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Cover
As an employee of the Bay County Sheriff’s Office, you are eligible to participate in our benefit plans geared towards:

- Promoting good health for you and your family
- Building financial stability for retirement
- Helping you balance work life and personal responsibilities
- Providing education and updates on your plan coverages

The benefits provided to you will require you to actively choose which plan best suits your needs. This guide gives you an overview of the benefits offered to you and your family, as well as answer any questions you may have regarding eligibility and benefit coverage. During this Open Enrollment period, you will have the opportunity to reevaluate your benefits and make any necessary changes.

Sincerely,

Tommy Ford
Bay County Sheriff
Q: Who is eligible for benefits?
A: All regularly scheduled employees working at least 30 hours per week. Coverage may also be elected for dependents, including your legal spouse and dependent children to age 26.

Q: When do I become eligible for benefits?
A: Employees are eligible for benefits the 1st of the month following the date of hire.

Q: What if I want to change my elections or I am enrolling for the first time?
A: Employees may make or change benefit elections during this Open Enrollment period.

Q: Who do I contact if I have questions and/or need further information?
A: Contact your local Personnel Office.

Q: What if I make a mistake in my coverage or change my mind?
A: Once Open Enrollment closes, changes cannot be made unless you experience an IRS approved qualifying change in family status. Please be very careful when selecting your coverage.

Q: What if I experience a qualified change in status?
A: Notify Personnel and complete appropriate documentation within 30 days of experiencing an IRS approved qualifying event. Examples include: marriage, legal separation, divorce, birth or adoption of a child, death, change in spouse’s employment status and change in eligibility. (See page 4 for more information).

Q: For which benefits will I receive a new ID card?
A: You will only receive new ID cards if you are initially electing a benefit.

Q: When do my Open Enrollment elections take effect?
A: Open Enrollment elections take effect October 1st, 2019. The complete plan year is October 1st, 2019, through September 30th, 2020. Some supplemental coverage may have different effective dates. Please see the Personnel Department for details.
Changing Your Benefit Elections

Internal Revenue Service (IRS) regulations state that benefit elections cannot be changed during a plan year unless you experience a qualifying event, which may include the following:

- Marriage
- Divorce
- Legal Separation
- Death of a spouse or other dependent
- Birth, adoption, or placement of a child for adoption
- Change in work hours that impact benefit eligibility
- You, your spouse, or dependent begin or end employment
- Dependent’s eligibility status due to age, student status, marital status or employment
- You, your spouse, or dependent become entitled to Medicare or Medicaid
- You are issued a judgment, decree, or order that requires you to provide accident or health coverage for your dependent child

If you experience a qualifying event during the year, you may choose new levels of coverage at that time, consistent with the qualifying event that takes place. If you get married, for example, you can add your new spouse to your coverage.

*IMPORTANT: You have only 30 days from the date of a change in status to enroll or drop dependents or yourself from the applicable benefits. To make changes to your benefit elections, please notify Personnel and supply supporting documentation within 30 days of change.

Automatic Tax Savings

Your medical, dental and vision premiums are automatically paid using pre-tax payroll deductions. Since the premiums are taken out before you pay taxes, your taxable income is actually reduced and you pay less in taxes over the course of a year.

The example below shows how pre-tax contributions save you money. This example is on the assumption of a $20,000 gross income; married filing jointly; and family medical insurance coverage.

<table>
<thead>
<tr>
<th></th>
<th>After Taxes</th>
<th>Pre-Tax</th>
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<tbody>
<tr>
<td><strong>Gross Annual Income</strong></td>
<td>$20,000</td>
<td>$20,000</td>
</tr>
<tr>
<td><strong>Annual Employee-Paid</strong></td>
<td>$2,000</td>
<td>$2,000</td>
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<tr>
<td><strong>Insurance Premiums</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Taxable Income</strong></td>
<td>$20,000</td>
<td>$18,000</td>
</tr>
<tr>
<td><strong>Federal Income and Social</strong></td>
<td>$2,370</td>
<td>$1,917</td>
</tr>
<tr>
<td><strong>Security Taxes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net (take-home) Pay</strong></td>
<td>$15,630</td>
<td>$16,083</td>
</tr>
</tbody>
</table>

$453 More Take-Home Pay!

Under the Internal Revenue Code Section 125, you are allowed tax savings by deducting your health care premiums from your gross salary prior to the calculation of federal income and Social Security taxes.
<table>
<thead>
<tr>
<th>Carrier</th>
<th>BlueOptions 03559 PPO</th>
<th>BlueOptions 03359 PPO</th>
<th>BlueOptions HSA 03160-03161</th>
</tr>
</thead>
</table>
| **Plan**
*OON-Out of Network       |                       |                       |                             |
| Calendar Year Deductible   | $500 Ind / $1,500 Fam-In Network $750 Ind / $2,250 Fam-OON | $1,000 Ind / $3,000 Fam-In Network $2,000 Ind / $4,000 Fam-OON | $1,350 Ind / $2,700 Fam-In Network $2,500 Ind / $5,000 Fam-OON (Family Umbrella) |
| Coinurance                 | 20%-In Network / 40%-OON | 20%-In Network / 40%-OON | 20%-In Network / 40%-OON |
| Family Physician Office Visit | $20 Copay-In Network Deductible & Coinsurance-OON | $25 Copay-In Network Deductible & Coinsurance-OON | Deductible & Coinsurance |
| Specialist Office Visit    | $40 Copay-In Network Deductible & Coinsurance-OON | Deductible & Coinsurance | Deductible & Coinsurance |
| Teladoc                    | $10 Copay             | $10 Copay             | $42 Copay                   |
| Wellness                   | 100% Covered In Network | 100% Covered In Network | 100% Covered In Network |
| Physician Services Outside Office | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance |
| Urgent Care Center         | $45 Copay-In Network Deductible, then $45 Copay-OON | Deductible & Coinsurance | Deductible & Coinsurance |
| Emergency Room             | $100 Copay            | $200 Copay            | Deductible & In Network Coinsurance |
| Inpatient Hospital         | Option 1-$600 / Option 2-$1,000 Copay-In Network Deductible & Coinsurance-OON | Option 1-$750 / Option 2-$1,000 Copay-In Network Deductible & Coinsurance-OON | Deductible & Coinsurance Option 1 - 20% / Option 2 - 25% In Network |
| Outpatient Hospital        | Option 1-$200 / Option 2-$300 Copay-In Network Deductible & Coinsurance-OON | Option 1-$150 / Option 2-$250 Copay-In Network Deductible & Coinsurance-OON | Deductible & Coinsurance Option 1 - 20% / Option 2 - 25% In Network |
| Ambulatory Surgical Center | $100 Copay-In Network Deductible & Coinsurance-OON | $100 Copay-In Network Deductible & Coinsurance-OON | Deductible & Coinsurance |
| Freestanding Lab           | $0 Copay-In Network Deductible & Coinsurance | Independent Clinical Lab $0 Copay Other Services & OON Deductible & Coinsurance | Deductible & Coinsurance |
| Pharmacy                   | Retail: No Deductible, then $10/25/40 (Condition Care: Generic $4; Preferred $15) In Network 50% Coinsurance-OON Medical: 20% Coinsurance to $200 | Retail: No Deductible, then $10/25/40 (Condition Care: Generic $4; Preferred $15) In Network 50% Coinsurance-OON Medical: 20% Coinsurance to $200 | Retail: Deductible, then $15/30/50 (Condition Care: No Deductible, then Generic $4; Preferred $15)-In Network 50% Coinsurance-OON Medical: 20% Coinsurance to $200 |
| Out of Pocket Maximum      | $2,500 Ind / $5,000 Fam-In Network $5,000 Ind / $10,000 Fam-OON | $3,000 Ind / $6,000 Fam-In Network $5,000 Ind / $10,000 Fam-OON | $5,000 Ind Network $10,000-OON |

<table>
<thead>
<tr>
<th><strong>Payroll Deductions Semi-Monthly</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>Employee+Spouse</td>
</tr>
<tr>
<td>Employee+Child(ren)</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

* HSA enrollees: Those eligible to open an HSA bank account will receive a $500 Deposit in their personal Health Savings Account
**Benefit Definitions**

**Deductible (DED):**
Deductible is the amount of money you pay for eligible medical expenses in a calendar year. For In-Network providers, you will pay the negotiated rate. For Out-of-Network providers, you will pay the full charge. After the Deductible is met, you are only responsible for the Coinsurance or Copay amounts until you reach the Maximum Out-of-Pocket amount.

**Coinsurance (COINS):**
Coinsurance is a cost sharing between you and the insurance company. For example, if the Coinsurance is 20%, that means the insurer covers 80% of the medical expenses and you pay the remaining 20% up to your Maximum Out-of-Pocket. For Out-of-Network, you would pay the applicable Coinsurance (on your plan it is 40%) plus the difference between the charged amount and the negotiated amount. This is usually a significant difference. For In-Network covered benefits the cost-sharing stops when medical expenses reach your Out-of-Pocket Maximum; after, the insurance company covers 100% for the remainder of the year.

**Copay:**
Copay is a flat fee you pay at the time of service.

**Maximum Out-of-Pocket:**
The most you will pay for In-Network covered expenses during the year. After meeting this amount, the plan will pay 100% of covered expenses for the rest of the year for covered services.

**In/Out-of-Network:**
If providers are contracted with the plan (In-Network) then they provide care at a negotiated fee which results in lower Out-of-Pocket costs.

**Please note:** Provider not contracted (Out-of-Network) can charge you more for their services. Try to stay In-Network whenever possible.

**Please see the BCSO benefits audio/visual at:**
http://www.brainshark.com/combinedinsurance/servicesofnorthfloridainc/vu?pi=zFLzCEYkizg08z0
HeAltH SAVInGS AccoUnt (HSA)

A High Deductible Health Plan allows you to have the option to open up a Health Savings Account (HSA) if you are otherwise eligible. Deductions occur with every Semi-Monthly paycheck (24 pay periods per year).

**Frequently Asked Questions**

**What is a Health Savings Account?**

A Health Savings Account (HSA) is a separate bank account that can be opened with the bank of your choice. You may choose to fund your HSA out of your paycheck, pre-tax, to go into the account to pay for any qualified medical expenses.

**How much can I contribute to the HSA?**

There is no minimum deposit but there is a set calendar year maximum mandated by the IRS. For 2019, an individual can deposit a maximum of $3,500 and a +1 or family coverage can deposit a maximum of $7,000 ($3,550 single and $7,100 family for 2020). There is a catch-up amount of $1,000 for employees over the age of 55. The amount contributed can be adjusted throughout the year by notifying Personnel. If you are enrolled in a non-HSA plan such as Medicare or VA Coverage, you are not eligible to contribute to a HSA.

**What can I use the money for?**

Once the funds become available, you can use it to pay for any qualified medical expenses, which includes anything that applies toward your deductible, dental work, prescriptions and vision related expenses. If you cannot claim a child as a dependent on your tax returns, you cannot spend HSA dollars on services for that child. Please refer to the IRS website for the most up-to-date list of allowable expenses. If you use the money to pay for items not qualified, you will pay taxes on the amount, plus a 20% penalty.

**How do I pay for these expenses?**

Depending on the bank you choose, you may receive a debit card to pay at the time of service for the transaction. You may also request a second card for a dependent. Reimbursement is available through your bank website if you do not use the supplied debit card.

**What if I do not use all of the money in my HSA by the end of the year?**

The funds in the account roll over from year to year and if you leave the Bay County Sheriff’s Office, the money goes with you. The account is always yours.
Teladoc’s U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

**SET UP YOUR ACCOUNT**

It’s quick and easy online. Visit the Teladoc website at Teladoc.com, click “Set up account” and provide the required information. You can also call Teladoc for assistance over the phone.

**REQUEST A CONSULT**

Once your account is set up, request a consult anytime you need care.

**PROVIDE MEDICAL HISTORY**

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

- **Online**: Log into Teladoc.com and click “My Medical History”.
- **Mobile app**: Log into your account and complete the “My Health Record” section. Visit Teladoc.com/mobile to download the app.
- **Call Teladoc**: Teladoc can help you complete your medical history over the phone.

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**Talk to a doctor anytime!**

* Non-HSA plan members pay $10 per consult; HSA plan members pay $42 per consult

Teladoc.com  
Facebook.com/Teladoc  
1-800-Teladoc  
Teladoc.com/mobile

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Stay In-Network
- Florida Blue’s national laboratory provider is Quest. Please make sure you are utilizing a Quest facility when obtaining lab work.
- Visit www.floridablue.com to search for providers. Call the provider to verify they are in the Florida Blue network.

Ask Your Physician Questions
Be inquisitive. These are examples of good questions to ask:
- Is there a generic alternative for this prescription?
- Can this test be performed in your office versus a hospital or independent testing facility?
- Is the lab or advanced imaging facility you’re recommending In-Network?
- Are you applying a preventive code, rather than a diagnostic code, to my routine wellness visit?

Organize Your Healthcare Information
Create a folder to ensure all your healthcare information stays together and take that folder with you to all appointments. Include items such as: Summary Plan Descriptions (SPD), Explanation of Benefits (EOB), Bills & Receipts.

Emergency Room vs. Urgent Care Facility
If the situation warrants, try Teladoc – the satisfaction levels are high and it can save you time and money. If you have a life threatening emergency, please go straight to the emergency room. However, another option is an Urgent Care Facility as compared to the ER. The Urgent Care Facility will save you money, save you time, and save you and the Bay County Sheriff’s Office money at the time of renewal.

Shop for Rx Savings
- Order prescriptions through the mail order prescription benefit to save on a 90-day supply.
- Ask your physician for samples

To save money on generic drugs, visit preferred retail stores, such as Target, Walmart, CVS, Publix and Walgreens.

Personalized Care & Support - Care Consultant Team 1-888-476-2227
- Specialized care coordination
- Long-term care/chronic health condition support
- Pregnancy and childbirth resources
New for 2019-2020!

Voluntary Benefits through United Health Care

Streamlined Coverage! Great Benefits! Lower Cost to YOU!

You may choose from 3 great plans through United Health Care:

- **Accident**: Includes coverage for a wide range of accident treatments, plus up to 365 days of hospital confinement coverage.
- **Critical Illness**: Includes Cancer, Heart Attack, Stroke, Kidney Failure and more.
- **Hospital Indemnity Coverage**: $500 Hospital Admission Benefit + $100 per day up to 364 days; maternity included after first 9 months of coverage.

All products are guaranteed issue for open enrollment with no medical questions asked.

Pre-existing exclusions apply, but credit provided for time covered under the prior Aflac or Colonial plans resulting in “no loss-no gain” from a transition.

You may keep your current Aflac or Colonial plans, and for this year, the BCSO will continue payroll deductions. No new coverage through Aflac or Colonial will be placed through BCSO. If you have a condition of significant nature, or requiring follow up care from a prior event, we encourage you to consider keeping your existing coverage.

Please see the United Health Care documents provided for details and rates!
The Bay County Sheriff’s Office has partnered with Florida Combined Life to provide dental benefits to you and your dependents. Each covered member may visit any dentist they choose, however there are advantages to receiving care from an In-Network dentist.

<table>
<thead>
<tr>
<th>Carrier</th>
<th>Florida Combined Life (<a href="http://www.floridablue.com">www.floridablue.com</a>)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan</strong></td>
<td><strong>Standard Plan</strong></td>
</tr>
<tr>
<td>*OON = Out of Network</td>
<td></td>
</tr>
<tr>
<td>Type I: Preventive Services</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>100%-No Ded</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>No Waiting</td>
</tr>
<tr>
<td>Type II: Basic Services</td>
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<tr>
<td>Coinsurance</td>
<td>100%-In Network</td>
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<tr>
<td>80%-OON</td>
<td>No Waiting</td>
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<tr>
<td>Type III: Major Service</td>
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<tr>
<td>Coinsurance</td>
<td>60%-In Network</td>
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<tr>
<td>50%-OON</td>
<td>No Waiting</td>
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<tr>
<td>Type IV: Orthodontia</td>
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<tr>
<td>Child(ren) to age 19</td>
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<tr>
<td>Coinsurance</td>
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<tr>
<td>Waiting Period</td>
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<td>Lifetime Maximum</td>
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<tr>
<td><strong>Endodontics</strong></td>
<td>Type II</td>
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<td><strong>Periodontics</strong></td>
<td>Non-Surgical: Type II</td>
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<td><strong>Calendar Year Deductible</strong></td>
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<tr>
<td><strong>Individual</strong></td>
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<td><strong>Family</strong></td>
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<td><strong>Annual Maximum Benefit</strong></td>
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<td><strong>Out of Network Reimbursement</strong></td>
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<tr>
<td><strong>Semi-Monthly Payroll Deductions</strong></td>
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<tr>
<td>Employee+Child(ren)</td>
<td>$40.66</td>
</tr>
<tr>
<td>Family</td>
<td>$40.66</td>
</tr>
</tbody>
</table>
The Bay County Sheriff’s Office has partnered with Humana to provide vision benefits to you and your dependents. Humana Vision plans encourage prevention, early diagnosis and treatment. Humana’s goal is to help employees stay healthy and possibly prevent permanent vision loss.

Routine eye exams can help prevent vision loss, but also detect more serious diseases in the body such as diabetes, hypertension, multiple sclerosis and brain tumors.

**Plan Description:**

- In-Network Exam/Material Copay: $10/$15
- In-Network Frame Allowance: $130
- In-Network Contact Lens Allowance, 12/12/24 Exam/Lens or Contact Lens/Frame Frequency Limitation: $130

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Monthly Rate</th>
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<tbody>
<tr>
<td>Employee</td>
<td>$5.92</td>
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<tr>
<td>Family</td>
<td>$16.96</td>
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</tbody>
</table>
The above hypothetical salary is based on an average starting pay of a deputy and is only used for the purpose of demonstrating the benefits paid by the Sheriff's Office on behalf of the employee. The information listed above shows the average paid in health insurance premiums for a family; the amount of Social Security and Medicare the employer pays; and the employer portion of retirement and worker’s compensation paid.

Your employer’s tax-qualified retirement plan with Nationwide is an excellent way to help accumulate money for your future. Income from this plan, when combined with other sources of retirement income, such as Social Security, pension benefits and personal savings, can help provide you with what you’ll need during retirement.

**Tax-deferred accumulation**

Current federal income taxes on all contributions, interest and earnings in your 457(b) DCP are deferred until withdrawal, usually at retirement. Tax-deferred earnings, coupled with the power of compounding, may provide greater growth than might be possible with current taxable savings methods. Remember that income taxes are payable when you withdraw money from your account and restrictions may apply to withdrawals prior to age 70 ½.

**Pretax contributions**

You contribute by convenient payroll reduction before federal income tax withholding is calculated. This helps reduce your current taxable income so you can save more for retirement with money that otherwise would have gone toward income taxes.

**2019 contribution limits:**

- 100% of annual includible income up to $19,000
- Up to $38,000 as a catch-up contribution if you are within the last three taxable years ending in the year before normal retirement age under your plan and under contributed in prior years
- $6,000 as an age-based catch-up for those age 50 or older (governmental 457(b) plan participants only)

*For more information on this plan, please see the Personnel Department.*
We all experience times when we need a little help managing our personal lives. Your employer understands this and is providing the Employee Assistance Program (EAP) to covered employees in connection with your group insurance from The Standard, to offer support, guidance and resources to help you and your family find the right balance between your work and home life.

**What Can The EAP Do For Me?**

Experienced master’s-degreed clinicians will consult with you over the telephone and direct you to the solutions and resources you need. You may also receive referrals to support groups, community resources, a network counselor or your health plan. These services are available for covered employees, their dependents, including children to age 26, and all household members.

**The EAP Services Can Help With:**

- Child care and elder care
- Alcohol and drug abuse
- Difficulties in relationships
- Stress and anxiety with work or family
- Depression
- Goal-setting
- Emotional well-being
- Financial and legal concerns
- Grief and loss
- Identity theft and fraud resolution
- Online will preparation

**How Much Does It Cost?**

The EAP and WorkLife services are provided to you in connection with your employer-sponsored group insurance from The Standard. If you accept a referral to services that are not part of your EAP program, you may be responsible for the costs associated with those services.

*Available 24 hours a day, 365 days a year*

*Call 888.293-6948 or visit www.eapbda.com*
This brochure contains the highlights of the benefit options available through the Bay County Sheriff’s Office. This information is intended to be an overview to assist in your understanding of the options available to you and some of the important terms you need to consider. The charts are not intended to reflect all of the plan provisions. For complete details, be sure to read all individual insurance option materials so you can decide what choices are right for you. The Personnel Office has all plan documents and summary plan descriptions available for your review. Remember to call Personnel if you have any questions.