

Bay County Sheriff's Office Sheriff Tommy Ford



FLORIDA SHERIFFS
EMPLOYEE BENEFITS TRUST



Florida Sheriffs Health Plan 2022-2023 Benefit Guide



2022-2023

PLAN YEAR





Bay County Sheriff's Office

TOMMY FORD, Sheriff

3421 N. Highway 77 | Panama City, Florida 32405

(850) 747-4700



We are pleased to offer you a comprehensive benefits package, and hope that this guide helps you understand the important benefits offered to you and your family. These benefit plans are designed to promote good health for you and your family, build financial stability and help balance work and personal responsibilities.

These benefits will require you to choose which plans best suit your needs. This plan is self-funded, which means that our premiums will go directly to pay claims. This will allow us to take control of our health care spending.

This also comes with the responsibility of each of us to help control costs by making smart choices when it comes to health care. A good example of that is to only utilize the emergency room for true emergencies, and take advantage of services like tele-health and ensuring that you have a primary care provider. I'm excited about the possibilities with this plan, and have a lot of faith in the Florida Sheriff's Risk Management Fund, as they currently cover our auto insurance, workers compensation and liability.

I sincerely appreciate the work that you all do to make Bay County a safer place to live and visit.

A handwritten signature in blue ink, appearing to read "Tommy Ford".

Sheriff Tommy Ford

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The following descriptions of available benefits elections options of the Bay County Sheriff's Office are purely informational and have been provided to you for illustrative purposes only. This information is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Bay County Sheriff's Office. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider and / or claims administrator for each benefit option. All benefit plans are governed by master policies, contracts, and plan documents. Any discrepancies between any information provided through this summary and the actual terms of the policies, contracts, and plan documents are governed by the terms of Bay County Sheriff's Office master policies, contracts, and the actual plan documents. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in the summary amend, modify, expand, enhance, improve, or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary. The Bay County Sheriff's Office reserves the right to amend, suspend, or terminate any benefit plan, in whole or in part, at any time given legally required notice. This document and all its contents are CONFIDENTIAL and PROPRIETARY and cannot be replaced, amended, or disclosed to any third party without the prior, express written consent of Florida Sheriffs Employee Benefits Trust.

Additional Benefit Questions

Contact your Personnel
Department
Sheriff's Office - 850-248-2058
Jail - 850-215-5097

HAVE QUESTIONS?

Contact your Quantum Care
Coordinators

Quantum Health
877-711-9778
M-F 7:30 AM - 9:00 PM, CST



QUICK REFERENCE-POLICY NUMBERS

| Benefit | Carrier/Vendor | Policy Number | Phone Number | Website Address |
|--------------------------------------|--------------------|-----------------------------|--------------|---|
| Medical | UMR/Quantum Health | 76-414512 | 877-711-9778 | floridasheriffshealthplan.com |
| Prescriptions | OptumRX | 76-414512 | 877-711-9778 | floridasheriffshealthplan.com |
| Telehealth | RelyMD | Bay County Sheriff's Office | 855-879-4332 | patient.relymd.app |
| Dental | The Standard | 160-760491 | 800-547-9515 | www.standard.com/dental |
| Vision | The Standard | 160-760491 | 800-547-9515 | www.standard.com/vision |
| Basic Life | The Standard | 622422 | 800-348-3226 | www.standard.com |
| Voluntary Life | The Standard | 622422 | 800-348-3226 | www.standard.com |
| Voluntary Worksite | UHC | 306473 | 800-539-0038 | FPCustomerSupport@uhc.com (email address) |
| Voluntary Accident Insurance Program | NY Life | OK 971276 | 800-557-7975 | www.newyorklife.com/ group-benefit-solutions/forms |
| Employee Assistance Program (EAP) | Optum EAP | FSHP | 866-248-4096 | liveandworkwell.com |

STAY IN TOUCH WITH MOBILE APPS

Download free mobile software applications in the App Store or Google Play to access your benefits on-the go:



Your Health Insurance Plan- MyQHealth App

- Online chat with your Care Coordinators
- View claims
- Check benefits and coverage
- Download and view your online member ID card
- Find in-network providers near you



Your Vision Insurance Plan - VSP App

- Confirm your coverage
- View member ID card
- Shop the latest eye-wear fashions 24/7



Your Optum EAP Plan- MyLiveandworkwell

- Find providers
- Get authorizations
- Connect with an EAP specialist instantly via the click to call and chat feature
- Access to the app's extensive library of resources



Your Optum EAP Plan- Sanvello

- On-demand help with stress, anxiety, and depression
- Daily mood tracking
- Personalized progress tracker
- Utilize coping tools
- Guided journeys
- Community support



Your Telemedicine Plan- RelyMD

- Remote consultations
- Evaluate injuries
- 24/7- 365 virtual access to US Board Certified Physicians
- Access via online, phone, or mobile app



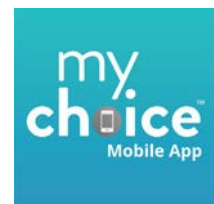
Your Wellness Partner- Wondr Health

- Digital program that teaches clinically proven weight management skills
- Science based and clinically proven results
- Free access to those enrolled in medical coverage
- 24/7 access and support



Your Online Enrollment System - MyChoice App

- Review benefit details and plan information, on the go
- Get quick, one touch access to change your benefits and start enrollment
- Store your carrier ID cards for easy access at the doctor
- Understand important reminders when action is needed



ELIGIBILITY & ENROLLMENT GUIDELINES

ELIGIBILITY

All full-time benefits-eligible employees who regularly work 30-hours per week (or retirees) are eligible for coverage.

Your coverage will be effective the first of the month following 30-days since you began employment at the Bay County Sheriff's Office, unless hired on the first then benefits begin immediately; or within 30-days of a life event, or following open enrollment.

DEPENDENT ELIGIBILITY

An eligible dependent is generally defined as a covered employee's legal spouse or a child of the employee and/or their legal spouse. Marriage, student, and disability status can affect a child's eligibility. Your employer and FSEBT reserve the right to require documentation to confirm dependent eligibility.

For specific eligibility provisions, please refer to that applicable benefit plan summary or policy.

MAXIMUM DEPENDENT CHILD AGES

| | |
|--------------------|--|
| MEDICAL | End of the calendar year they turn 30 years old. * |
| DENTAL | End of the calendar year they turn 26 years old. |
| VISION | End of the calendar year they turn 26 years old. |
| LIFE | Through age 25 years old. |
| VOLUNTARY WORKSITE | End of the calendar year they turn 26 years old. |

*An employee's child from 26 to 30 years old (end of calendar year) provided the Child is unmarried, does not have a dependent of their own, is a Florida resident or full-time or part-time student, is not eligible for Medicare, and is not covered under another group or individual policy.

SPECIAL NOTES

- Spouses that are both employees of the Bay County Sheriff's Office cannot double cover each other on any plan.
- Please keep your information updated in the BenefitSolver system so that we can properly provide any needed documentation to you in an efficient manner.

INFORMATION FOR RETIREES

- Medicare Eligibility- Once you become eligible for Medicare Part A and B, you must contact the Social Security Administration (SSA) about your Medicare benefits. Enrollment in Medicare is time sensitive and you may be subject to financial penalties if you miss the federal deadlines. Contact your local SSA office, call 800-MEDICARE, or visit www.medicare.gov for more information. When your Medicare benefits take effect, your insurance with Bay County Sheriff's Office becomes the secondary payer.
- Coverage Changes- Retirees are allowed to keep the benefits that they have at retirement, but may not add other benefits unless a new product is offered. Retirees are allowed to add dependents to their coverage during open enrollment or resulting from any qualifying life event during the year. Retirees may drop coverage at any time outside of Open Enrollment and Qualifying Events. Once coverage is dropped you are not permitted to elect benefits through the Bay County Sheriff's Office at a future date.

QUALIFYING EVENTS & IRS SECTION 125

IRS SECTION 125

Premiums for medical, dental, vision insurance and/or certain supplemental plans are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to a member's pre-tax benefits can be made ONLY during the Open Enrollment period unless the employee or qualified dependents experience a qualifying event and the request to make a change is made within 30-days of the qualifying event. Certain qualifying events may allow for changes to be made within 60-days of the qualifying event, please refer to your section 125 documents or contact your Personnel Department.

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

EXAMPLES OF QUALIFYING EVENTS

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employee's work hours cause eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing eligibility for coverage under a State Medicaid or CHIP (including Florida KidCare) program
- Becoming eligible for state premium assistance under Medicaid or CHIP (including Florida KidCare) program
- Enrollment in a qualified health plan offered through an exchange during special enrollment period



MEMBERS WHO EXPERIENCE A QUALIFYING EVENT MUST CONTACT THE PERSONNEL DEPARTMENT WITHIN 30 DAYS TO MAKE THE APPROPRIATE CHANGES TO COVERAGE

Beyond 30 days, requests will be denied and the member may be responsible, both legally and financially, for any claim and/or expense incurred as a result of the member or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, billing changes are effective on the first of the month following the qualifying event. Benefits for newborns are effective on their date of birth, with any applicable billing changes taking place on the first of the month following 30 days from their date of birth. Cancellations will be processed according to policy guidelines. In the event of death, coverage will terminate the date following the death. Members will be required to furnish valid documentation supporting a change in status due to a qualifying event. Certain qualifying events may allow for changes to be made within 60-days of the qualifying event, please refer to your benefit plan documents and your section 125 documents or contact your Personnel Department.

MONTHLY RATES

MEDICAL RATES - FSHP \$500 Deductible Plan

| Tier | Full-Time Employee (Monthly) | Full-Time Employee (Semi-Monthly) |
|-------------------|------------------------------|-----------------------------------|
| Employee | \$253.28 | \$126.64 |
| Employee + Spouse | \$652.40 | \$326.20 |
| Employee + Child | \$567.86 | \$283.93 |
| Family | \$873.64 | \$436.82 |

MEDICAL RATES - FSHP \$1,000 Deductible Plan

| Tier | Full-Time Employee (Monthly) | Full-Time Employee (Semi-Monthly) |
|-------------------|------------------------------|-----------------------------------|
| Employee | \$92.12 | \$46.06 |
| Employee + Spouse | \$238.92 | \$119.46 |
| Employee + Child | \$215.22 | \$107.61 |
| Family | \$293.52 | \$146.76 |

MEDICAL RATES - FSHP HDHP HSA PLAN

| Tier | Full-Time Employee (Monthly) | Full-Time Employee (Semi-Monthly) |
|-------------------|------------------------------|-----------------------------------|
| Employee | \$15.00 | \$7.50 |
| Employee + Spouse | \$35.00 | \$17.50 |
| Employee + Child | \$30.00 | \$15.00 |
| Family | \$50.00 | \$25.00 |

DENTAL RATES - HIGH PLAN

| Tier | Full-Time Employee (Monthly) | Full-Time Employee (Semi-Monthly) |
|----------|------------------------------|-----------------------------------|
| Employee | \$26.40 | \$13.20 |
| Family | \$85.54 | \$42.77 |

DENTAL RATES - LOW PLAN

| Tier | Full-Time Employee (Monthly) | Full-Time Employee (Semi-Monthly) |
|----------|------------------------------|-----------------------------------|
| Employee | \$22.58 | \$11.29 |
| Family | \$73.16 | \$36.58 |

VISION RATES

| Tier | Full-Time Employee (Monthly) | Full-Time Employee (Semi-Monthly) |
|----------|------------------------------|-----------------------------------|
| Employee | \$5.20 | \$2.60 |
| Family | \$14.36 | \$7.18 |

EMPLOYEE BASIC LIFE & AD&D RATES \$10,000

| Tier | Full-Time Employee (Monthly) |
|------------------------------|------------------------------|
| Employee Basic Life \$10,000 | \$0.00 |
| AD&D | \$0.00 |

MONTHLY RATES

EMPLOYEE & SPOUSE VOLUNTARY LIFE RATES

| Age | Per \$1,000 (Monthly) |
|---------------------------|--------------------------|
| 0-24 | \$0.09 |
| 25-29 | \$0.10 |
| 30-34 | \$0.11 |
| 35-39 | \$0.13 |
| 40-44 | \$0.21 |
| 45-49 | \$0.33 |
| 50-54 | \$0.51 |
| 55-59 | \$0.81 |
| 60-64 | \$1.02 |
| 65-69 | \$1.44 |
| 70-74 | \$3.85 |
| 75+ | \$3.85 |
| Employee & Spouse AD&D | \$0.03 |

CHILD VOLUNTARY LIFE RATES

| Tier | Per \$1,000 (Monthly) |
|------------------------------|--------------------------|
| \$5,000- \$10,000 Benefit | \$0.20 |
| Child AD&D | \$0.03 |

VOLUNTARY WORKSITE - ACCIDENT PLAN

| Tier | Full-Time Employee (Monthly) |
|----------------------|------------------------------------|
| Employee | \$6.74 |
| Employee + Spouse | \$9.64 |
| Employee + Child | \$9.64 |
| Family | \$12.56 |

VOLUNTARY WORKSITE - HOSPITAL INDEMNITY LOW PLAN

| Tier | Full-Time Employee (Monthly) |
|----------------------|------------------------------------|
| Employee | \$7.72 |
| Employee + Spouse | \$16.82 |
| Employee + Child | \$15.29 |
| Family | \$26.14 |

VOLUNTARY WORKSITE - HOSPITAL INDEMNITY HIGH PLAN

| Tier | Full-Time Employee (Monthly) |
|----------------------|------------------------------------|
| Employee | \$13.73 |
| Employee + Spouse | \$30.05 |
| Employee + Child | \$27.06 |
| Family | \$46.44 |

VOLUNTARY ACCIDENT INSURANCE PROGRAM RATES

| Tier | Employee (Monthly) | Family (Monthly) |
|-----------|-----------------------|---------------------|
| \$50,000 | \$2.00 | \$2.75 |
| \$100,000 | \$4.00 | \$5.50 |
| \$150,000 | \$6.00 | \$8.25 |
| \$200,000 | \$8.00 | \$11.00 |
| \$250,000 | \$10.00 | \$13.75 |

VOLUNTARY WORKSITE - CRITICAL ILLNESS

For voluntary worksite - critical illness rates, please see the attachment from UHC on page 11-13.

UnitedHealthcare

Proposed Critical Illness Plan Monthly Premium for Bay County Sheriff's Office

Effective Date: October 01, 2019

Voluntary Offer

| Employee Paid Monthly Premium | Option 1: EE \$5,000 / SP \$2,500 / CH \$1,250 | | | |
|----------------------------------|--|---------|---------|--------------|
| | Uni-Tobacco | | | |
| Age Range | EE Only | EE + SP | EE + CH | EE + SP + CH |
| 18 | \$0.45 | \$0.68 | \$0.65 | \$0.88 |
| 19 | \$0.50 | \$0.75 | \$0.70 | \$0.95 |
| 20 | \$0.55 | \$0.83 | \$0.75 | \$1.03 |
| 21 | \$0.60 | \$0.90 | \$0.80 | \$1.10 |
| 22 | \$0.65 | \$1.00 | \$0.85 | \$1.20 |
| 23 | \$0.75 | \$1.13 | \$0.95 | \$1.33 |
| 24 | \$0.80 | \$1.20 | \$1.00 | \$1.40 |
| 25 | \$0.85 | \$1.28 | \$1.05 | \$1.48 |
| 26 | \$0.90 | \$1.35 | \$1.10 | \$1.55 |
| 27 | \$0.95 | \$1.43 | \$1.15 | \$1.63 |
| 28 | \$1.00 | \$1.50 | \$1.20 | \$1.70 |
| 29 | \$1.05 | \$1.58 | \$1.25 | \$1.78 |
| 30 | \$1.10 | \$1.68 | \$1.30 | \$1.88 |
| 31 | \$1.20 | \$1.83 | \$1.40 | \$2.03 |
| 32 | \$1.35 | \$2.03 | \$1.55 | \$2.23 |
| 33 | \$1.50 | \$2.25 | \$1.70 | \$2.45 |
| 34 | \$1.60 | \$2.43 | \$1.80 | \$2.63 |
| 35 | \$1.75 | \$2.63 | \$1.95 | \$2.83 |
| 36 | \$1.90 | \$2.85 | \$2.10 | \$3.05 |
| 37 | \$2.05 | \$3.08 | \$2.25 | \$3.28 |
| 38 | \$2.25 | \$3.38 | \$2.45 | \$3.58 |
| 39 | \$2.45 | \$3.68 | \$2.65 | \$3.88 |
| 40 | \$2.65 | \$4.00 | \$2.85 | \$4.20 |
| 41 | \$3.10 | \$4.65 | \$3.30 | \$4.85 |
| 42 | \$3.55 | \$5.30 | \$3.75 | \$5.50 |
| 43 | \$4.10 | \$6.08 | \$4.30 | \$6.28 |
| 44 | \$4.60 | \$6.83 | \$4.80 | \$7.03 |
| 45 | \$5.10 | \$7.55 | \$5.30 | \$7.75 |
| 46 | \$5.65 | \$8.33 | \$5.85 | \$8.53 |
| 47 | \$6.15 | \$9.08 | \$6.35 | \$9.28 |
| 48 | \$6.85 | \$10.05 | \$7.05 | \$10.25 |
| 49 | \$7.50 | \$11.00 | \$7.70 | \$11.20 |
| 50 | \$8.15 | \$11.93 | \$8.35 | \$12.13 |
| 51 | \$8.85 | \$12.93 | \$9.05 | \$13.13 |
| 52 | \$9.55 | \$13.93 | \$9.75 | \$14.13 |
| 53 | \$10.30 | \$15.03 | \$10.50 | \$15.23 |
| 54 | \$11.10 | \$16.15 | \$11.30 | \$16.35 |
| 55 | \$11.90 | \$17.28 | \$12.10 | \$17.48 |
| 56 | \$12.75 | \$18.50 | \$12.95 | \$18.70 |
| 57 | \$13.65 | \$19.80 | \$13.85 | \$20.00 |
| 58 | \$14.95 | \$21.63 | \$15.15 | \$21.83 |
| 59 | \$16.30 | \$23.55 | \$16.50 | \$23.75 |
| 60 | \$17.70 | \$25.55 | \$17.90 | \$25.75 |
| 61 | \$19.05 | \$27.50 | \$19.25 | \$27.70 |
| 62 | \$20.40 | \$29.45 | \$20.60 | \$29.65 |
| 63 | \$21.95 | \$31.70 | \$22.15 | \$31.90 |
| 64 | \$23.50 | \$33.98 | \$23.70 | \$34.18 |
| 65 | \$25.05 | \$36.23 | \$25.25 | \$36.43 |
| 66 | \$26.65 | \$38.58 | \$26.85 | \$38.78 |
| 67 | \$28.25 | \$40.90 | \$28.45 | \$41.10 |
| 68 | \$29.95 | \$43.40 | \$30.15 | \$43.60 |
| 69 | \$31.75 | \$46.03 | \$31.95 | \$46.23 |
| 70 | \$33.60 | \$48.78 | \$33.80 | \$48.98 |
| 71 | \$35.45 | \$51.40 | \$35.65 | \$51.60 |
| 72 | \$37.80 | \$54.80 | \$38.00 | \$55.00 |
| 73 | \$39.95 | \$58.00 | \$40.15 | \$58.20 |
| 74 | \$42.15 | \$61.25 | \$42.35 | \$61.45 |
| 75 | \$44.40 | \$64.60 | \$44.60 | \$64.80 |
| 76 | \$46.65 | \$67.93 | \$46.85 | \$68.13 |
| 77 | \$48.90 | \$71.25 | \$49.10 | \$71.45 |
| 78 | \$51.10 | \$74.53 | \$51.30 | \$74.73 |
| 79 | \$53.30 | \$77.80 | \$53.50 | \$78.00 |
| 80 | \$55.50 | \$81.08 | \$55.70 | \$81.28 |
| 81 | \$56.25 | \$82.18 | \$56.45 | \$82.38 |
| 82 | \$57.00 | \$83.28 | \$57.20 | \$83.48 |
| 83 | \$57.75 | \$84.38 | \$57.95 | \$84.58 |
| 84 | \$58.45 | \$85.40 | \$58.65 | \$85.60 |
| 85 | \$59.15 | \$86.43 | \$59.35 | \$86.63 |
| 86 | \$59.80 | \$87.40 | \$60.00 | \$87.60 |
| 87 | \$60.50 | \$88.40 | \$60.70 | \$88.60 |
| 88 | \$61.15 | \$89.40 | \$61.35 | \$89.60 |
| 89 | \$61.80 | \$90.40 | \$62.00 | \$90.60 |
| 90+ | \$62.45 | \$91.38 | \$62.65 | \$91.58 |

| Employee Paid Monthly Premium | Option 2: EE \$10,000 / SP \$5,000 / CH \$2,500 | | | |
|----------------------------------|---|----------|----------|--------------|
| | Uni-Tobacco | | | |
| | EE Only | EE + SP | EE + CH | EE + SP + CH |
| 18 | \$0.90 | \$1.35 | \$1.30 | \$1.75 |
| 19 | \$1.00 | \$1.50 | \$1.40 | \$1.90 |
| 20 | \$1.10 | \$1.65 | \$1.50 | \$2.05 |
| 21 | \$1.20 | \$1.80 | \$1.60 | \$2.20 |
| 22 | \$1.30 | \$2.00 | \$1.70 | \$2.40 |
| 23 | \$1.50 | \$2.25 | \$1.90 | \$2.65 |
| 24 | \$1.60 | \$2.40 | \$2.00 | \$2.80 |
| 25 | \$1.70 | \$2.55 | \$2.10 | \$2.95 |
| 26 | \$1.80 | \$2.70 | \$2.20 | \$3.10 |
| 27 | \$1.90 | \$2.85 | \$2.30 | \$3.25 |
| 28 | \$2.00 | \$3.00 | \$2.40 | \$3.40 |
| 29 | \$2.10 | \$3.15 | \$2.50 | \$3.55 |
| 30 | \$2.20 | \$3.35 | \$2.60 | \$3.75 |
| 31 | \$2.40 | \$3.65 | \$2.80 | \$4.05 |
| 32 | \$2.70 | \$4.05 | \$3.10 | \$4.45 |
| 33 | \$3.00 | \$4.50 | \$3.40 | \$4.90 |
| 34 | \$3.20 | \$4.85 | \$3.60 | \$5.25 |
| 35 | \$3.50 | \$5.25 | \$3.90 | \$5.65 |
| 36 | \$3.80 | \$5.70 | \$4.20 | \$6.10 |
| 37 | \$4.10 | \$6.15 | \$4.50 | \$6.55 |
| 38 | \$4.50 | \$6.75 | \$4.90 | \$7.15 |
| 39 | \$4.90 | \$7.35 | \$5.30 | \$7.75 |
| 40 | \$5.30 | \$8.00 | \$5.70 | \$8.40 |
| 41 | \$6.20 | \$9.30 | \$6.60 | \$9.70 |
| 42 | \$7.10 | \$10.60 | \$7.50 | \$11.00 |
| 43 | \$8.20 | \$12.15 | \$8.60 | \$12.55 |
| 44 | \$9.20 | \$13.65 | \$9.60 | \$14.05 |
| 45 | \$10.20 | \$15.10 | \$10.60 | \$15.50 |
| 46 | \$11.30 | \$16.65 | \$11.70 | \$17.05 |
| 47 | \$12.30 | \$18.15 | \$12.70 | \$18.55 |
| 48 | \$13.70 | \$20.10 | \$14.10 | \$20.50 |
| 49 | \$15.00 | \$22.00 | \$15.40 | \$22.40 |
| 50 | \$16.30 | \$23.85 | \$16.70 | \$24.25 |
| 51 | \$17.70 | \$25.85 | \$18.10 | \$26.25 |
| 52 | \$19.10 | \$27.85 | \$19.50 | \$28.25 |
| 53 | \$20.60 | \$30.05 | \$21.00 | \$30.45 |
| 54 | \$22.20 | \$32.30 | \$22.60 | \$32.70 |
| 55 | \$23.80 | \$34.55 | \$24.20 | \$34.95 |
| 56 | \$25.50 | \$37.00 | \$25.90 | \$37.40 |
| 57 | \$27.30 | \$39.60 | \$27.70 | \$40.00 |
| 58 | \$29.90 | \$43.25 | \$30.30 | \$43.65 |
| 59 | \$32.60 | \$47.10 | \$33.00 | \$47.50 |
| 60 | \$35.40 | \$51.10 | \$35.80 | \$51.50 |
| 61 | \$38.10 | \$55.00 | \$38.50 | \$55.40 |
| 62 | \$40.80 | \$58.90 | \$41.20 | \$59.30 |
| 63 | \$43.90 | \$63.40 | \$44.30 | \$63.80 |
| 64 | \$47.00 | \$67.95 | \$47.40 | \$68.35 |
| 65 | \$50.10 | \$72.45 | \$50.50 | \$72.85 |
| 66 | \$53.30 | \$77.15 | \$53.70 | \$77.55 |
| 67 | \$56.50 | \$81.80 | \$56.90 | \$82.20 |
| 68 | \$59.90 | \$86.80 | \$60.30 | \$87.20 |
| 69 | \$63.50 | \$92.05 | \$63.90 | \$92.45 |
| 70 | \$67.20 | \$97.55 | \$67.60 | \$97.95 |
| 71 | \$70.90 | \$102.80 | \$71.30 | \$103.20 |
| 72 | \$75.60 | \$109.60 | \$76.00 | \$110.00 |
| 73 | \$79.90 | \$116.00 | \$80.30 | \$116.40 |
| 74 | \$84.30 | \$122.50 | \$84.70 | \$122.90 |
| 75 | \$88.80 | \$129.20 | \$89.20 | \$129.60 |
| 76 | \$93.30 | \$135.85 | \$93.70 | \$136.25 |
| 77 | \$97.80 | \$142.50 | \$98.20 | \$142.90 |
| 78 | \$102.20 | \$149.05 | \$102.60 | \$149.45 |
| 79 | \$106.60 | \$155.60 | \$107.00 | \$156.00 |
| 80 | \$111.00 | \$162.15 | \$111.40 | \$162.55 |
| 81 | \$112.50 | \$164.35 | \$112.90 | \$164.75 |
| 82 | \$114.00 | \$166.55 | \$114.40 | \$166.95 |
| 83 | \$115.50 | \$168.75 | \$115.90 | \$169.15 |
| 84 | \$116.90 | \$170.80 | \$117.30 | \$171.20 |
| 85 | \$118.30 | \$172.85 | \$118.70 | \$173.25 |
| 86 | \$119.60 | \$174.80 | \$120.00 | \$175.20 |
| 87 | \$121.00 | \$176.80 | \$121.40 | \$177.20 |
| 88 | \$122.30 | \$178.80 | \$122.70 | \$179.20 |
| 89 | \$123.60 | \$180.80 | \$124.00 | \$181.20 |
| 90+ | \$124.90 | \$182.75 | \$125.30 | \$183.15 |

| Employee Paid Monthly Premium | Option 3: EE \$20,000 / SP \$10,000 / CH \$5,000 | | | |
|----------------------------------|--|----------|----------|--------------|
| | Uni-Tobacco | | | |
| | EE Only | EE + SP | EE + CH | EE + SP + CH |
| 18 | \$1.80 | \$2.70 | \$2.60 | \$3.50 |
| 19 | \$2.00 | \$3.00 | \$2.80 | \$3.80 |
| 20 | \$2.20 | \$3.30 | \$3.00 | \$4.10 |
| 21 | \$2.40 | \$3.60 | \$3.20 | \$4.40 |
| 22 | \$2.60 | \$4.00 | \$3.40 | \$4.80 |
| 23 | \$3.00 | \$4.50 | \$3.80 | \$5.30 |
| 24 | \$3.20 | \$4.80 | \$4.00 | \$5.60 |
| 25 | \$3.40 | \$5.10 | \$4.20 | \$5.90 |
| 26 | \$3.60 | \$5.40 | \$4.40 | \$6.20 |
| 27 | \$3.80 | \$5.70 | \$4.60 | \$6.50 |
| 28 | \$4.00 | \$6.00 | \$4.80 | \$6.80 |
| 29 | \$4.20 | \$6.30 | \$5.00 | \$7.10 |
| 30 | \$4.40 | \$6.70 | \$5.20 | \$7.50 |
| 31 | \$4.80 | \$7.30 | \$5.60 | \$8.10 |
| 32 | \$5.40 | \$8.10 | \$6.20 | \$8.90 |
| 33 | \$6.00 | \$9.00 | \$6.80 | \$9.80 |
| 34 | \$6.40 | \$9.70 | \$7.20 | \$10.50 |
| 35 | \$7.00 | \$10.50 | \$7.80 | \$11.30 |
| 36 | \$7.60 | \$11.40 | \$8.40 | \$12.20 |
| 37 | \$8.20 | \$12.30 | \$9.00 | \$13.10 |
| 38 | \$9.00 | \$13.50 | \$9.80 | \$14.30 |
| 39 | \$9.80 | \$14.70 | \$10.60 | \$15.50 |
| 40 | \$10.60 | \$16.00 | \$11.40 | \$16.80 |
| 41 | \$12.40 | \$18.60 | \$13.20 | \$19.40 |
| 42 | \$14.20 | \$21.20 | \$15.00 | \$22.00 |
| 43 | \$16.40 | \$24.30 | \$17.20 | \$25.10 |
| 44 | \$18.40 | \$27.30 | \$19.20 | \$28.10 |
| 45 | \$20.40 | \$30.20 | \$21.20 | \$31.00 |
| 46 | \$22.60 | \$33.30 | \$23.40 | \$34.10 |
| 47 | \$24.60 | \$36.30 | \$25.40 | \$37.10 |
| 48 | \$27.40 | \$40.20 | \$28.20 | \$41.00 |
| 49 | \$30.00 | \$44.00 | \$30.80 | \$44.80 |
| 50 | \$32.60 | \$47.70 | \$33.40 | \$48.50 |
| 51 | \$35.40 | \$51.70 | \$36.20 | \$52.50 |
| 52 | \$38.20 | \$55.70 | \$39.00 | \$56.50 |
| 53 | \$41.20 | \$60.10 | \$42.00 | \$60.90 |
| 54 | \$44.40 | \$64.60 | \$45.20 | \$65.40 |
| 55 | \$47.60 | \$69.10 | \$48.40 | \$69.90 |
| 56 | \$51.00 | \$74.00 | \$51.80 | \$74.80 |
| 57 | \$54.60 | \$79.20 | \$55.40 | \$80.00 |
| 58 | \$59.80 | \$86.50 | \$60.60 | \$87.30 |
| 59 | \$65.20 | \$94.20 | \$66.00 | \$95.00 |
| 60 | \$70.80 | \$102.20 | \$71.60 | \$103.00 |
| 61 | \$76.20 | \$110.00 | \$77.00 | \$110.80 |
| 62 | \$81.60 | \$117.80 | \$82.40 | \$118.60 |
| 63 | \$87.80 | \$126.80 | \$88.60 | \$127.60 |
| 64 | \$94.00 | \$135.90 | \$94.80 | \$136.70 |
| 65 | \$100.20 | \$144.90 | \$101.00 | \$145.70 |
| 66 | \$106.60 | \$154.30 | \$107.40 | \$155.10 |
| 67 | \$113.00 | \$163.60 | \$113.80 | \$164.40 |
| 68 | \$119.80 | \$173.60 | \$120.60 | \$174.40 |
| 69 | \$127.00 | \$184.10 | \$127.80 | \$184.90 |
| 70 | \$134.40 | \$195.10 | \$135.20 | \$195.90 |
| 71 | \$141.80 | \$205.60 | \$142.60 | \$206.40 |
| 72 | \$151.20 | \$219.20 | \$152.00 | \$220.00 |
| 73 | \$159.80 | \$232.00 | \$160.60 | \$232.80 |
| 74 | \$168.60 | \$245.00 | \$169.40 | \$245.80 |
| 75 | \$177.60 | \$258.40 | \$178.40 | \$259.20 |
| 76 | \$186.60 | \$271.70 | \$187.40 | \$272.50 |
| 77 | \$195.60 | \$285.00 | \$196.40 | \$285.80 |
| 78 | \$204.40 | \$298.10 | \$205.20 | \$298.90 |
| 79 | \$213.20 | \$311.20 | \$214.00 | \$312.00 |
| 80 | \$222.00 | \$324.30 | \$222.80 | \$325.10 |
| 81 | \$225.00 | \$328.70 | \$225.80 | \$329.50 |
| 82 | \$228.00 | \$333.10 | \$228.80 | \$333.90 |
| 83 | \$231.00 | \$337.50 | \$231.80 | \$338.30 |
| 84 | \$233.80 | \$341.60 | \$234.60 | \$342.40 |
| 85 | \$236.60 | \$345.70 | \$237.40 | \$346.50 |
| 86 | \$239.20 | \$349.60 | \$240.00 | \$350.40 |
| 87 | \$242.00 | \$353.60 | \$242.80 | \$354.40 |
| 88 | \$244.60 | \$357.60 | \$245.40 | \$358.40 |
| 89 | \$247.20 | \$361.60 | \$248.00 | \$362.40 |
| 90+ | \$249.80 | \$365.50 | \$250.60 | \$366.30 |

MEDICAL

| Claims Administrator | UMR | | | | | |
|--|--------------------------------|---------------|--------------------------------|---------------|--------------------------------|---------------|
| Name of Plan | FSHP \$500 Deductible Plan | | FSHP \$1,000 Deductible Plan | | FSHP HDHP HSA Plan | |
| Provider Network | UHC Choice Plus PPO | | | | | |
| In-Network Benefits | | | | | | |
| Calendar-Year Deductible | | | | | | |
| Individual | \$500 | | \$1,000 | | \$1,400 | |
| Family | \$1,500 | | \$3,000 | | \$2,800 | |
| Coinsurance (Member Responsibility) | 20% | | 20% | | 20% | |
| Calendar Year Out-Of-Pocket Maximum | | | | | | |
| Individual | \$2,500 | | \$3,000 | | \$5,000 | |
| Family | \$5,000 | | \$6,000 | | \$5,000 | |
| Office Visits | | | | | | |
| Primary Care | \$20 copay | | \$25 | | Calendar Year Deductible + 20% | |
| Specialist | \$40 copay | | Calendar Year Deductible + 20% | | Calendar Year Deductible + 20% | |
| Telemedicine | \$20 copay | | \$25 copay | | Calendar Year Deductible + 20% | |
| Common Services | | | | | | |
| Diagnostic Labwork / X-rays | \$0 copay / \$50 (x-rays) | | \$0 copay / \$50 (x-rays) | | Calendar Year Deductible + 20% | |
| Advanced Imaging (CT, PET, MRI) | \$150 copay | | \$125 copay | | Calendar Year Deductible + 20% | |
| Inpatient Hospital Facility Services | \$600 copay | | \$750 copay | | Calendar Year Deductible + 20% | |
| Outpatient Hospital Facility Services | \$200 copay | | \$150 copay | | Calendar Year Deductible + 20% | |
| Ambulatory Surgical Center Facility Fee | \$100 copay | | \$100 copay | | Calendar Year Deductible + 20% | |
| Urgent Care | \$45 copay | | Calendar Year Deductible + 20% | | Calendar Year Deductible + 20% | |
| Emergency Room Facility | \$100 copay | | \$200 copay | | Calendar Year Deductible + 20% | |
| Ambulance Services | Calendar Year Deductible + 20% | | Calendar Year Decutable + 20% | | Calendar Year Deductible + 20% | |
| Pharmacy | 30-Day Supply | 90-Day Supply | 30-Day Supply | 90-Day Supply | 30-Day Supply | 90-Day Supply |
| Generic | \$10 copay | \$0 copay | \$10 copay | \$0 copay | \$15 copay | \$0 copay |
| Preferred Brand Name | \$25 copay | \$50 copay | \$25 copay | \$50 copay | \$30 copay | \$60 copay |
| Non-Preferred Brand Name | \$40 copay | \$80 copay | \$40 copay | \$80 copay | \$50 copay | \$100 copay |
| Specialty | See RX Fomulary | | See RX Fomulary | | See RX Fomulary | |
| Out-of-Network Benefits | | | | | | |
| Calendar Year Deductible (Individual/Family) | \$750/ \$2,250 | | \$2,000 / \$6,000 | | \$2,500 / \$5,000 | |
| Coinsurance- | 40% | | 40% | | 40% | |
| Out-Of-Pocket (Individual/Family) | \$5,000 / \$10,000 | | \$5,000 / \$10,000 | | \$5,000 / \$10,000 | |

PRESCRIPTIONS

Prescription drug costs can vary depending on the type of drug:

- Is the prescription a generic, a preferred brand-name, or a non-preferred brand-name drug?
- Do you have a 30-day or 90-day supply?
- Are you purchasing your prescriptions at a retail pharmacy or via mail order?

The Pharmacy section of the medical table shows the costs of using generics, brand-name, or mail order medications.

Check the formulary, or list of covered medications, to determine what tier your prescription is in. Refer to the BenefitSolver Reference Center for the formulary list.

MAIL ORDER PRESCRIPTIONS

There are specific advantages to using mail order prescription medications, including:

- Cost savings- You will incur fewer copays when you order a 90-day supply.
- Free shipping- There is no extra shipping charge for mail order prescriptions.
- Convenience- You do not have to make as many trips to the pharmacy, stand in line, or wait for your prescriptions to be filled.

Note: Mail order prescriptions require a 90-day script from your provider.

GENERIC PRESCRIPTIONS

Remember, talk to your doctor to see if a generic prescription is right for you!



EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Bay County Sheriff's Office provides an Employee Assistance Program (EAP) through Optum. Optum EAP is available to all active employees and dependents enrolled in the medical plan.

People face all kinds of challenges that can cause stress at home and work. The Optum Employee Assistance Program (EAP) is here to support you in managing whatever issues life sends your way, including:

- Family and parenting issues
- Relationship problems
- Legal consultations: criminal matters, living wills, and divorce
- Life changes, personal crises
- Mediation services: child custody, real estate, and collections
- Stress related to work or personal issues
- Financial services: bankruptcy, retirement planning, and taxes
- Setting goals to live your best life
- Drug and alcohol abuse assistance

ONLINE RESOURCES

Unlimited 24/7/365 access to Masters-level specialists via phone and online. Completely confidential service with no bills, copays, or deductibles:

- 866-248-4096
- liveandworkwell.com
- Talkspace App
- Access Code: FSHP



DENTAL

Dental care is a vital part of your overall health; it's not just about preventing cavities. Having dental coverage helps ensure that you and your family get quality dental care at an affordable cost.

| Carrier | The Standard | | | |
|---|--|--|--|--|
| Name of Plan | PPO Low Plan | | PPO High Plan | |
| Network | Ameritas Network | | | |
| Out-of-Network Payment Level | 95th U&C* | | | |
| Deductible | In-Network | Out-of-Network** | In-Network | Out-of-Network ** |
| Individual- Calendar Year | \$50 per visit (waived for Type 1) | \$50 per visit (waived for Type 1) | \$50 per visit (waived for Type 1) | \$50 per visit (waived for Type 1) |
| Family- Calendar Year | \$150 per visit (waived for Type 1) | \$150 per visit (waived for Type 1) | \$150 per visit (waived for Type 1) | \$150 per visit (waived for Type 1) |
| Plan Maximum | | | | |
| Calendar Year Max*** | \$1,000 | \$1,000 | \$2,000 | \$2,000 |
| Class | | | | |
| Preventive- Type 1 | 100% | 100% | 100% | 100% |
| Basic- Type 2 | 100% | 100% | 100% | 100% |
| Major- Type 3 | 60% | 60% | 60% | 60% |
| Orthodontia | | | | |
| Coinsurance (Plan Pays) | 50% | 50% | 50% | 50% |
| Coverage for Children and/or Adults | Child only (up to age 19) | Child only (up to age 19) | Child only (up to age 19) | Child only (up to age 19) |
| Lifetime Maximum Per Person | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Max Builder Flex | | | | |
| Benefit Threshold - per insured person | \$500 | | \$750 | |
| Annual Carryover Amount - per insured person | \$250 | | \$400 | |
| Annual PPO Bonus | \$100 | | \$100 | |
| Maximum Carryover | \$1,000 | | \$1,200 | |

*Services received out-of-network are based on the 95th percentile of "Usual and Customary" (U&C) for all providers in the designated service area.

**If you go to an out-of-network Dentist, you will be responsible for paying the difference between what the Dentist submits for payment and the amount we pay.

***Combined dental and eye maximum



QUESTIONS? Contact The Standard

Phone: 800-547-9515

Website: standard.com/dental

PolicyLinkSM Dental + Vision Plan

Benefits That Give You The Freedom To Choose



No two people have the same health care needs. That's why your employer has partnered with The Standard to provide you with Dental and Vision benefits that are flexible enough to fit your lifestyle. This plan combines Dental and Vision into a single benefits package that gives you more control over your health care budget.

\$150 Vision Max

Choose Your Own Dental And Vision Providers

Your Dental care is backed by one of the largest networks in the country. And there are no restrictions on your Vision care – choose any provider you wish.

Decide How Your Health Care Budget Is Spent

This plan gives you the option to set aside part of your Dental annual maximum to pay for Vision care. If you end up with an unused amount for Vision, you can reclaim it for Dental services. That means more flexibility to spend your health care budget where you need it most -- like on preventive care, which can help maintain your overall health.

A Single Carrier To Manage Two Benefits

Combining Dental and Vision into a single plan means you only need to call one number to manage both your Dental and Vision care. Dental claims are automatically submitted by your care provider. With our Vision coverage, you'll submit a claim for reimbursement after paying at the point of care.

Insurance From A Nationwide Leader

Plus, the plan is backed by the comprehensive services and support of The Standard, a nationally recognized carrier of group Disability, Life, Dental and Vision insurance.

Standard Insurance Company

**The Standard Life Insurance
Company of New York**

www.standard.com

16877

PolicyLink Dental + Vision Plan EE
(12/20)

Your Dental Benefits Portal

How to log in and manage your benefits from any device



Access your Dental benefits from The Standard using our secure member portal. It's designed to work on any web-enabled device. So you can check your Dental benefits, show your ID card or find a dentist anytime.

We're here to help make things easy. Let's get started.

Log In or Register in 3 Simple Steps

1

Go to standard.com/dental:

- Select “**Log In For Benefits**”.

2

Log in or register for a new account:

- Existing members: Choose “**Members**” and log in with your user ID and password, if you already have an account.
- New members: Choose “**Members**,” then “**New Users**” and register to create a user ID and password.

3

If prompted, complete the 2-step verification process for security:

- Request a one-time security passcode by selecting your preferred contact method — text or a phone call.
- Enter the code to verify your identity and complete your registration. You're all set!

Review Your Benefits or Select a Dentist

Once you're logged in, you can:

- Print an ID card
- Review your benefits summary or certificate
- Check the status of claims
- Review your Explanation of Benefits
- Find or suggest a dental provider



Need help logging in?

Please contact your HR department.
Or call The Standard's Dental customer service team at **800.547.9515**. You can count on us for fast answers and support.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue of Portland, Oregon, in all states except New York. Standard Insurance Company is licensed to solicit insurance business in all states except New York.

VISION

Vision coverage provides you and your family with quality vision benefits at an affordable cost. We encourage you and your family to visit the optometrist or ophthalmologist regularly to maintain your vision health.

| Carrier | The Standard | |
|--------------------------|---|--|
| Name of Plan | PPO Plan | |
| Network | VSP Network | |
| | In-Network | Out-of-Network* |
| Deductible | | |
| Exams | \$10 copay | \$10 copay (up to \$45 allowance including deductible) |
| Materials | \$10 copay | \$10 copay |
| Frames Allowance | up to \$130 allowance | up to \$70 allowance |
| Contacts Allowance | Medically Necessary- covered in full Elective- up to \$130 allowance | Medically Necessary- up to \$210 allowance Elective- up to \$105 allowance (includes allowance for fitting & exam) |
| Contact Fitting | \$60 copay | N/A |
| Benefit Frequency | | |
| Exams | 12 months | 12 months |
| Lenses | 12 months | 12 months |
| Frames | 24 months | 24 months |
| Lense Options | | |
| Single Vision | Covered in full | Up to \$30 |
| Bifocal | Covered in full | Up to \$50 |
| Trifocal | Covered in full | Up to \$65 |

*If you go to an out-of-network provider, you will be responsible for paying the difference between what the provider submits for payment and the amount we pay.



QUESTIONS? Contact The Standard

Phone: 800-547-9515

Website: www.standard.com

BASIC LIFE AND AD&D

No one wants to think about it, but an unexpected death can have devastating financial consequences for survivors. These consequences can linger long after the initial shock and grief. Life insurance can help your family manage expenses and make a very difficult transition less painful.

Bay County Sheriff's Office provides Basic Life and AD&D through The Standard at no cost to active employees.

Please refer to BenefitSolver for your benefit coverage amounts.

AD&D pays in addition to the Basic Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Life benefit.

Your life plan includes a Line of Duty Benefit (Sworn Only): The lesser of (1) \$50,000 or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.

| Carrier | The Standard |
|-------------------|----------------|
| Active Employee | |
| Basic Life & AD&D | \$10,000 |
| | |
| Age Reductions | Benefit |
| At age 65 | Reduced by 35% |
| At age 70 | Reduced by 50% |
| 75 and over | Reduced by 65% |



DON'T FORGET TO UPDATE YOUR BENEFICIARIES!
You may update your information online at benefitsolver.com



QUESTIONS? Contact The Standard
Phone: 800-348-3226
Website: www.standard.com

VOLUNTARY LIFE AND AD&D

Bay County Sheriff's Office offers Voluntary Life. This coverage is intended to provide your family with additional financial assistance in the event of your or your spouse's death.

You may choose to purchase Voluntary Life coverage through The Standard for you and your dependents.

Your spouse's premiums are based on your age. For your dependent children, one premium covers all of your eligible dependent children. Age tiers change annually on October 1st.

Newly eligible employees may purchase Voluntary Life insurance without having to provide Evidence of Insurability (EOI) up to the Guarantee Issue amount.

NOTE

This coverage is convertible and portable, so you can take it with you if you leave the Bay County Sheriff's Office. However, your premiums may change. You must apply in writing to The Standard within 31 days after the date your employment terminates. See your policy and certificate for a full list of your portability and conversion rights.

| Carrier | The Standard |
|--|-----------------|
| Employee | |
| Increments | \$10,000 |
| Maximum | \$300,000 |
| Guarantee Issue for Newly Eligible Members | up to \$200,000 |
| | |
| Spouse | |
| Increments | \$5,000 |
| Maximum | \$250,000 |
| Guarantee Issue | up to \$50,000 |
| | |
| Age Reductions | Benefit |
| At age 65 | Reduced by 35% |
| At age 70 | Reduced by 50% |
| At age 75+ | Reduced by 65% |
| | |
| Dependent Child(ren) | |
| Increments | \$5,000 |
| Maximum | \$10,000 |
| Guarantee Issue | \$10,000 |



DON'T FORGET TO UPDATE YOUR BENEFICIARIES!
You may update your information online at benefitsolver.com



QUESTIONS? Contact The Standard
Phone: 800-348-3226
Website: www.standard.com

VOLUNTARY WORKSITE PRODUCTS

The Bay County Sheriff's Office offers employees the opportunity to purchase voluntary worksite coverages through UHC. These benefits are easy to apply for with simplified underwriting. Please note, some may apply pre-existing limitations. See plan documents for a detailed listing of coverages and benefits.

Accidents happen. Nobody plans on breaking a bone or falling ill and ending up in the emergency room. But a lot of the time the hardest thing to heal after a hospital stay, accident, or illness is your financial health. For more information and to review required disclosures, please refer to the Reference Center at www.benefitsolver.com.

ACCIDENT

When an accident happens, you may be unable to work, which can lead to a loss or reduction in income. Accident insurance provides lump-sum payments for many conditions (no limitations to the number of accidents payable) including:

- Ambulance Services
- Emergency Rooms & Urgent Care
- Doctor Visits
- Hospital Admissions & Stays
- Burns
- Concussions
- Fractures/Dislocations
- Organized Sports Injuries
- Lodging Travel & Child Care

CRITICAL ILLNESS

Critical Illness coverage can help cover what disability insurance might not. It can assist in paying for copays, deductibles, or out-of-pocket costs. For example:

- Benign Brain Tumor
- Cancer- Invasive
- Cancer- Non-Invasive
- Coma
- Coronary Artery Disease
- Heart Attack
- Heart Failure
- Stroke
- Major Organ Failure

HOSPITAL INDEMNITY

Hospital Indemnity coverage helps you and your family stay financially protected if you are suddenly hospitalized due to illness or accident. This lump sum payment can be used to cover things that your medical plan may not.

Hospital Indemnity offers two plans to select from:

Option 1 pays:

- \$100 per Hospital Confinement
- \$100 per ICU Confinement
- \$500 per Admission

Option 2 pays:

- \$150 per Hospital Confinement
- \$150 per ICU Confinement
- \$1,000 per Admission

Employees receive money directly when they are admitted into the hospital and for the time of their stay.

SPECIAL NOTE FOR RETIREES

Voluntary Worksite is not available to Retirees.

VOLUNTARY ACCIDENT INSURANCE PROGRAM (VAIP)

Accident insurance covers you in the event of accidental death or accidental dismemberment, and is available without medical exam on a payroll deduction basis. You may choose employee only or family coverage in amounts of \$50,000 to \$250,000. Your spouse's benefit amount is 50% of yours, or 60% if you have no dependent children. Each covered child has a benefit amount of 10% of yours, or 15% if you have no eligible spouse. The maximum principal sum payable is up to \$25,000 for dependent children.

- Spouse coverage ends at age 70
- Employee benefits reduce according to the below:

| | |
|---------------|---------------------------|
| Age 70-74 | Reduces to 65% of benefit |
| Age 75-79 | Reduces to 45% of benefit |
| Age 80-84 | Reduces to 30% of benefit |
| Age 85 & over | Reduces to 15% of benefit |

Additional plan information can be found in your official plan summary documents.

SPECIAL NOTE FOR RETIREES

VAIP is not available to Retirees.

LAW ENFORCEMENT BENEFIT ENHANCEMENTS

Bullet Proof Vest:

- If a covered loss occurs while wearing a bulletproof vest while on official duty and the vest fails to prevent the bullet's penetration, an additional 50% of the principal sum will be paid (up to \$100,000).

Law Enforcement Officer's Benefit:

- The carrier will pay the benefit shown in the Schedule of Benefits on receipt of proof that the Covered Person, while serving as a Law Enforcement Officer, suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident. The Covered Accident must occur in the line of duty.

COVERAGE INCLUDES THESE ADDITIONAL BENEFITS AND MORE:

- Secure Travel
- Life Assistance
- Disability Advantage
- Financial Advantage
- Survivor Assistance

DEFERRED COMPENSATION

Employees of the Bay County Sheriff's Office are eligible to enroll in voluntary Deferred Compensation 457 plan(s). Deferred Compensation is an arrangement which permits you to authorize a portion of your salary to be deferred for payment to you at a later date.

When you retire, your state retirement and social security payments may not be enough to cover all of your needs depending on when you plan to retire. Deferred Compensation is a voluntary contribution, funded by you, to supplement retirement planning needs.

There are various options you can choose from to defer taxes and/or investment accumulation until these distributions are withdrawn at retirement. Per IRS guidelines, retired sworn personnel may be able to elect pay withdrawal of up to \$3,000 once per calendar year, tax free, to help offset their health insurance premiums. Please check with your plan provider for more information on this program.



ADDITIONAL BENEFITS & RESOURCES

MYQHEALTH

Your MyQHealth Care Coordinators are a free resource available to employees and dependents of those currently enrolled in the Florida Sheriffs Health Plan. The Quantum Care Coordinators are your dedicated team of nurses, benefits experts and claim specialists who advocate for your care.

Quantum Care Coordinators can assist with:

- Replacing ID cards
- Answering claims/billing & benefits questions
- Finding in-network providers
- Wellness Coaching
- Tobacco Cessation

Your MyQHealth Care Coordinators are available M-F, 7:30 AM-9:00 PM (CST) via phone at 877-711-9778 or via live chat at [FloridaSheriffsHealthPlan.com](https://www.floridasheriffshhealthplan.com).

FLORIDA SHERIFFS HEALTH PLAN (FSHP)

MY CHRONIC CONDITION PROGRAM

As a member of the Florida Sheriffs Health Plan diagnosed with a chronic condition, you may have the opportunity to receive your medications and certain services at no cost. You must meet 50% of the required “Care Path” activities for your condition(s). To see the list of qualifying chronic conditions and Care Path activities go to [FloridaSheriffsHealthPlan.com](https://www.floridasheriffshhealthplan.com) site and click on the “My Health” tab or see the flyer in your Benefit Guide.

Your MyQHealth Care Coordinators are available M-F, 7:30 AM-9:00 PM (EST) via phone at 877-711-9778 or via live chat at [FloridaSheriffsHealthPlan.com](https://www.floridasheriffshhealthplan.com).

RELYMD

RelyMD provides Florida Sheriffs Health Plan members with 24/7/365 on-demand access to board certified physicians for consulting, diagnosis, and prescriptions via interactive audio or video for common and acute illnesses.

*Dependents under the age of two are ineligible for telemedicine, other family members not covered by the medical plan can utilize these services at the full cost of \$49.00

You can connect via:

- RelyMD Mobile App
- (855) 879-4332
- patient.relymd.app

Telemedicine Copay: \$20 (\$500 Deductible Plan)

Telemedicine Copay: \$25 (\$1,000 Deductible Plan)

Telemedicine Copay: DED + 20% (HDHP HSA Plan)

WONDR HEALTH

The Florida Sheriffs Health Plan has partnered with Wondr Health. Now you can lose weight, gain energy, sleep better, and improve your mind and body- all while eating your favorite foods.

Wondr Health is a behavioral science-based program created by a team of doctors and clinicians to produce clinically proven lasting results. Go to wondrhealth.com/FSHP to learn more.



IF THERE'S A BETTER WAY FOR
YOU TO EXPERIENCE HEALTHCARE,
WE'LL FIND IT.



MyQHealth
by QUANTUM HEALTH

We're problem-solving, frustration-fighting people on a mission to make your healthcare simpler. We're your MyQHealth Care Coordinators.

If it's a matter of healthcare, it's a matter for us. Consider us your dedicated team of nurses, benefits experts and claims specialists who advocate for your care. Among other things, we:

- Issue/replace ID cards
- Answer claims, billing and benefits questions
- Help manage chronic conditions
- Find in-network providers
- Get to know you and your unique health needs
- Help reduce unnecessary out-of-pocket costs
- Ensure you receive high-quality, safe and cost-effective care

Want to reach us? We're just a tap, click or call away.

If you see "Quantum Health" calling, your MyQHealth Care Coordinators are trying to reach you. It's a matter of your healthcare – we wouldn't call if it weren't important.

Some reasons we might call:

- Your provider is out of network
- Reducing out-of-pocket costs
- Prescribed medications that shouldn't be taken together
- Secondary insurance confirmation
- Wellness coaching
- Nurse support for condition management
- Preadmission or postdischarge follow-ups

So, if Quantum Health shows up on your caller ID, that may be us trying to reach you.

floridasheriffshealthplan.com

877-711-9778
(Monday–Friday, 8:30 a.m.–10 p.m. ET)

Download the app | **MyQHealth - Care Coordinators**



HOW TO GET STARTED WITH MYQHEALTH



Login

[Help](#)

Email Address (User ID)

Password

☐ Remember User ID

LOGIN

[Forgot User ID?](#)

[Forgot Password?](#)

Don't have an account? [Register](#)

HOW TO REGISTER

If you haven't already registered on your member portal, let's get started! Here's how:

1. Click on **Register**.
2. Provide the information requested. Anything with an asterisk (*) is required. (Please note that, while not required, your mobile number can be used for account verification via SMS code. Otherwise, we will use the email address you provide.)
3. Click **Next**.
4. A verification code will be sent to your choice of mobile phone, if provided, or email address.
5. Enter the verification code.

THAT'S IT!

After you register, you'll be able to access claims, search for an in-network provider, and print and save a copy of your ID card.

floridasheriffshealthplan.com

877-711-9778

(Monday–Friday, 8:30 a.m.–10 p.m. ET)

Download the app | **MyQHealth - Care Coordinators**

If there's a more cost-effective way to get the care you need,

WE'LL FIND IT.



MyQHealth.
by QUANTUM HEALTH

When you need medical care, you may be surprised by the difference in the cost of the care you choose. Wait times may also differ. To help you make an informed decision, we've put together a quick cost comparison guide.



PRIMARY CARE PHYSICIAN (PCP)

- PCP knows your health history
- Personalized treatment plan
- Can refer you to the right specialist, if needed

COST

\$



TELEMEDICINE - relyMD.

- Convenient option for common ailments, like cold or flu
- Talk with a doctor anytime, anywhere by video consult
- Treatment for many medical conditions within the hour
- Affordable option when PCP isn't available

\$



URGENT CARE

- For a variety of medical problems that need urgent treatment but aren't true emergencies
- No appointment required; however, may involve a long wait
- Higher cost than PCP or telemedicine

\$\$\$



EMERGENCY ROOM (ER)

- For life-threatening conditions, like heart attack, stroke and seizure, or severe injuries, like broken bones or lacerations
- No appointments
- May involve a long wait, depending on emergency
- Significantly higher cost than other options listed

\$\$\$\$

floridasheriffshealthplan.com

877-711-9778

(Monday–Friday, 8:30 a.m.–10 p.m. ET)

Download the app | **MyQHealth - Care Coordinators**

REMINDER ABOUT PRECERTIFICATION



MyQHealth.
by QUANTUM HEALTH

Certain medical services require precertification – Call your MyQHealth Care Coordinators to ensure claim approval

From medical claims to check-ups, your Care Coordinators are with you every step of your healthcare journey. We're your personal team of specialists and clinicians who support your unique healthcare needs.

We can also help by ensuring that precertification has been obtained prior to your upcoming service.

Call your MyQHealth Care Coordinators to confirm that your healthcare provider has precertified your service, if necessary. If not, we will reach out to your provider to obtain the information we need.

Services that require precertification include:

- Inpatient hospital admissions
- Surgery (inpatient or outpatient)
- Home Health and Hospice Care
- Skilled Nursing facility (SNF) admissions
- Transplants
- MRI, MRA, and PET scans
- Durable Medical Equipment (DME) over \$1500
- Oncology Care and Services
- Office Surgeries (ex. Colonoscopy)
- Dialysis
- Partial Hospitalizations and Intensive Outpatient Care for Mental Health/Substance Abuse
- Genetic testing
- Specialty Medical Drugs administered by Healthcare Providers

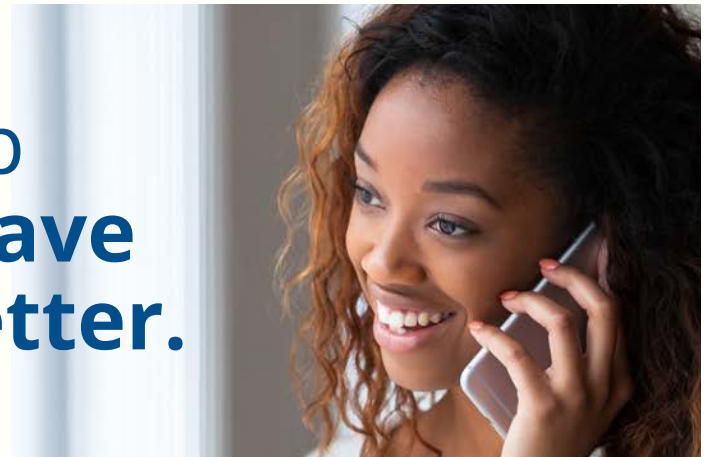
If you have a medical service or procedure coming up, call your MyQHealth Care Coordinators at 877-711-9778 (Monday - Friday, 8:30 a.m. - 10 p.m. ET) or visit floridasheriffshealthplan.com to see if it requires precertification. We'll make sure you're in good shape.

floridasheriffshealthplan.com

877-711-9778
(Monday-Friday, 8:30 a.m.-10 p.m. ET)

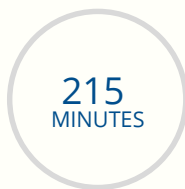
Download the app | **MyQHealth - Care Coordinators**

Rely on us to help you **save time, save money & feel better.**

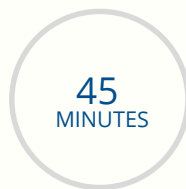


RelyMD provides members with 24/7/365 access to U.S. board-certified physicians who can diagnose common and acute illnesses and injuries regardless of time and location.

Why RelyMD? It's Convenient AND Cost Effective.



**EMERGENCY
ROOM**



**URGENT
CARE**



**PRIMARY
CARE**



RELYMD

"The doctor that helped me was very kind and professional, he helped me figure out and take care of my issue promptly. RelyMD saved me a lot of time and money. I'd give the doctor a 10 out of 10." -Charles

3 Easy Ways to Use **RelyMD.**



Visit **patient.relymd.app**
from your computer.



Download the RelyMD app
from your device's app store.



Dial 855-879-4332 from
your telephone.

Clinically-proven weight loss without counting calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

The Florida Sheriffs Health Plan has partnered with Wondr Health™ to help you improve your health at no cost to you.*

Space is limited. Apply between 9/5 - 9/18.

Go to www.wondrhealth.com/get-started/



What is Wondr?

No points, plans, or counting calories.

Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the “e” in Wondr) and is clinically-proven for lasting results.

*Restrictions and eligibility info can be found at wondrhealth.com[Shortcut]

LET'S TALK RESULTS

In as little as 10 weeks:



84%



LOST WEIGHT

62%



FEEL MORE CONFIDENT

61%



HAVE MORE ENERGY

68%



ARE MORE PHYSICALLY ACTIVE

85%



FEEL MORE IN CONTROL OF THEIR WEIGHT

57%



FEEL THEIR MOOD HAS IMPROVED

*Based on Wondr Health Book of Business



FLORIDA SHERIFFS
HEALTH PLAN



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Life can be challenging

Optum EAP is here to help

People face all kinds of challenges that can cause stress at home and work. The Optum Employee Assistance Program (EAP) is here to support you in managing whatever issues life sends your way, including:

- Family and parenting issues
- Relationship problems
- Legal consultations: criminal matters, living wills, divorce, etc.
- Life changes, personal crises
- Mediation services: child custody, real estate, collections, etc.
- Stress related to work or personal issues
- Financial services: bankruptcy, retirement planning, taxes, etc.
- Setting goals to live your best life
- Drug and alcohol abuse assistance

How it works

Call EAP and speak to an Optum representative. Optum requests employer name to verify election of the service. Optum does not carry eligibility information, so as a member, you can feel comfortable only providing your employer name (ie: ABC Company). Once verified, the Optum agent will assist or direct you based on the reason for your call.

Log into liveandworkwell.com. Once you're in, you can access the website with your employer access code (if available) or as a guest using access code UMREAP. From there, you can navigate through the website based on your needs.



Contact Optum EAP

- **Phone:** 866.248.4096 (24/7/365)
- **Online:** liveandworkwell.com (24/7/365)
 - Access Code: FSHP
- **No charge to member**

*Optum will not share personal records with your employer or anyone else without your permission. All services are confidential in accordance with federal and state laws. Exceptions: Required by law (court order), suspect child/elder abuse, threat or harm to oneself or others, medical emergencies, gravely disabled to the point of threatening well-being, written consent.



Optum EAP is available to all actively enrolled employees.

- Unlimited 24/7/365 access to Masters-level specialists and liveandworkwell.com
- Unlimited talk time with experts skilled in solution focused consultation and motivational interviewing
- Immediate access to help with referrals to a clinician, attorney, financial planner, mediation specialist, or other provider
- Completely confidential service with no bills, co-pays or deductibles.



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Dear FDSA Member:

We are pleased to inform you of some exciting upgrades to your Florida Deputy Sheriffs Association member benefits. As you know, Sheriff Tommy Ford provides your membership as a great employee benefit and it remains in effect as long as you are employed by the Bay County Sheriff's Office. As part of this membership, you have enjoyed the following benefits, now upgraded, with many additional enhancements:

- 1.) Accidental Death & Dismemberment – your annual salary paid to your beneficiary survivors or a schedule of benefits paid to you based on the severity of your injuries. These benefits now include “loss of use” *i.e.* of hand, foot, eye, etc. vs. total loss and no more exclusions for accidents involving alcohol or ATV use.
- 2.) A \$50,000 scholarship fund for surviving children (*household income limits apply*)
- 3.) Statewide and local training and networking opportunities
- 4.) Access to the Lend-A-Hand fund for deputies suffering from personal tragedies and hardships
- 5.) Legislative representation for bills and issues affecting our law-enforcement industry
- 6.) Assistance filing state and federal claims for your survivors in the event of your on-duty death.
- 7.) Provide after death, in-casket transportation to home town or family burial site.

Effective immediately, Sheriff Ford is now also providing at no cost to you, an additional enhancement for all sworn officers – professional legal representation for incidences including use of force and vehicle crashes involving serious injuries and for investigations including Internal Affairs and FDLE. If you need immediate representation, call our 24/7 toll free number (844-890-0412), tell the hotline specialist “this is an emergency call” and you will immediately speak directly with our attorneys. Our attorneys can be on-scene with you typically, within two hours or less. Please take a moment and save the FDSA 24/7 Legal Hotline number in your mobile phone right now. You may also use the same number for legal assistance for non-emergency needs.

We are very pleased to have you as one of our now nearly 14,000 members which represent over one-third of all deputies throughout our State. If you have any questions, would like additional information, or become aware of any Florida deputy in need, please call our office number 844-890-0412 or email me directly at kdean@fldeputysheriffs.org

Sincerely,

AKeith Dean

A. Keith Dean, CPA
Executive Director

LEGAL NOTIFICATIONS

CMS DATA COLLECTION REQUIREMENTS TO ENFORCE MEDICARE SECONDARY PAYER

A Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers, third party administrators, and plan administrators or fiduciaries of self-insured/self-administered group health plans to report, as directed by the Secretary of the Department of Health and Human Services, information that the Secretary requires for purposes of coordination of benefits. The law also imposes this same requirement on liability insurers (including self-insurers), no-fault insurers and workers' compensation laws or plans. Two key elements that are required to be reported are HICNs (or SSNs) and EINs. In order for Medicare to properly coordinate Medicare payments with other insurance and/or workers' compensation benefits, Medicare relies on the collection of both the HICN (or SSN) and the EIN, as applicable.

Therefore your employer or insurer will ask for your and your dependents' SSNs to meet the requirements of this law.

For further information on the mandatory reporting requirements under this law, please visit <https://www.cms.gov> on the CMS website.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Personnel Department at 850-248-2164 or FSEBT at 866-345-3688.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Florida, you can contact your Florida Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact the Florida Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

FLORIDA – Medicaid:

Website: <https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html>

Phone: 1-877-357-3268

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: all stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. See page 11 for specific deductible and coinsurance amounts for the various plans offered. If you would like more information on WHCRA benefits, contact your Personnel Department at 850-248-2164 or your Quantum Care Coordinators at 877-711-9778.

Our Plan complies with these requirements. Benefits for these items generally are comparable to those provided under our Plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our Plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator. You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies; the parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Bay County Sheriff's Office, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events within 30 calendar days of when one of these events occurs:

- Hours of employment are reduced, or employment ends for any reason other than your gross misconduct;
- Death of the employee;
- Commencement of a proceeding in the bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 calendar days after the qualifying event occurs. You must provide this notice to: UMR COBRA Administration, PO BOX 1206, Wausau, WI 54402-1206; Phone Number: (800)207-1824. Any notice you provide must state: the name of the plan, the name and address of the employee covered under the plan, the name and address of the Qualified Beneficiary, the Qualifying Event and the date it happened.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

- Disability extension of 18-month period of continuation coverage. If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To receive this extension, a qualified beneficiary must notify the Plan Administrator of that determination (by providing a copy of the determination letter) within 60 days and before the end of the original 18-month period. The affected individual must also notify the Florida Sheriff Plan Administrator within 30 days of any final determination that the individual is no longer disabled. Information can be provided by mail to UMR COBRA Administration, PO BOX 1206, Wausau, WI 54402-1206; Phone Number: (800)207-1824.
- Second qualifying event extension of 18-month period of continuation coverage. If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as

a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Bay County Sheriff's Office
Kim Cummings
3421 N. Hwy 77
Panama City, FL 32405
850-248-2164

HEALTH INFORMATION PRIVACY PRACTICES

Effective Date of this Notice: September 23, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Designated Privacy Official

Kim Cummings, Comptroller
kimberly.cummings@bayso.org
850-248-2164

Your Rights

Get a copy of your health and claims records:

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health and claims records, usually within 30-days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records:

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete.

- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information:

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we share it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make.) We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- You can file a complaint if you feel we have violated your rights by contacting us using the information on page one.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.
- Contact you for fundraising efforts.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious or imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Help manage the health care treatment you receive:

- We can share your health information and share it with professionals who are treating you.

Run our Organization:

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Pay for your health services:

- We can use and disclose your health information as we pay for your health services.

Administer your plan:

- We may disclose your health information to your health plan sponsor for plan administration.

How else can we use or share your health information? We are allowed or required to share your information in other ways - usually in ways that contribute to the public

good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medication
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research:

- We can use or share your information for health research

Comply with the law:

- We will share information about you if state or federal laws require it, including with the department of health and human services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director:

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests:

We can share health information about you:

- For workers compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

Our Responsibilities

- We are required by law to maintain the privacy and

security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

IMPORTANT NOTICE FROM BAY COUNTY SHERIFF'S OFFICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

This notice has information about your current prescription drug coverage with Bay County Sheriff's Office and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Bay County Sheriff's Office has determined that the prescription drug coverage offered by the Bay County Sheriff's Office Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a

penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Bay County Sheriff's Office coverage will be affected. If you decide to enroll in a Medicare prescription drug plan and drop your current Bay County Sheriff's Office prescription drug coverage, be aware that you and your dependents cannot get this coverage back. You may NOT choose to keep your current Bay County Sheriff's Office coverage with the Florida Sheriff's Health Plan AND enroll in the Medicare Part D prescription plan. Keep in mind that your current plan covers other health expenses in addition to prescription drugs.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Bay County Sheriff's Office and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

For further information, call FSEBT at 866-345-3688.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bay County Sheriff's Office changes. You also may request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

MICHELLE’S LAW

Michelle’s law prohibits group health plans from terminating the coverage of a dependent child enrolled in a post secondary educational institution on a medically necessary leave of absence which results in the loss of student status. Plans are prohibited from terminating the dependent’s coverage earlier than one year following the first day of the medical leave of absence, or the date the coverage would otherwise terminate. For example, if the student reaches the age limit for dependent children under the plan and is no longer eligible to be a plan participant.

For the purposes of Michelle’s Law, a dependent child is an individual who was enrolled in dependent coverage on the basis of being a student at a postsecondary educational institution immediately prior to the first day of a medically necessary leave of absence.

A medically necessary leave of absence under Michelle’s Law is a leave of absence from or other change in enrollment status in a postsecondary educational institution which begins while the child is suffering from a serious illness or injury and has become medically necessary. The coverage provided to the dependent child(ren) during any period of continued coverage:

- Is available for up to one year after the first day of the medically necessary leave of absence, but ends earlier if coverage under the plan would otherwise terminate, and
- Stays the same as if your child had continued to be a covered student and had not taken a medically necessary leave of absence.

If the coverage provided by the plan is changed during this one-year period, the plan must provide the changed coverage for the dependent child for the remainder of the medically necessary leave of absence unless, as a result of the change, the plan no longer provides coverage for dependent children.

If you believe your child is eligible for this continued coverage, the child’s treating physician must provide a written certification to the plan stating that your child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

Coordination With COBRA Continuation Coverage

If your child is eligible for Michelle’s Law’s continued coverage and loses coverage under the plan at the end of the continued coverage period, continuation coverage under COBRA will be available at the end of Michelle’s Law coverage period and a COBRA notice will be provided at that time.

Questions?

If you have any questions regarding the information in this notice or your child’s right to Michelle’s Law’s continued coverage, or if you would like a copy of your Summary Plan Description (which contains important information about plan benefits, eligibility, exclusions, and limitations), you should contact Bay County Sheriff’s Office, 3421 N Hwy 77, 32405; 850-248-2164.

NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. The 48-hour (or 96-hour) period starts at the time of delivery, unless a woman delivers outside of the hospital. In that case, the period begins at the time of the hospital admission. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may

not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

MENTAL HEALTH PARITY & ADDICTION EQUITY ACT DISCLOSURE

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under this plan with respect to mental health or substance use disorder benefits, please contact your Personnel Department at 850-248-2164.

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward that is right for you in light of your health status. Contact your Quantum Care Coordinators at 877-711-9778 and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member, or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling or genetic diseases for which an individual may be at risk.

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FLORIDA SHERIFFS EMPLOYEE BENEFITS TRUST



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