduction. Applications for coverage may be subject to medical underwriting, based on time of application. For additional plan information please refer to your official plan summary/documents.

	Long-Term Disability Buy-Down	Long-Term Disability
Benefits Begin	90-Day benefit waiting period	180-Day benefit waiting period
Benefits Payable	1/1/2024	1/1/2024
Percentage of Income Replaced	Covers 60% of the first \$6,000 of pre-disability earnings, the maximum benefit period is to age 65 or SSNRA; pays own occupation for first 36 months	Covers 60% of the first \$6,000 of pre-disability earnings; the maximum benefit period is to age 65 or SSNRA; pays own occupation for First 36 months
Maximum Benefit	\$6,000	\$6,000
Cost Per Semi-Month Pay Period	See Rate Sheet	No cost – employer paid

To calculate your “Buy Down” cost per paycheck, please take the following steps:

1. Figure out your per paycheck premiums, write your annual income here: _____
2. Divide your annual income by 26, for your per pay period income. Write that here: _____
3. Divide your pay period income by 100: _____
4. Multiply your answer for #3 by 0.23 to get the pay period premiums: _____
(Actual premiums are based on actual earnings and may vary.)



Example: Employee makes: $\$80,000 / 26 = \$3,076.92$
 Pay Period Premium Due = $\$3,076.92 / \$100 * \$0.23 = \7.08

Annual Salary	Paycheck Gross	Cost	Annual Salary	Paycheck Gross	Cost	Annual Salary	Paycheck Gross	Cost
\$ 30,000.00	\$ 1,153.85	\$ 2.65	\$ 65,000.00	\$ 2,500.00	\$ 5.75	\$100,000.00	\$ 3,846.15	\$ 8.85
\$ 35,000.00	\$ 1,346.15	\$ 3.10	\$ 70,000.00	\$ 2,692.31	\$ 6.19	\$110,000.00	\$ 4,230.77	\$ 9.73
\$ 40,000.00	\$ 1,538.46	\$ 3.54	\$ 75,000.00	\$ 2,884.62	\$ 6.63	\$120,000.00	\$ 4,615.38	\$10.62
\$ 45,000.00	\$ 1,730.77	\$ 3.98	\$ 80,000.00	\$ 3,076.92	\$ 7.08	\$130,000.00	\$ 5,000.00	\$10.62
\$ 50,000.00	\$ 1,923.08	\$ 4.42	\$ 85,000.00	\$ 3,269.23	\$ 7.52	\$140,000.00	\$ 5,384.62	\$10.62
\$ 55,000.00	\$ 2,115.38	\$ 4.87	\$ 90,000.00	\$ 3,461.54	\$ 7.96	\$150,000.00	\$ 5,769.23	\$10.62
\$ 60,000.00	\$ 2,307.69	\$ 5.31	\$ 95,000.00	\$ 3,653.85	\$ 8.40	\$160,000.00	\$ 6,153.85	\$10.62

(Actual premiums are based on actual earnings and may vary.)

Voluntary Benefits



You never know when an unexpected illness or injury could leave you and your family with financial difficulties. Health insurance can help, but you can still have deductibles, co-payments, and other out-of-pocket expenses.

That's where voluntary benefits come in. Sometimes called supplemental insurance, voluntary benefits are designed to complement your health insurance and help provide extra financial protection.

This year, your employer is helping you protect your way of life by giving you the opportunity to purchase the following voluntary benefits from Colonial Life:

- Accident insurance/Gunshot Wound Benefit
- Critical Illness with Cancer Insurance
- Disability insurance
- Hospital confinement indemnity insurance

To learn more about your benefit options, visit the digital postcard at:

[Hernando County Sheriff's Office 2024 Open Enrollment](#)

Your benefits counselor will be happy to review all your benefit options during your personal enrollment appointment.

Accident Insurance



Talk with your
Colonial Life
benefits counselor
to learn more.

ColonialLife.com

Accidents can happen to anyone

You never know when you or someone you love could get hurt in an accident. And accidents come with costs, such as emergency room fees, doctors' bills, and lost income from missing work. Even if you have good health insurance, deductibles and co-pays can really add up.

With accident insurance from Colonial Life, you can receive benefits to help with the expenses of a covered accident. This financial protection can help you focus on what really matters: healing.

With this coverage:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Unlike workers' compensation, which only covers on-the-job injuries, accident insurance covers injuries that happen on-the-job or off-the-job.
- Coverage is available for you, your spouse, and eligible dependent children.

ACCIDENT POLICIES PROVIDE LIMITED BENEFITS.

The policies or their provisions may vary or be unavailable in all states. The policies have exclusions and limitations which may affect any benefits payable. See the individual policy or the group certificate, as applicable, or your representative for specific provisions and details of availability.

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Critical Illness Insurance



Talk with your
Colonial Life
benefits counselor
to learn more.

ColonialLife.com

You can't predict an illness, but you can be prepared

No matter where you are in life, you never know when you or a loved one could experience a critical illness, such as a heart attack or stroke. Medical advancements and early detection are helping many people survive critical illnesses. However, preventive tests and treatment can lead to increased medical expenses, and your health insurance may not cover these costs.

Critical illness insurance from Colonial Life helps supplement your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness.

With this coverage:

- Benefits are paid directly to you, unless you specify otherwise.
- You may receive additional benefits if you're diagnosed with more than one critical illness.
- Coverage options are available for you, your spouse, and eligible dependent children.

Guaranteed Issue

CRITICAL ILLNESS POLICIES PROVIDE LIMITED BENEFITS.

The policies or their provisions may vary or be unavailable in all states. The policies have exclusions and limitations which may affect any benefits payable. See the individual policy or the group certificate, as applicable, or your Colonial Life representative for specific provisions and details of availability.

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Cancer Insurance



Talk with your
Colonial Life
benefits counselor
to learn more.

ColonialLife.com

Would you be financially prepared for cancer?

If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have to pay for out-of-network treatment, child care, home health care services, and other indirect treatment and recovery costs.

Hopefully, you and your family will never face cancer. If you do, cancer insurance from Colonial Life can help protect the lifestyle you've worked so hard to build.

With this coverage:

- Coverage options are available for you and your eligible dependents.
- You're paid regardless of any other insurance you may have with other companies.
- You can use benefits to help pay for travel to and from treatment centers, lodging and meals, deductibles – or any other way you choose.
- You may have the options of purchasing additional rides for even more financial protection against cancer.

Guaranteed Issue

CANCER POLICIES PROVIDE LIMITED BENEFITS.

The policies or their provisions may vary or be unavailable in all states. The policies have exclusions and limitations which may affect any benefits payable. See the individual policy or the group certificate, as applicable, or your Colonial Life representative for specific provisions and details of availability.

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Disability Insurance



Help protect your income

Losing just one paycheck would be difficult, but a disability could have you out of work for weeks or even months. And while your paychecks might stop, your bills would continue coming. Without your income, how would you pay for housing, utilities, and other everyday living expenses?

Disability insurance from Colonial Life helps protect your income, so you can have help paying bills while you recover from a covered accident or sickness.

With this coverage:

- You can choose the amount of your disability benefits, subject to income.
- You're paid regardless of any other insurance you may have with other companies.
- Benefits are paid directly to you, and you can use these benefits however you choose.

Talk with your
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benefits counselor
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ColonialLife.com

Guaranteed Issue

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Hospital Confinement Indemnity Insurance



Talk with your
Colonial Life
benefits counselor
to learn more.

ColonialLife.com

Get help with rising health care costs

If you're admitted to the hospital because of an accident or sickness, it's important to focus on your recovery – not your finances. That's easier said than done if you have costly co-payments, deductibles, and other expenses coming your way.

Hospital confinement indemnity insurance from Colonial Life can help you pay for medical expenses that your health insurance may not cover.

With this coverage:

- Benefits are paid directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse, and eligible dependent children.
- You're paid regardless of any other insurance you may have with other companies.

**Guaranteed Issue up to \$1,500 maximum
hospital confinement benefit.
Waiver of standard pre-existing conditions.**

HOSPITAL CONFINEMENT INDEMNITY POLICIES PROVIDE LIMITED BENEFITS.

The policies or their provisions may vary or be unavailable in all states. The policies have exclusions and limitations which may affect any benefits payable. See the individual policy or the group certificate, as applicable, or your Colonial Life representative for specific provisions and details of availability.

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Policyholder Service Guide



Getting started

The easiest way to manage your business with us is through ColonialLife.com. To sign up for the website, click Register at the top right of the home page and follow the instructions.

Contact us

ONLINE

ColonialLife.com

Log in and click on [Contact Us](#)

TELEPHONE

1-800-325-4368

Hearing-impaired customers

803-798-4040

If you do not have a TDD, call Voicance Telephone Interpretation Services. [844-495-6105](tel:844-495-6105)



ColonialLife.com

Consider your options

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern, and personal. For your convenience, you can choose how you interact with us. For the quickest service, we recommend using our website, which lets you do the following:

- Review, print, or download a copy of your policy/certificate by clicking on the My Correspondence tab.
- Update contact information or add family member profile information for use when filing online claims.
- Access service forms to make changes to your policy, such as a beneficiary change.
- Submit your claim using our eClaims system.
- Check the status of your claim and view claims correspondence.
- Access claim forms.

eClaims are quick and easy

With the eClaims feature on ColonialLife.com, you can file most claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- From ColonialLife.com, file claims from any device. It's fast, easy, and available 24/7.
- Select direct deposit to receive your benefit payment faster.
- Easily submit additional documents.

Paper claims

- If you don't want to file online, download the form you need by visiting the Claims Center page on ColonialLife.com and clicking on **claim and service forms**.
- You may fax your claim to 1-800-880-9325.
- Follow the instructions, tips, and videos to complete and submit your claim.

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Set and achieve
your financial goals



KOFE can answer questions about:

- Personal finance
- Budgets
- Savings
- Debt
- Payment options
- Credit and credit reports

Colonial Life.



Knowledge of Financial Education

A product of **CONSOLIDATED CREDIT**
When debt is the problem, we are the solution.

Your employer works hard to provide you with the resources you need in the workplace. But personal financial worries can get in the way of your productivity.

In fact, one in three employees say that personal financial issues have been a distraction at work.¹ With more than three-quarters of employees feeling this strain, it's normal to want some assistance.

That's why we're providing access to this valuable program, which can help you set goals—and be successful in achieving them.

Our service solution

Colonial Life has partnered with Knowledge of Financial Education (KOFE), a corporate financial wellness program created by Consolidated Credit. Consolidated Credit is one of the largest non-profit credit counseling agencies with more than 20 years of expertise.

While some companies only provide financial education and others only offer counseling, you can have both. And it's available to you without increasing your budget. With this service, you'll get a variety of resources to help improve your financial situation:

- **Financial coaching** – Unlimited access to highly trained senior certified credit counselors by calling 866-932-4185
- **Online tools** – Access to 100+ videos, books, budgeting tools and more, all easily accessible at ColonialLife.com/KOFE
- **Webinars** – Educational sessions throughout the year on a variety of topics

Get the support you need to succeed

Taking advantage of KOFE's services can help you gain control of your financial difficulties. That means you can better focus on your career—and on building a safe financial future for yourself and your family.

Take steps today toward reaching financial success.
Visit ColonialLife.com/KOFE to learn more.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Hernando County Sheriff's Office provides this amazing benefit to not only help through difficult times, but to offer professional advice on a variety of topics listed below to set you on a path for success that can help avoid the unpleasant situations you may otherwise face. The Employee Assistance Program (EAP) is absolutely free for you and your loved ones. Take advantage of this incredible resource. And, remember, it is always 100% confidential.



HOW CAN WE HELP YOU TODAY?

Our Employee Assistance Program (EAP) has you covered.

Take advantage of a wide range of services offered at no cost to you

- › **5** face-to-face counseling sessions with a counselor in your area, as well as video-based sessions.
- › **Legal assistance:** 30-minute consultation with an attorney, face-to-face or by phone.*
- › **Financial:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- › **Parenting:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- › **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- › **Pet care:** Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- › **Identity theft:** 60-minute consultation with a fraud resolution specialist.



We're here to listen. Contact us any day, anytime.

Call 1.877.622.4327

Or log in to myCigna.com.

Employer ID: hernandodsheriff

(Needed for initial registration only)

If already registered on myCigna.com, simply log in and go to the EAP link under the Review My Coverage tab.



DEFERRED COMPENSATION

Employees of the Hernando County Sheriff's Office are eligible to enroll in voluntary deferred compensation plans. Deferred compensation is an arrangement which permits you to authorize a portion of your salary to be withheld and invested in a group variable annuity contract for payment to you at a later date.

State retirement and Social Security may not be enough to cover all your needs depending on when you plan to retire. Deferred compensation is a voluntary contribution made by you to supplement retirement planning needs. Neither the contributed amount nor any investment earnings are subject to current federal and (in most cases) state income taxes until the deferred income plus earnings are distributed to you. These distributions are generally taken at retirement when you may be in a lower income bracket.

Per IRS guidelines, retired sworn personnel may be able to elect a withdrawal of up to \$3,000 once per calendar year, tax free, to pay for their health insurance premiums. Please check with your plan provider for more information.



CONTACTS

Assured Excellence	
Carrier/Vendor	Assured Excellence
Phone Number	(888) 856-4317
Email	AssuredExcellence@AssuredPartners.com

Medical	
Carrier/Vendor	Florida Blue
Group Number	46017
Phone Number	(800) 322-2808
Website	www.floridablue.com

Dental	
Carrier/Vendor	Florida Combined Life
Group Number	605s70
Phone Number	(888) 223-4892
Website	www.floridabluedental.com

Vision	
Carrier/Vendor	Humana
Group Number	786460
Phone Number	(877) 398-2980
Website	www.humana.com

Telemedicine	
Carrier/Vendor	Teladoc
Phone Number	(888) 983-5236

Voluntary Benefits	
Carrier/Vendor	Colonial Life
Customer Service	(800) 325-4368
Representative	Lyn Lindsay (727) 560-6183
Website	www.coloniallife.com

Optavise	
Carrier/Vendor	Optavise
Website	www.optavise.com

Life, AD&D, and Long-Term Disability	
Carrier/Vendor	New York Life
Group Number	FLX-970210/FLK-96115
Phone Number	(800) 225-5695
Website	www.newyorklife.com

Employee Assistance Program (EAP)	
Carrier/Vendor	Cigna
Group Name/ID	hernandosheriff
Phone Number	(877) 622-4327
Website	www.mycigna.com

Deferred Compensation	
Carrier/Vendor	Empower Retirement
Customer Service	(800) 773-5274
Representative – Jody Clayton	(813) 294-3201
Email	Jody@firstrespondersfinancial.com

HRA	
Carrier/Vendor	PrimePay
Email	benefitsuccess@primepay.com
Phone Number	(877) 972-6272
Website	www.primepay.com

GLOSSARY

This glossary defines many commonly used terms but is not a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan or health insurance policy. Some of these terms may not have exactly the same meaning when used in your policy or plan, and in any case the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

Coinsurance—The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

Consumer Driven Health Care (CDHC)—Health insurance programs and plans that are intended to give you more control over your health care expenses. Under CDHC plans, you can use health care services more effectively and have more control over your health care dollars. CDHC plans are designed to be more affordable because they offer reduced premium costs in exchange for higher deductibles. Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs) are common examples of CDHC plans.

Copayment—A flat fee that you pay toward the cost of covered medical services.

Covered Expenses—Health care expenses that are covered under your health plan.

Deductible—A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Dependent—Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.

Flexible Spending Account (FSA)—An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Health Management Organization (HMO)—A type of health insurance plan that usually limits coverage to care from doctors who work for or contract within a specified network. Premiums are paid monthly, and a small copay is due for each office visit and hospital stay. HMOs require that you select a primary care physician who is responsible for managing and coordinating all of your health care.

Health Reimbursement Arrangement (HRA)—An employer-owned medical savings account in which the company deposits pre-tax dollars for each of its covered employees. Employees can then use this account as reimbursement for qualified health care expenses.

Health Savings Account (HSA)—An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

High Deductible Health Plan (HDHP)—A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

In-network—Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Inpatient—A person who is treated as a registered patient in a hospital or other health care facility.

Medically Necessary (or medical necessity)—Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Medicare—An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

Member—You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-network—Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

Out-of-pocket Expense—Amount that you must pay toward the cost of health care services. This includes deductibles, copayments, and coinsurance.

Out-of-pocket Maximum (OOPM)—The highest out-of-pocket amount paid for covered services during a benefit period.

Preferred Provider Organization (PPO)—A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Premium—The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

Primary Care Physician (PCP)—A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Usual, Customary and Reasonable (UCR) Allowance—The fee paid for covered services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure; (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.

WHAT IS SELF-FUNDING?

HCSO is a self-funded plan. A Self-Funded, or Self-Insured plan, is one in which the employer assumes the financial risk for providing health care benefits to its employees. In practical terms, Self-Insured employers pay for claims out-of-pocket as they are presented instead of paying a pre-determined premium to an insurance carrier for a Fully Insured plan. Typically, a self-insured employer will set up a special trust fund to earmark money (corporate and employee contributions) to pay incurred claims.

WHAT IS A TPA?

Florida Blue is HCSO's TPA. A third-party administrator (TPA) is an entity that processes or adjudicates claims for an employee benefit plan. A TPA may provide additional services to an employee benefit plan or employer, such as collecting premiums, contracting for PPO services, providing utilization review of claims, and similar ancillary services to the operation of the employee benefit plan. Self-insured employers can either administer the claims in-house or subcontract this service to a TPA.

WHY DO EMPLOYERS SELF-FUND THEIR HEALTH PLANS?

There are several reasons why employers choose the self-insurance option. The following are the most common reasons:

- The employer can customize the plan to meet the specific health care needs of its workforce, as opposed to purchasing a 'one-size-fits-all' insurance policy.
- The employer maintains control over the health plan reserves, enabling maximization of interest income – income that would be otherwise generated by an insurance carrier through the investment of premium dollars.
- The employer does not have to pre-pay for coverage, thereby providing for improved cash flow.
- The employer is not subject to conflicting state health insurance regulations/benefit mandates, as self-insured health plans are regulated under federal law (ERISA).
- The employer is not subject to state health insurance premium taxes, which are generally 2-3 percent of the premium's dollar value.
- The employer is free to contract with the providers or provider network best suited to meet the health care needs of its employees.

CAN SELF-INSURED EMPLOYERS PROTECT THEMSELVES AGAINST UNPREDICTED OR CATASTROPHIC CLAIMS?

Yes. While the largest employers have sufficient financial reserves to cover virtually any amount of health care costs, most self-insured employers purchase what is known as stop-loss insurance to reimburse them for claims above a specified dollar level.

WITH WHAT LAWS MUST SELF-INSURED GROUP HEALTH PLANS COMPLY?

Self-insured group health plans come under all applicable federal laws, including the Employee Retirement Income Security Act (ERISA), Health Insurance Portability and Accountability Act (HIPAA), Consolidated Omnibus Budget Reconciliation Act (COBRA), the Americans with Disabilities Act (ADA), the Pregnancy Discrimination Act, the Age Discrimination in Employment Act, the Civil Rights Act, and various budget reconciliation acts such as Tax Equity and Fiscal Responsibility Act (TEFRA), Deficit Reduction Act (DEFRA), and Economic Recovery Tax Act (ERTA).

