

EMPLOYEE BENEFIT HIGHLIGHTS

2023



2024





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This booklet is merely a summary of benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. Citrus County, Florida reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



Contact Information

	Board of County Commissioners	Human Resources Department	Phone: (352) 527-5370 Email: hr@citrusbocc.com
	Property Appraiser	Rosa Scalzi	Phone: (352) 341-6668 Email: rscalzi@citruspa.org
	Supervisor of Elections	LeAnna Leyva	Phone: (352) 564-7111 Email: lleyva@votecitrus.gov
	Clerk of the Circuit Court	Kelly Ferguson	Phone: (352) 341-7018 Email: kfergerson@citrusclerk.org
	Online Benefit Enrollment	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) Email: support@mybentek.com www.mybentek.com/citrusbocc
	Medical Insurance	Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Prescription Drug Coverage	Prime Therapeutics through Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Mail-Order Program	Amazon Pharmacy through Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Dental Insurance	Florida Combined Life	Customer Service: (888) 223-4892 www.floridabluedental.com
	Vision Insurance	EyeMed	Customer Service: (866) 804-0982 www.eyemed.com
	Flexible Spending Account	Health Equity	Customer Service: (877) 924-3967 www.wageworks.com
	Basic Life and AD&D Insurance	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	Voluntary Life and AD&D Insurance	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	Long Term Disability	New York Life Group Benefit Solutions	Customer Service: (888) 842-4462 www.mynylgbs.com
	Life Assistance Program	ComPsych	Customer Service: (800) 344-9752 www.guidanceresources.com Registration Web ID: NYLGBS
	Employee Assistance Program	Evernorth	Customer Service: (888) 736-7009 www.well.evernorth.com Employer ID: citrusbocc
	Supplemental Insurance	Aflac	Agent: Gina Ballard Office: (352) 637-2011 Email: regina_ballard_inc@us.aflac.com Fax: (352) 513-3590 www.aflac.com
	Employee Health & Wellness Center	My Health Onsite	Phone: (352) 515-9005 Citrus County Resource Center 2804 W. Marc Knighton Court Key #10, Lecanto, FL 34461
	Claims, Billing and Benefit Assistance	Gehring Group	Customer Service: (800) 244-3696 Email: Citrus@gehringgroup.com



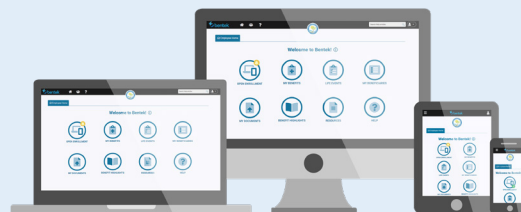
Introduction

Citrus County, Florida provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the 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 employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources Department.

Online Benefit Enrollment

Citrus County, Florida provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open Enrollment Period, New Hire Orientation, or for Qualifying Life Events.

Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for employee and dependent(s). Employee also has access to important forms and carrier links, can report qualifying life events and review and make changes to Life insurance beneficiary designations.



To Access the Employee Benefits Center:

- ✓ Log on to www.mybentek.com/citrusbocc
Please Note: Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

For technical issues directly related to using the EBC, please call (888) 5-Bentek (523-6835) or email Bentek Support at support@mybentek.com, Monday through Friday during regular business hours 8:30am - 5:00pm.



To access Bentek using a mobile device, scan code.



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 be 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 Flexible Spending Accounts begins after six (6) months of employment. Employee has 30 days to elect participation in Flexible Spending Accounts.

Employees who work less than 30 hours a week will NOT be eligible for benefits.

Separation of Employment

If employee separates employment from the County, insurance will continue through the end of month in which 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 child (up to the age of 18 months) of a covered dependent (Florida State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 30.

Dental Coverage: A dependent child may be covered through end of calendar year in which the child turns age 26.

Vision Coverage: A dependent child may be covered through end of calendar year in which the child turns age 26.

Please see Taxable Dependents if covering eligible over-age dependents.

Disabled Dependents

Coverage for a 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's insurance plans and
- The dependent has been continuously insured.

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

Taxable Dependents

Employees covering adult child(ren) under employee's medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child. Contact Human Resources Department for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

Please Note: Removing taxable dependents must be completed during Open Enrollment as it does not constitute a Qualifying Event as determined by Section 125 of the Internal Revenue Code, see "eligible" Qualifying Events and Section 125 on the following page. There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.



Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed 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 dependent(s) experience(s) 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 the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of the Internal Revenue Code. 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)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of 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 other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)



IMPORTANT NOTES

If employee experiences a Qualifying Event, **Human Resources Department must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements.



Medical Insurance

The County offers medical insurance through Florida Blue to benefit-eligible employees. The monthly cost for coverage is listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plan, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Florida Blue's customer service.

Medical Insurance Florida Blue BlueOptions Base Plan Monthly Premium Cost

Tier of Coverage	Employee Cost with Nicotine Free Incentive	Employee Cost
Employee Only	\$0.00	\$50.00
Employee + Family	\$629.26	\$679.26

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

Nicotine Free Incentive

The County offers a Nicotine Free Incentive for all employees covered under the medical plan. If employee is a non-tobacco/nicotine user, the County will provide a \$50.00 per month incentive towards insurance premium currently paid. Current tobacco/nicotine users that have not completed a nicotine cessation course, however, will be responsible for the \$50.00 per month charge to the insurance premium currently paid. The Nicotine Free Incentive program runs October 1, 2023 through September 30, 2024. Nicotine testing will be required for benefit-eligible employees to receive the premium incentive. Nicotine users will be offered the option to complete nicotine counseling or a nicotine 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's needs as necessary. Please note, Chantix (stop smoking prescription) is a covered medication under the Florida Blue plan.

Other Medical Plan Resources

Florida Blue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, please contact Florida Blue's customer service 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 the Open Enrollment Period. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

From: Human Resources Department
Address: 3600 W. Sovereign Path, Suite 283
Lecanto, FL 34461
Phone: (352) 527-5370
Email: HR@citrusbocc.com
Website URL: www.mybentek.com/citrusbocc
(Login and go to Resources.)

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 Human Resources Department.

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



Florida Blue BlueOptions Base Plan At-A-Glance

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)	\$55 Copay	40% After CYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)**	No Charge	40% After CYD
X-rays	\$50 Copay	40% After CYD
Advanced Imaging (MRI, PET, CT)	\$175 Copay	40% After CYD
Outpatient Surgery in Surgical Center	\$150 Copay	40% After CYD
Physician Services at Surgical Center	\$45 Copay	40% After CYD
Urgent Care (Per Visit)	\$75 Copay	\$75 Copay
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 INN CYD
Emergency Room (Per Visit)	30% After CYD	30% After INN CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	30% After CYD	40% After CYD
Outpatient Services (Per Visit)	30% After CYD	40% After CYD
Outpatient Office Visit	No Charge	No Charge
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



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 out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) 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.



Dental Insurance

Florida Combined Life Blue Dental Choice Plus Plan

The County offers a self-funded dental plan through Florida Combined Life to benefit-eligible employees. The entire premium cost for 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 on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Florida Combined Life's customer service.

Dental Insurance

Florida Combined Life BlueDental Choice Plus Plan

Monthly Premium Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Family	\$37.30

In-Network Benefits

The BlueDental Choice Plus plan provides benefits for services received from in-network and out-of-network providers. It is also an open access plan which allows for services to be received from any dental provider without selecting a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Florida Combined Life BlueDental Choice Plus Network. These participating dental providers have contractually agreed to accept Florida Combined Life's contracted fee or "allowed amount." This fee is the maximum amount a Florida Combined Life dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Florida Combined Life BlueDental Choice Plus provider. Florida Combined Life reimburses out-of-network services based on what it determines is the Usual, Customary, and Reasonable (UCR) charge. The UCR is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Florida Combined Life's UCR and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The BlueDental Choice Plus plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the BlueDental Choice Plus plan will pay for each covered member is \$1,500. All services, including preventive services, accumulate towards calendar year benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until the next calendar year.

Claims Mailing Address

Dental Claims Administrator PO Box 1047
Elk Grove Village, IL 60009-1047

Florida Combined Life

Customer Service: (888) 223-4892 | www.floridabluedental.com



Florida Combined Life BlueDental Choice Plus Plan At-A-Glance

Network	BlueDental Choice Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member	\$50	\$50
Per Family	\$150	\$150
Waived for Class I Services?	Yes	Yes
Calendar Year Benefit Maximum		
Per Member	\$1,500	\$1,500
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (2 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 per year)		
Bitewing X-rays (2 Sets Per Year)		
Complete X-rays (1 Every 3 Years)		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Extractions		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Anesthesia (In connection with covered dental charge)		
Class III Services: Major Restorative Care		
Bridges	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Crowns		
Dentures		
Implants		
Class IV Services: Orthodontia		
Lifetime Maximum	\$2,000	\$2,000
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Florida Combined Life's customer service or visit www.floridabluedental.com. When completing the necessary search criteria, select BlueDental Choice Plus 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 out-of-network benefits section on the previous page.



Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



Vision Insurance

EyeMed Vision Care Plan

The County offers vision insurance through EyeMed to benefit-eligible employees. The monthly cost for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier'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, employee and covered dependent(s) may 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.eyemed.com



EyeMed Vision Care Plan At-A-Glance

Network		Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$10 copay	Up to \$40 Reimbursement
Retinal Imaging		Up to \$39 Copay	Not Covered
Contact Lens Exam (Includes Fitting & Follow Up)	Standard	\$40 Copay	Not Covered
	Premium	10% off Retail Price	Not Covered
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 (Medically Necessary)		Covered at 100%	Up to \$210 Reimbursement
Elective	Conventional	\$120 Allowance; then 15% Discount Above \$120	Up to \$120 Reimbursement
	Disposable	\$120 Allowance	Up to \$120 Reimbursement



Locate a Provider

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



Plan References

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



Important Notes

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



Flexible Spending Accounts

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

If employee or family member(s) has 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 they regularly pay. 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 participant to set aside up to an annual maximum of \$3,050. 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 participant 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 dependent 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 who 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 participant's paycheck for the Dependent Care FSA.

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

- | | | |
|---|--|-------------------------------|
| ✓ Prescription/Over-the-Counter Medications | ✓ Physician Fees and Office Visits | ✓ LASIK Surgery |
| ✓ Menstrual Products | ✓ Drug Addiction/Alcoholism Treatment | ✓ Mental Health Care |
| ✓ Ambulance Service | ✓ Experimental Medical Treatment | ✓ Nursing Services |
| ✓ Chiropractic Care | ✓ Corrective Eyeglasses and Contact Lenses | ✓ Optometrist Fees |
| ✓ Dental and Orthodontic Fees | ✓ Hearing Aids and Exams | ✓ Sunscreen SPF 15 or Greater |
| ✓ Diagnostic Tests/Health Screenings | ✓ Injections and Vaccinations | ✓ Wheelchairs |

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

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employee may carry over up to \$610 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 run out period at the end of the calendar year (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year.
- When a plan year ends and all claims have been filed, all unused funds with the exception of the \$610 rollover for Health Care FSA will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment Period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services 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 documentation 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 or refunded back to Wage Works. 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!



An employee earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$38.46 based on a 26 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$197.

	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 19.65% = 12% + 7.65% FICA	-\$5,698	-\$5,895
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$23,302	\$23,105
Tax Savings	\$197	

Please Note: Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an 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 \$610 carry over that may be allowed for the Health Care FSA. **This rule is known as "use-it or lose-it."**

Access Health Equity Online

Visit www.wageworks.com. Create a new user registration by selecting "Log In/Register". 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 EZ Receipts app or mobile website to access account and upload claims on the go.

Health Equity

Customer Service: (877) 924-3967 | Mon. - Fri. from 8:00am - 7:00pm CST
www.wageworks.com



Basic Life and AD&D Insurance

Basic Term Life Insurance

The County provides Basic Term Life insurance at no cost to all eligible employees, through New York Life. Eligible employees will receive a benefit amount of \$20,000.

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 the Basic Term Life benefit, partial benefits may also be payable.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 70
- › Reduces to 50% of the benefit amount 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, 2023, plan would be reduced October 1, 2024.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.

New York Life Group Benefit Solutions

Customer Service: (800) 362-4462 | www.mynylgbs.com

Voluntary Life Insurance

Voluntary Employee Life and AD&D Insurance

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

2023-24 Open Enrollment

- If employee did not initially apply for Voluntary Employee Life insurance during the new hire eligibility period, or were denied, employee may enroll up to the Guaranteed Issue amount of \$200,000 without Evidence of Insurability (EOI) application.
- If employee currently has Voluntary Employee Life insurance, the employee will have the option to increase their coverage by increments of \$10,000, not to exceed the Guaranteed Issue amount of \$200,000 without Evidence of Insurability (EOI) application.

New Hires may purchase Voluntary Employee Life insurance without being subject to 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 New York Life's approval.

- Units can be purchased in increments of \$10,000 to the maximum of six (6) times annual salary, not to exceed \$500,000.
- Increase in Voluntary Life Insurance in excess of Guaranteed Issue amount will require completion of a medical questionnaire and subject to New York Life's approval.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 70
- › Reduces to 50% of the benefit amount 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, 2022, plan would be reduced October 1, 2023.



Voluntary Life Insurance *(Continued)*

Voluntary Life and AD&D Insurance Rate Table

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 Spouse Life Insurance

- Employee may elect spouse coverage in the amount of \$7,500. All late applications for coverage require medical underwriting approval.

Voluntary Dependent Child(ren) Life Insurance

- Unmarried child(ren) may be covered through the end of the calendar year in which the child turns age 24.
- Employee may elect coverage in the amount of \$2,000.
- Child(ren) applications are not subject to medical underwriting.

Please Note: The rate for spouse and/or dependent child(ren) coverage is \$3.50 per month. 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 coverage to New York Life 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 information updated. Beneficiary information may be updated at anytime through Bentek.

New York Life Group Benefit Solutions
Customer Service: (800) 362-4462 | www.mynylgbs.com

Long Term Disability

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

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$8,000 per month.
- Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 91st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- 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 maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.

New York Life Group Benefit Solutions

Customer Service: (888) 842-4462 | www.mynylgbs.com



Employee Assistance Program

The County cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Evernorth. EAP offers employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes six (6) visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

Are Services Confidential?

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

Evernorth | Customer Service: (888) 736-7009
www.well.evernorth.com | Employer ID: citrusbocc

Life Assistance Program

The County offers, at no cost to eligible employees, an Employee Assistance & Wellness Support Program through ComPsych for employee and household family members. The Program is strictly confidential and provides employee and household family members, professional counseling 24 hours a day, seven (7) days a week for handling life's demands. The Program allows employee or a household family member to request a referral for three (3) visits with a specialist.

Receive phone support, advice, or a referral to a service in the community 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.
- ✓ Elder Care – Learn about challenges and solutions associated with caring for an aging loved one.
- ✓ Childcare – Assistance with locating a day care or after care program, which will fit the family's needs.
- ✓ Pet Care – Information on a grooming, boarding or veterinary services for a pet.

The Program also provides Online Support for topics such as:

- ✓ Estate Planning – Last Will and Testament, Living Will, Final Arrangements
- ✓ Legal Consolation – Power of attorney, real estate, bankruptcy, adoption/guardianship, landlord/tenant issues, divorce, personal injury, ID theft
- ✓ Financial Guidance – Debt management, family budgeting, credit problems, tax questions, mortgages, loan, refinancing, real estate
- ✓ Well-being Coaching – Five (5) well-being coaching telehealth sessions for issues including: burnout, time management, stress, emotional health, relationships

Please Note: This program is strictly confidential and no information will be shared with employer.

ComPsych

Customer Service: (800) 344-9752 | www.guidanceresources.com
Registration Web ID: NYLGBS



ComPsych 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.

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 greater than or equal to \$5,000.

New York Life Secure Travel

As part of New York Life's Accidental Death and Dismemberment (AD&D) insurance, employees have access to a worldwide Secure Travel assistance program. This program is available when employee travels more than 100 miles from home and offers pre-trip planning, assistance while traveling and emergency medical transportation benefits. Services and benefits are arranged by the service provider, Generali Global Assistance (GGA). GGA can be contacted at (888) 226-4567 from the U.S. and Canada, or at (202) 331-7635 from other locations to obtain all services and benefits.

ComPsych

Customer Service: (800) 344-9752 | www.guidanceresources.com

Registration Web ID: NYLGBS

Supplemental Insurance

Aflac

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 by contacting the agent.

Available plans include:

- ✓ Accident Advantage
- ✓ Aflac Hospital Choice
- ✓ Cancer Protection Assurance
- ✓ Aflac Plus Rider
- ✓ Critical Care Protection/Intensive Care Combo Plan
- ✓ Whole and Term Life Insurance for Adults & 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



Miscellaneous Benefits

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

Florida Retirement System (FRS)

Regular Class - Contribution Rate

Employee: 3% of gross salary

Employer: 13.57% of gross salary

Special Risk Class - Contribution Rate

Employee: 3% of gross salary

Employer: 32.67% of gross salary

Paid Holidays

11 annually (8 hour/5 workday employees) eight (8) + one (1) personal day annually (10 hour/4 workday employees)

Vacation Leave

Less than five (5) years of service: 80 hours annually = Two weeks

Five (5) to 10 years of service: 120 hours annually = Three weeks

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

Sick Leave

96 hours annually

Collective Bargaining Agreement

Employees under a collective bargaining agreement should refer to their Union contract for more information about miscellaneous benefits as they may vary.

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.

Deferred Compensation

The County has three (3) Deferred Compensation companies:

- ✓ MissionSquare Retirement
- ✓ Nationwide
- ✓ Empower

Deferred Compensation is basically a second retirement source for employees. It is tax deferred money deposited into employees account. Employee pays 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.



Employee Health & Wellness Center

Employees, retirees and dependents covered under the County's medical insurance plan have access to 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 disease management including, diabetes, high cholesterol and hypertension. The Center also provides many common 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 12 and older) who are covered under the medical insurance plan offered by the County. Dependents between age 8 & 11 must continue to see their pediatrician for regular wellness exams, school physicals and all chronic conditions. Dependents from the ages of 8 & up can be seen for non-urgent acute care.

Benefits to Employees/Retirees:

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

First time registration:

- Patients will receive an email invitation from: no-reply@eclinicalmail.com
- Subject line: Patient Portal Access Information from My Health Onsite. Please check spam/junk folder
- Email will contain information to access new patient portal, username and password
- Please contact (352) 515-9005 to update email address or if no email received

Feel free to also contact My Health Onsite at (352) 515-9005 24 hours a day, seven (7) days a week for appointments or to speak with a registered nurse about medical questions.

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. – 7:00 p.m. (Closed for Lunch 12:00 p.m. – 1:00 p.m.)
Tuesday	8:00 a.m. – 7:00 p.m. (Closed for Lunch 12:00 p.m. – 1:00 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. – 5:00 p.m. (Closed for Lunch 12:00 p.m. – 1:00 p.m.)
Friday	8:00 a.m. – 6:00 p.m. (Closed for Lunch 12:00 p.m. – 1:00 p.m.)

My Health Onsite | Customer Service: (888) 644-1448
www.myhealthonsite.com



At the Gehring Group, our goal is to be your advocate and ensure issues are resolved as quickly as possible.

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

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A RISK STRATEGIES COMPANY

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