

<b>Indian River County Survey on Employee Health Clinics 2020</b>	<b>Responding Agency: Martin County Sheriff's Office</b>
<b>Contact:</b> Sheila O'Sullivan - 772-226-1377 sosullivan@ircgov.com	<b>Contact:</b> Aimie Pieper (772)220-7005 ampieper@sheriff.martin.fl.us
<b>Purpose:</b> We are evaluating the different types of employee clinics that various agencies have implemented to evaluate whether implementing a clinic would be beneficial and cost effective.	<b>Please provide responses below and provide any details and comments that may assist us in evaluating clinic options.</b>
<b>Your Health Plan Participant Count:</b>	<b>745 employees</b>
<b>HISTORY</b>	
Are you self-insured for your health insurance?	Yes
Please provide the employer's monthly contribution towards the various health plan options.	See Sheet 2
Please provide the employee's monthly contribution toward the various health plan options.	See Sheet 2
What motivated your agency's decision to pursue a clinic? What were the main drivers?	Mitigate health insurance inflation through cost migration to a lower and controlled setting while providing enhanced services to our members.
Please list the goals you were hoping to accomplish when implementing a clinic. Employee benefit enhancement? Cost savings? Wellness program? Access to care?	All the above and OPEB liability mitigation.
How did you determine your organization was ready to implement a clinic?	Self funded with sufficient reserves for the initial "seed money" investment. Additionally, the SO partnered with the County in an interlocal agreement for economies of scale.
<b>IMPELEMENTATION PROCESS</b>	
How long did it take from the decision to implement to go live?	6 month process
Describe the implementation process.	Several meetings with staff and our consultant to discuss feasibility.
What resources did you need? Did you use an outside consultant to assist you?	Broker assisted
What were the start up costs?	Budgeted 1 year of costs with the hope for a 1.5 to 2.0 ROI in year 2
Which department oversees the clinic and how many staff are allocated in support of employee benefits and the employee clinic?	Human Resources - 3 staff members in HR
Describe your communication plan to your members?	Educational meetings
What challenges did you face and what would you do differently? Describe lessons learned related to implementation?	N/a
<b>CLINIC MODEL</b>	
When was the clinic implemented?	2011
Describe your clinic model. Number of clinic locations, number and type of clinic staff, days and hours of operations, and services provided.	Initially, the SO shared one location with the County and City of Stuart. Currently, the SO shares the clinic with the City of Stuart and the general public. There are a few locations members can visit and hours/staff vary depending on the location. Typically, staff includes 2 physicians, 1 ARNP, 1 RT, and 2 MAs. The SO is charged based on CPT code utilization, prescription pass through, and staffing costs.
Who is/are your vendor partner(s)?	Employee Wellness
Who is eligible to visit the clinic and what is the number of eligible?	Employees, Retirees, Spouses and Dependents
What is the member cost for a clinic visit?	No cost
How is the clinic funded and what are the annual costs?	The clinic is funded through the health and welfare trust account. Annual costs average about \$570,000.
How are the clinic expenses verified and paid?	Consultant helps with the reconciliation process.
Describe any member incentives or well being strategies associated with the clinic.	Employees complete certain biometric screenings at clinic and received HRA funding annually
Please describe any innovations or programs running in the clinic that are working well.	Prescription dispensing provides the highest ROI year to year. Additionally, tying in wellness incentives into the clinic models helps increase utilization.
Please indicate if you have any plans to expand or reduce clinic services in the future.	No plans at this time.
<b>OUTCOMES</b>	
How many of your members are participating in the clinic? Please express as both as a number and percent of total eligible.	We currently have about 745 eligible employees who have access to the clinic. On average, there are 286 visits per month through the clinic and 164 Rx fills per month.
Please describe any metrics you have established to determine clinic outcomes.	Utilization, prescription fills, capacity, monthly clinic costs, health plan utilization in similar services such as urgent care, x-ray, and generic Rx trends.
What reporting do you receive to demonstrate outcomes?	Monthly clinic and Florida Blue utilization reports.
Please describe success/outcomes that are noteworthy.	Average claims PEPM increase since 2011 is 2.05% factoring in plan changes (5.54% without plan changes). This beats the average medical inflation nationwide/statewide.
Describe employee satisfaction with the clinic. Have you conducted employee surveys related to the clinic, if so please summarize overall employee sentiments related to the clinic.	Based on HR feedback and general utilization trends, members are satisfied with the clinic.

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Describe how the clinic has met the initial clinic goals stated above. How have you quantified success as it relates to your upfront goals.	Monitoring utilization on a continued basis insures that the SO is receiving the ROI necessary to retain the clinic. In addition, periodic ROI analysis is completed by the consultant to compare the per visit/Rx costs vs the Florida Blue health plan to ensure a proper ROI ratio.
Is there anything you would change or do differently if you had it to do it over again?	N/a
Please share any additional information that you believe would be helpful to us as we evaluate the possibility of pursuing an employee clinic.	Providing a clinic location(s) in an area that is convenient for employees while structuring your medical plan design copays correctly is imperative to the success of the clinic. \$0 cost for employees to receive care with additional wellness incentives will help drive the desired ROI.
<b>Medication</b>	
Does the clinic provide medications through the clinic? If so, what are the member copays? If you offer medications with no copays, how was the list of "free" medications determined?	Yes, at no pay. The initial formulary was created using recommendations of the clinic administrator based on their experience with typical medications utilized as well as data from the medical insurance. The clinic only holds generic medications and top utilized prescriptions in the medical plan were also taken into consideration.
How did you evaluate which medications to offer through the clinic? What was the main reason you offer medications through the clinic?	See above. Proper ROI is generated from utilization. Utilization is generated by convenience and incentive of a "no cost" model. Medications are a very important piece of care and ties into both of these utilization drivers. Additionally, we find anywhere from a 2-3 to 1 ROI for medications.
Is the cost of medications to the employer's plan, less than the cost through the traditional pharmacy benefit? What data was used to make this determination?	Yes,. Average cost of the medications through the medical plan vs. pass through cost secured by the clinic.
What is the annual cost to the employer's plan of offering the medications through the clinic?	The average monthly cost of pass through prescriptions costs through the clinic is around \$3100.
Do you medications expire and have to be disposed of without being dispensed to members?	This is typically never an issue as the medications selected have long shelf life and are highly utilized medications.

Lines 8 & 9 - Medical Contributions

Tier	Plan Type	Employer	Employee	TOTAL Premium
Monthly:		Full Time		
<b>MEDICAL</b>				
EE Only	Non - Tobacco PPO	\$402.78	\$134.26	\$537.04
EE + Family	Non - Tobacco PPO	\$1,087.73	\$362.56	\$1,450.28
EE Only	Non - Tobacco HDHP	\$330.98	\$82.74	\$413.72
EE + Family	Non - Tobacco HDHP	\$893.81	\$223.45	\$1,117.26
EE Only	Tobacco PPO	\$472.82	\$157.62	\$630.44
EE + Family	Tobacco PPO	\$1,276.89	\$425.61	\$1,702.50
EE Only	Tobacco HDHP	\$446.83	\$111.70	\$558.53
EE + Family	Tobacco HDHP	\$1,206.65	\$301.65	\$1,508.30

# Martin County

SHERIFF'S OFFICE



2020 | 2021

Employee Benefit Highlights



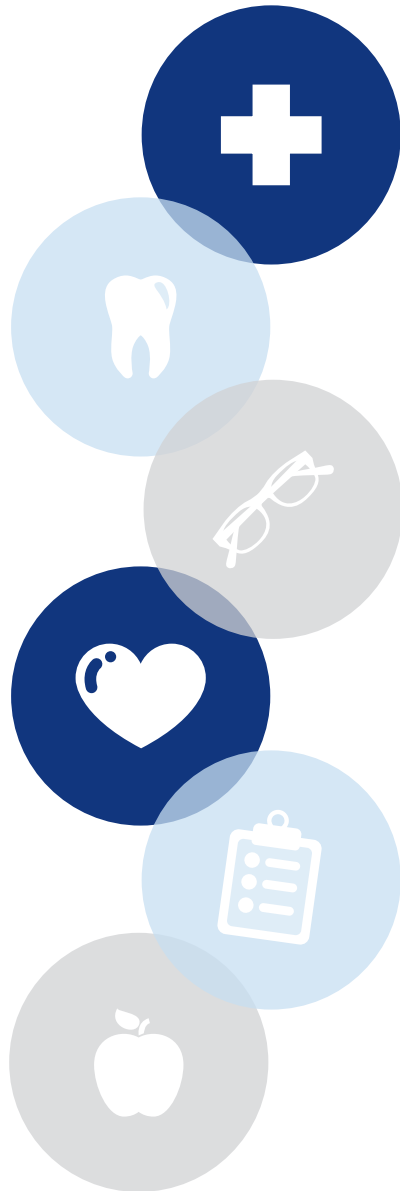
## Contact Information

<b>Human Resources Unit</b>	Deanna Gargan – Benefits Coordinator	Phone: (772) 220-7143   Fax: (772) 220-7112 Email: dlgargan@sheriff.martin.fl.us
	Yolanda Bills – Assistant Manager	Phone: (772) 220-7010   Fax: (772) 220-7112 Email: ymbills@sheriff.martin.fl.us
	Aimie M. Pieper – Manager	Phone: (772) 220-7005   Fax: (772) 220-7112 Email: ampieper@sheriff.martin.fl.us
 <b>Medical Insurance</b>	Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
 <b>Prescription Drug Coverage &amp; Mail-Order Program</b>	Alliance Rx Walgreens Prime	Customer Service: (888) 849-7865 www.floridablue.com
 <b>Telehealth</b>	Teladoc	Customer Service: (800) 835-2362 www.Teladoc.com
 <b>Health Reimbursement Account</b>	Discovery Benefits	Customer Service: (866) 451-3399 www.discoverybenefits.com
 <b>Dental Insurance</b>	Delta Dental	Customer Service: (800) 521-2651 www.deltadentalins.com
 <b>Vision Insurance</b>	Humana	Customer Service: (866) 537-0229 www.humana.com
 <b>Flexible Spending Account</b>	Discovery Benefits	Customer Service: (866) 451-3399 www.discoverybenefits.com
 <b>Basic Life and AD&amp;D Insurance</b>	The Standard	Customer Service: (888) 937-4783 www.standard.com
 <b>Long Term Disability</b>	The Standard	To Report a Claim Contact: Yolanda Bills, Assistant Manager Human Resources Unit Phone: (772) 220-7010 Customer Service: (800) 368-1135 www.standard.com
 <b>Voluntary Accident Insurance</b>	Cigna	Claims Service Center: (800) 238-2125 www.cigna.com
 <b>Employee Assistance Program</b>	New Directions	Customer Service: (800) 624-5544 www.ndbh.com   Access code: mcso
 <b>Supplemental Insurance</b>	Aflac	Agent: Loire Lucas   Phone: (772) 708-5931 Email: loire_lucas@us.aflac.com
	Aflac	Agent: Karen Zabaglo Chatham   Phone: (772) 284-3210 Email: karen_zabaglo@us.aflac.com
	Aflac	Customer Service: (800) 992-3522 www.aflac.com
 <b>Prepaid Legal Benefit</b>	Metropolitan Life Insurance	Agent: Janet Froyen   Phone: (561) 704-4378 Customer Service: (800) 638-5433
	LegalShield	Agent: Rebecca Smith   Phone: (904) 262-2311 Customer Service: (800) 729-7998 www.legalshield.com
 <b>Deferred Compensation Programs</b>	Empower Retirement	Customer Service: (800) 701-8255 www.empowermyretirement.com



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



## Introduction

The Martin County Sheriff's Office provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the Sheriff's Office Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources.

## Group Insurance Eligibility



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

### Employee Eligibility

Employees are eligible to participate in the Sheriff's Office insurance plans if they are full-time employees working a minimum of 30 hours per week.

Coverage will be effective the first of the month following date of hire. For example, if employee is hired on January 11, then the effective date of coverage will be February 1.

### Separation of Employment

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

### Dependent Eligibility

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

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

### Dependent Age Requirements

**Medical Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

**Dental Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 26 if the child is primarily dependent on the employee for support.

**Vision Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 26 if the child is primarily dependent on the employee for support.

**Life Insurance:** A dependent child may be covered through age 20; or may be extended through age 24 if the dependent is a full-time student.

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

### Disabled Dependents

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

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

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



## Group Insurance Eligibility *(Continued)*

### Taxable Dependents

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

*Please Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.*

## Qualifying Events and Section 125

### Section 125 of the Internal Revenue Code

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

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

#### Examples of Qualifying Events:

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



### IMPORTANT NOTES

If employee experiences a Qualifying Event, **Human Resources must be contacted within 30 days of the Qualifying Event at (772) 220-7143** to make the appropriate changes to employee's coverage. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Marriage is effective on the date of occurrence. Cancellations will be processed at the end of the month. In the event of death, coverage terminates the day following the death. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event" such as:

- Marriage license
- Divorce decree
- Copies of social security cards for all dependents
- Letter stating gain or loss of coverage and reason why

If employee experiences a divorce and is required to keep a former spouse on an insurance plan, the former spouse must be dropped from the group plan. Employee may purchase COBRA or a stand alone plan. If employee's former spouse uses the insurance, and the applicable carrier determines they are not eligible, employee will be financially responsible for any claims filed during the ineligible time period.





## Medical Insurance

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

### Medical Insurance – Florida Blue BlueOptions PPO 3748 Plan\* Payroll Deductions – Monthly Premiums

Tier of Coverage	Employee Cost	Non-Tobacco Users
Employee Only	\$165.50	\$140.97
Employee + Family	\$446.89	\$380.68

\*Group# 46006

### Medical Insurance – Florida Blue BlueOptions Alternative Health 5360 Plan\* Payroll Deductions – Monthly Premiums

Tier of Coverage	Employee Cost	Non-Tobacco Users
Employee Only	\$117.29	\$86.88
Employee + Family	\$316.73	\$234.62

\*Group# 46006

### Non-Tobacco Use Discount

The Sheriff's Office recognizes the impact tobacco use has on medical expenses and insurance costs. Effective October 1, 2013 the Sheriff's Office implemented a Non-Tobacco users discount. Employee enrolled in a Sheriff's Office medical plan will have a reduced rate per month if they do not use tobacco products, or if they complete a tobacco cessation program. The discount will be applied to any employee who submits a signed Non-Tobacco Users Affidavit, or submits a certificate of completion from the MCSO sponsored tobacco cessation program (or other equivalent program). Employee who does not submit the Affidavit or certificate of tobacco cessation program completion will be charged the regular payroll deduction. Employee who falsifies this document(s) and/or fails to be truthful will be subject to disciplinary action up to and including termination. Employee who chooses to become tobacco free, or chooses to complete a tobacco cessation course during the benefit year will have their medical insurance premium reduced accordingly the following month. Please contact Human Resources to obtain information on the tobacco cessation courses provided through MCSO and other tobacco cessation courses available to employee and covered dependent(s).

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

### Summary of Benefits and Coverage

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

**From:** Aimie Pieper – Manager, Human Resources Unit  
**Address:** 800 SE Monterey Road  
 Stuart, FL 34994  
**Phone:** (772) 220-7005  
**Email:** [ampieper@sheriff.martin.fl.us](mailto:ampieper@sheriff.martin.fl.us)

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

If there are questions about the plan offerings or coverage options, please contact Human Resources at (772) 220-7005.



## Other Available Plan Resources

Florida Blue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact Florida Blue's customer service at (800) 345-3885, or visit [www.floridablue.com](http://www.floridablue.com).

### Blue365

Blue365 is a free discount program on products and services available to all members such as:

- ✓ Vision Care, Glasses, and Contact Lenses
- ✓ Hearing Care and Aids
- ✓ Fitness Club Memberships, Exercise Footwear and Apparel
- ✓ Weight Loss Management
- ✓ Alternative Medicine
- ✓ Elder Care Advisory Services
- ✓ Hotel Rooms and Travel Information

For more information, please contact Florida Blue at (800) 345-3885 or visit [www.floridablue.com](http://www.floridablue.com) and select "Members" then "Members Tips & Tools." Click "Discounts & Rewards" and then click "I Agree" on the "Explore Healthy Choices with Blue 365" website.

**Florida Blue** | Customer Service: (800) 345-3885 | [www.floridablue.com](http://www.floridablue.com)

## Telehealth – Teladoc

Florida Blue provides access to telehealth services as part of the medical plan. Teladoc is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Teladoc should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth, such as:

- ✓ Sore Throat
- ✓ Headache
- ✓ Stomach ache
- ✓ Fever
- ✓ Cold and Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTI's and More

Teladoc providers do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact Teladoc.

**Teladoc** | Customer Service: (800) 835-2362 | [www.Teladoc.com](http://www.Teladoc.com)



## Florida Blue – BlueOptions PPO 3748 Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit [www.floridablue.com](http://www.floridablue.com). When completing the necessary search criteria, select BlueOptions network.



### Plan References

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

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

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

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

\*\*\*Option 1 and Option 2 Hospitals: To determine if a hospital is Option 1 or Option 2, please contact Florida Blue's customer service.

Network	BlueOptions		
	Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Single		\$0	\$500
Family		\$0	\$1,000
<b>Coinsurance</b>			
Member Responsibility		20%	40%
<b>Calendar Year Out-of-Pocket Limit</b>			
Single		\$3,000	\$6,000
Family		\$6,000	\$12,000
What Applies to the Out-of-Pocket Limit?		Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>			
Primary Care Physician (PCP) Office Visit		\$30 Copay	40% After CYD
Specialist Office Visit		\$60 Copay	40% After CYD
Telehealth Services		No Charge	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>			
Clinical Lab (Bloodwork)**			
X-rays			
Advanced Imaging (MRI, PET, CT)			
Outpatient Surgery in Surgical Center			
Physician Services at Surgical Center			
Urgent Care Center (Per Visit)			
<b>Hospital Services</b>			
Inpatient Hospital (Per Admission)***	Option 1: \$500 Copay	Option 2: \$1,000 Copay	40% After CYD
Outpatient Hospital (Per Visit)***	Option 1: \$250 Copay	Option 2: \$500 Copay	40% After CYD
Physician Services at Hospital	\$30 Copay Per Provider's Visit		\$30 Copay Per Provider Visit
X-rays/Advanced Imaging at Hospital	Option 1: \$250 Copay	Option 2: \$500 Copay	40% After CYD
Emergency Room (Per Visit, Waived if Admitted)	\$250 Copay		\$250 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>			
Inpatient Hospitalization (Per Admission)		\$500 Copay	40% After CYD
Outpatient Services (Per Visit)		\$30 Copay	40% After CYD
Physician Office Visit		\$60 Copay	40% Coinsurance
<b>Prescription Drugs (Rx)</b>			
Generic		\$15 Retail Copay	Not Covered
Preferred Brand Name		\$45 Retail Copay	Not Covered
Non-Preferred Brand Name		\$75 Retail Copay	Not Covered
Specialty Pharmacy	25% Coinsurance (\$150 Maximum Per Prescription)		Not Covered
Mail Order Drug (90 Day Supply)		\$0/\$90/\$150 Retail Copay	Not Covered



## Florida Blue – BlueOptions Alternative Health 5360 Plan At-A-Glance

Network	BlueOptions	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Single	\$1,250	\$2,500
Family	\$2,500	\$5,000
<b>Coinsurance</b>		
Member Responsibility	20%	40%
<b>Calendar Year Out-of-Pocket Limit</b>		
Single	\$5,000	\$10,000
Family	\$5,000	\$10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	20% After CYD	40% After CYD
Specialist Office Visit	20% After CYD	40% After CYD
Telehealth Services	No Charge	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork)**	No Charge	40% After CYD
X-rays	20% After CYD	40% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD	40% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	40% After CYD
Physician Services at Surgical Center	20% After CYD	40% After CYD
Urgent Care Center (Per Visit)	20% After CYD	20% After CYD
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)***		
Outpatient Hospital (Per Visit)***		
Physician Services at Hospital		
X-rays/Advanced Imaging at Hospital		
Emergency Room (Per Visit)		
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)	20% After CYD	40% After CYD
Outpatient Services (Per Visit)	20% After CYD	40% After CYD
Outpatient Office Visit	20% After CYD	40% After CYD
<b>Prescription Drugs (Rx)</b>		
Generic	\$15 Retail Copay	Not Covered
Preferred Brand Name	\$30 Retail Copay	Not Covered
Non-Preferred Brand Name	\$50 Retail Copay	Not Covered
Specialty Pharmacy	\$75 Retail Copay	Not Covered
Mail Order Drug (90 Day Supply)	\$0/\$60/\$100 Retail Copay	Not Covered



### Locate a Provider

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

**\*\*\*Option 1 and Option 2 Hospitals:** To determine if a hospital is Option 1 or Option 2, please contact Florida Blue's customer service.



## Health Reimbursement Account (For BlueOptions Alternative Health 5360 Plan Participants Only)

The Sheriff's Office provides employees who participate in the BlueOptions Alternative Health 5360 Plan, a Health Reimbursement Account (HRA) through Discovery Benefits. HRA monies are funded by the Sheriff's Office and can be used for any qualified medical, dental and vision expenses such as copayments, deductibles and coinsurance for physician services, hospital services, prescription drugs, etc.

The Sheriff's Office will fund the HRA based upon successful completion of the criteria outlined below.

1. Completion of Biometric Screening.
2. Completion of a Health Risk Assessment.

HRA funding will be deposited into employee's account the first of the month following the date employee completes the criteria. Please contact Human Resources for details regarding screening requirements, or within 90 days of hire date for new hires, to qualify for the incentive.

The Sheriff's Office is committed to helping employee's achieve their best health. If unable to meet a standard to qualify for the incentive because it is unreasonably difficult due to a medical condition, or it is medically inadvisable for employee to attempt, please contact Human Resources at (772) 220-7143.

### HRA Funding Allotment

- HRA Funding for 2020/2021 is as follows:
  - › \$625 for Employee Only
  - › \$1,250 for Employee + Family
- Unused funds roll-over year to year, as long as the total in employee's account does not exceed current plan year deductible.
- If employee contributes to a Health Care Flexible Spending Account (FSA), FSA monies pay first, then HRA.

**Please Note:** If the calendar year deductibles exceed the HRA funding amounts. Members will be responsible for any amount over the HRA funding until the calendar year deductible and out-of-pocket limit have been met.

### Retain Receipts

During the year, employee should keep all receipts and documentation for prescriptions and medical, dental and vision related expenses if needed to verify a claim for Discovery Benefits or for IRS taxes. If asked to produce documentation, a valid Explanation of Benefits (EOB) and receipt of payment for the services rendered will be sufficient.

### How to check available HRA balance

Balance, activity and account history is available anytime online at [www.discoverybenefits.com](http://www.discoverybenefits.com) or by calling Discovery Benefits at (866) 451-3399.

### HRA IRS Guidelines

HRAs must be funded solely by an employer. The contribution cannot be paid through a voluntary salary reduction agreement on the part of an employee. Employee is reimbursed tax free for qualified medical, dental and vision expenses up to a maximum dollar amount for a coverage period. An HRA may be offered with other health plans, including Flexible Spending Accounts.

What are the benefits of an HRA? Employee may enjoy several benefits from having an HRA.

- Contributions made by employer can be excluded from employee's gross income.
- Reimbursements may be tax free if employee pays qualified medical, dental and vision expenses.
- Unused amounts in the HRA can be carried forward for reimbursements in later years.

### Distributions From an HRA

Distributions from an HRA must be paid to reimburse employee for qualified medical, dental and vision expenses incurred. The expense must have been incurred on or after the date employee enrolled in the HRA. Employee will have a 30 day run out period at the end of the plan year to file for reimbursement on any eligible medical, dental and vision expenses incurred during period of coverage within the plan year.

**Please Note:** Debit cards, credit cards, and stored value cards given to employee can be used to reimburse participants in an HRA. If the use of these cards meet certain substantiation methods, employee may not have to provide additional information to the HRA administrator.

### Discovery Benefits

Customer Service: (866) 451-3399 | [www.discoverybenefits.com](http://www.discoverybenefits.com)



## Health Reimbursement Account (For BlueOptions Alternative Health 5360 Plan Participants Only) (Continued)

### What is the difference between an HRA and an FSA?

Health Reimbursement Account (HRA)	Flexible Spending Accounts (FSA)
<ul style="list-style-type: none"> <li>✓ Employer Funded Account</li> <li>✓ HRA funds will be deposited upon timely completion of Biometric Screening and Health Risk Assessment</li> <li>✓ Funds for employee and dependent(s) who are enrolled in the Alternative Health 5360 Plan and complete criteria</li> <li>✓ Unused funds may be rolled over year to year as long as accumulated amount and funded amount does not exceed current plan year deductible</li> </ul>	<ul style="list-style-type: none"> <li>✓ Employee Funded Account</li> <li>✓ Employee does not have to be enrolled in the Alternative Health 5360 Plan to participate</li> <li>✓ Employee must enroll annually</li> <li>✓ Unused funds will be forfeited at the end of the plan year, except the \$550 rollover amount allowed by the IRS (once the filing deadlines have expired). If employee does not enroll annually, any accumulated rollover funds will be forfeited</li> </ul>

### What are some examples of qualified expenses that would be eligible for reimbursement?

- |  |                                       |                    |
|--|---------------------------------------|--------------------|
| ✓ Ambulance Service                        | ✓ Drug Addiction/Alcoholism Treatment | ✓ Nursing Services |
| ✓ Birth Control Pills                      | ✓ Prescription Drugs                  | ✓ Optometrist Fees |
| ✓ Chiropractic Care                        | ✓ Experimental Medical Treatment      | ✓ Surgery          |
| ✓ Corrective Eyeglasses and Contact Lenses | ✓ Hearing Aids and Exams              | ✓ Wheelchairs      |
| ✓ Dental and Orthodontic Fees              | ✓ Injections and Vaccinations         | ✓ X-rays           |
| ✓ Diagnostic Tests/Health Screenings       | ✓ In Vitro Fertilization              |                    |
| ✓ Doctor Fees                              | ✓ LASIK Surgery                       |                    |

**Please Note:** For information on these methods, see Revenue Ruling 2003-43 on page 935 of Internal Revenue Bulletin (IRB) 2003-21 at [www.irs.gov/pub/irs-irbs/irb03-21.pdf](http://www.irs.gov/pub/irs-irbs/irb03-21.pdf), Notice 2006-69, 2006-31 I.R.B. 107 available at [www.irs.gov/irb/2006-31\\_IRB/ar10.html](http://www.irs.gov/irb/2006-31_IRB/ar10.html), and Notice 2007-2, 2007-2 I.R.B. 254 available at [www.irs.gov/irb/2007-2\\_IRB/ar09.html](http://www.irs.gov/irb/2007-2_IRB/ar09.html).

***If employee has the HRA and also elects an FSA, FSA monies will be used first. FSA is employee funded and allows a maximum of \$550 of unused funds to rollover, year to year.***

**Discovery Benefits** | Customer Service: (866) 451-3399 | [www.discoverybenefits.com](http://www.discoverybenefits.com)



## Dental Insurance

### Delta Dental Table of Allowance (TOA) Plan

The Sheriff's Office offers dental insurance through Delta Dental to benefit-eligible employees. The monthly cost for coverage is listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Delta Dental's customer service.

#### Dental Insurance Delta Dental Table of Allowance (TOA) Plan\* Premium Deductions - Monthly Premiums

Tier of Coverage	Employee Cost
Employee Only	\$7.99
Employee + Family	\$19.59

\*Group# 01276

#### In-Network Benefits

The TOA plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. Although the Delta Dental TOA plan allows member the freedom to visit any licensed dentist, member will receive greater cost savings by utilizing participating dental providers in the Delta Dental PPO network. These participating dental providers have contractually agreed to accept Delta Dental's PPO dental fee or "allowed amount." This dental fee is the maximum amount a Delta Dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then the difference of the Maximum Plan Allowance (MPA) charge and the "allowed amount." The MPA is generally less than the allowed amount.

**Please Note:** If a member is not able to use a Delta Dental PPO provider, then services can be received from a Delta Dental Premier® provider. Delta Dental Premier® providers are considered out-of-network dentists. The dentists have agreed to accept Delta Dental's Maximum Plan Allowance (MPA) for each single procedure however, the provider may bill for the difference of the MPA and the Premier Dental Agreement amount. Member is responsible for verifying whether the treating Dentist is a PPO Dentist or a Premier Dentist.

#### Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Delta Dental PPO provider. Delta Dental reimburses out-of-network services based on what it determines is the Maximum Plan Allowance (MPA). The MPA is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Delta Dental's MPA and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible, plan allowances or coinsurance responsibility. Using a non-Delta Dental provider usually results in the highest out of pocket costs, there is no limit to the amount the dentist may charge, causing member to be responsible for any fees not covered by the plan's Maximum Plan Allowance.

#### Calendar Year Deductible

The TOA plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for diagnostic, preventive and orthodontic services. Once \$150 total (aggregate) is met for the in-network and out-of-network deductible for a family, regardless of who incurs the expenses, the deductible will then be considered met for all covered members in that family.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the dental TOA plan will pay for each covered member is \$1500 for in-network or out-of-network services combined. All services, including diagnostic and preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

#### Orthodontia Lifetime Benefit Maximum

The maximum benefit the dental TOA Plan will pay for each covered member per lifetime for the treatment of orthodontia is \$1,500 for in-network and out-of-network services. Once the dental plan pays \$1,500 for services, member's plan benefits will cease for the lifetime of that covered member for orthodontic services.

**Delta Dental** | Customer Service: (800) 521-2651 | [www.deltadentalins.com](http://www.deltadentalins.com)



## Delta Dental Table of Allowance (TOA) Plan At-A-Glance

Network		Delta Dental PPO
<b>Calendar Year Deductible (CYD)</b>		<b>In Network and Out of Network Combined</b>
Per Member		\$50
Family		\$150
Waived for Diagnostic & Preventative Services?		Yes
<b>Calendar Year Benefit Maximum</b>		
Per Member		\$1,500
<b>Diagnostic &amp; Preventive Services</b>	<b>Code</b>	<b>Maximum Plan Allowance (MPA)</b>
Comprehensive Oral Exam	D0120	Up to \$45
Routine Cleanings — Adult/Child (2 Per Year)	D1110/20	Up to \$98/\$70
Bitewing X-rays*	D0272	Up to \$30
Panographic X-rays (1 Set Every 5 Years)	D0330	Up to \$75
Intraoral/Complete Series X-Rays	D0210	Up to \$94
Full Mouth Debridement (Deep Cleaning)	D4355	Up to \$84
<b>Basic Services</b>		
Amalgam Fillings (3 Surfaces; Permanent or Primary)	D2160	Up to \$120
Resin-based Composite Filling (3 Surfaces; Anterior)	D2332	Up to \$144
Resin-based Composite Filling (3 Surfaces; Posterior)	D2393	Up to \$120
Simple Extraction — Removal of Erupted Tooth or Root	D7140	Up to \$80
Surgical Extraction — Removal of Impacted Tooth	D7240	Up to \$228
Endodontics (Root Canal; Molar) — Excluding Final Restoration	D3330	Up to \$557
Periodontal Maintenance Services (2 Per Year)	D4910	Up to \$83
<b>Major Services</b>		
Deep Sedation/General Anesthesia (Each 15 Minute Increment)	D9223	Up to \$50
Crown — Porcelain Fused to High Noble Metal	D2750	Up to \$370
Pontic — Porcelain Fused to High Noble Metal	D6240	Up to \$360
Complete Denture — Maxillary	D5110	Up to \$485
<b>Orthodontia</b>		
Lifetime Maximum		Up to \$1,500
Benefit		50% Coinsurance of MPA



### Locate a Provider

To search for a participating provider, contact Delta Dental's customer service or visit [www.deltadentalins.com](http://www.deltadentalins.com). When completing the necessary search criteria, select Delta Dental PPO network.



### Plan References

\*Bitewing X-rays: One (1) set per calendar year for employee and spouse. Two (2) sets per calendar year for dependent children enrolled.



### Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- A pretreatment estimate is recommended for all work that is considered expensive. Member must ask their dentist to submit the request to Delta Dental.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.
- For a full list of covered services and the MPA payable, please refer to the carrier's summary plan document.





## Dental Insurance

### Delta Dental PPO Plan

The Sheriff's Office offers dental insurance through Delta Dental to benefit-eligible employees. The monthly cost for coverage is listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Delta Dental's customer service.

#### Dental Insurance – Delta Dental PPO\*

Payroll Deductions - Monthly Premiums

Tier of Coverage	Employee Cost
Employee Only	\$11.07
Employee + Family	\$27.15

\*Group# 01276

#### In-Network Benefits

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

**Please Note:** If a member is not able to use a Delta Dental PPO provider, then services can be received from a Delta Dental Premier® Provider. Delta Dental Premier® Providers are considered out-of-network dentists. These dentists have agreed to accept Delta Dental's Maximum Plan Allowance (MPA) for each single procedure; however, the provider may still bill for the difference of the MPA and the Premier Dental Agreement amount. The member is responsible for verifying whether the treating dentist is a PPO Dentist or Premier Dentist.

#### Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Delta Dental PPO provider. Delta Dental reimburses out-of-network services based on what it determines is the Maximum Plan Allowance (MPA). The MPA is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Delta Dental's MPA and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

The dental PPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for diagnostic, preventive and orthodontic services. Once \$150 total (aggregate) is met for the in-network and out-of-network deductible for a family, regardless of who incurs the expenses, the deductible will then be considered met for all covered members in that family.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the dental PPO plan will pay for each covered member is \$1500 for in-network and out-of-network services combined. Diagnostic and preventive services do not accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

#### Orthodontia Lifetime Benefit Maximum

The maximum benefit the dental PPO plan will pay for each covered member per lifetime for the treatment of orthodontia is \$1,500 for in-network and out-of-network services. Once the dental PPO plan pays \$1,500 for services, member's plan benefits will cease for the lifetime of that covered member for orthodontic services.

**Delta Dental** | Customer Service: (800) 521-2651 | [www.deltadentalins.com](http://www.deltadentalins.com)



## Delta Dental PPO Plan At-A-Glance

Network	Delta Dental PPO	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Diagnostic & Preventative Services?		Yes
Calendar Year Benefit Maximum		
Per Member		\$1,500
Diagnostic & Preventive Care		
Routine Oral Exam (2 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Year)		
Bitewing X-rays**		
Complete X-rays (1 Every 5 Years)		
Sealants		
Deep Cleaning		
Basic Services		
Fillings (Amalgam and Composite)	Plan Pays: 100% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions		
Endodontics (Root Canal Therapy)		
Oral Surgery		
Periodontics		
General Anesthesia (Limitations Apply)		
Major Services		
Crowns	Plan Pays: 60% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Dentures		
Bridges		
Orthodontia		
Lifetime Maximum		\$1,500
Benefit	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Delta Dental's customer service or visit [www.deltadentalins.com](http://www.deltadentalins.com). When completing the necessary search criteria, select Delta Dental PPO network.



### Plan References

**\*Out-Of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.

**\*\*Bitewing X-rays:** One (1) set per calendar year for employee and spouse. Two (2) sets per calendar year for dependent children enrolled.



### Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- A pretreatment estimate is recommended for all work that is considered expensive. Member must ask their dentist to submit the request to Delta Dental.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



## Vision Insurance

### Humana Vision 130 Plan

The Sheriff's Office offers vision insurance through Humana to benefit-eligible employees. The monthly cost for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact Humana's customer service.

#### Vision Insurance – Humana Vision 130 Plan\* Payroll Deductions – Monthly Premiums

Tier of Coverage	Employee Cost
Employee Only	\$4.95
Employee + Family	\$14.11

\*Group# 1003955

#### In-Network Benefits

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

#### Out-of-Network Benefits

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

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Out-of-Pocket Maximum

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

**Humana** | Customer Service: (866) 537-0229 | [www.humana.com](http://www.humana.com)



## Humana Vision 130 Plan At-A-Glance

Network		Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$10 Copay	Up to \$30 Reimbursement
Contact Lens Fit and Follow up	Standard*	Up to \$55 Allowance	Not Covered
	Premium**	10% Off Retail Allowance	Not Covered
Materials		\$15 Copay	Reimbursement Based on Type of Service
Retinal Imaging		Up to \$39 Copay	Not Covered

### Frequency of Services Per Calendar Year

Examination	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

### Lenses

Single	\$15 Copay	Up to \$25 Reimbursement
Bifocal	\$15 Copay	Up to \$40 Reimbursement
Trifocal	\$15 Copay	Up to \$60 Reimbursement

### Frames

Allowance	Up to \$130 Retail Allowance Plus 20% Off Balance Over \$130	Up to \$65 Retail Reimbursement
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### Contact Lenses\*\*\*

Non-Elective (Medically Necessary)		No Charge	Up to \$200 Reimbursement
Elective (Evaluation, Fitting Fee and Materials)	Conventional	Up to \$130 Allowance Plus 15% Off Balance Over \$130	Up to \$104 Reimbursement
	Disposable	Up to \$130 Allowance	Up to \$104 Reimbursement



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.humana.com](http://www.humana.com). When completing the necessary search criteria, select Humana Insight network.



### Plan References

\*Standard Contact lens fitting is considered single vision standard fitting with follow up evaluation.

\*\*Premium Contact lens fitting is considered multifocal/monovision or extended/overnight wear, etc., with follow up evaluation.

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



### Important Notes

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



## Flexible Spending Account

The Sheriff's Office offers a Flexible Spending Account (FSA) administered through Discovery Benefits. The FSA plan year is from October 1 through September 30.

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

### Health Care FSA

This account allows participant to set aside up to an annual maximum of \$2,750. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

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

*Please Note: The entire Health Care FSA election is available to employee on the first day coverage is effective.*

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

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

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

***If employee has the HRA and also elects an FSA, FSA monies will be used first, as it is employee funded and only rolls over a maximum of \$550 of unused funds year to year.***



## Flexible Spending Account *(Continued)*

### FSA Guidelines

- Employee must enroll annually to participate each year.
- Employee may carry over up to \$550 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed.
- The Health Care FSA has a run out period at the end of the plan year (30 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year.
- When a plan year ends and all claims have been filed, all unused funds with the exception of the \$550 rollover for the Health Care FSA will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses which are reimbursed through an FSA.
- Domestic Partners are not eligible as Federal law does not recognize them as a qualified dependent.

### Filing a Claim

#### Claim Form

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

#### Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. Discovery Benefits may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the Sheriff's Office. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

### HERE'S HOW IT WORKS!



An employee earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$83.33 based on a monthly pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$227.

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

**Please Note:** Be conservative when estimating health care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year, with the exception of the \$550 carry over that may be allowed for the Health Care FSA. **This rule is known as "use-it or lose-it."**

### Discovery Benefits

Customer Service: (866) 451-3399 | [www.discoverybenefits.com](http://www.discoverybenefits.com)



## Basic Life and AD&D Insurance

### Basic Term Life Insurance

The Sheriff's Office offers a contribution of 50% toward the cost of a \$20,000 Basic Term Life and Accidental Death & Dismemberment (AD&D) benefit through The Standard, for all active employees. Employees with dependent(s) may also elect a Basic Dependent Life insurance benefit of \$5,000 for a spouse and/or a \$2,500 benefit on each dependent child (from birth through age 20, or through age 24 if a full-time student).

### Accidental Death & Dismemberment Insurance

Also, included with the enrollment in the Basic Term Life insurance, the Sheriff's Office offers Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable.

### Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- Reduces to 65% of the benefit amount at age 65
- Reduces to 50% of the benefit amount at age 70
- Reduces to 35% of the benefit amount at age 75

The reduction will be effective January 1 following the employee's birthday.

### Basic Life and AD&D Insurance

Payroll Deductions - Monthly Premiums

Tier of Coverage	Employee Cost
Employee Only	\$3.00
Employee + Family	\$3.72

### Retirees

Upon retirement, employee may continue the Basic Term Life coverage with a reduced benefit amount of \$5,000 (AD&D for retirees is not available and dependent coverage, if previously elected, will be terminated).

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Human Resources.***

**The Standard** | Customer Service: (888) 937-4783 | [www.standard.com](http://www.standard.com)

## Additional Life and AD&D Insurance

Eligible employee may elect to purchase additional Life and AD&D insurance on a voluntary basis through the Standard. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary life insurance offers coverage for employee, spouse and/or child(ren) at different benefit levels. Employee will be responsible for 100% of the premium for this policy.

### Eligibility Requirements

To be eligible for this plan:

- Employee must participate in the Basic Term Life and AD&D plan offered by the Sheriff's Office.
- Employee must be an active employee of the Martin County Sheriff's Office, excluding temporary and seasonal employees, full-time members of the Armed Forces, leased employees and independent contractors.
- Employee must be regularly working at least 20 hours each week.
- For Dependent Life Insurance; employee's spouse or dependent child(ren) must not be full-time members of the Armed Forces.

### Additional Employee Life Coverage Amount

- Units can be purchased in increments of \$10,000 to the maximum of \$300,000.
- If employee elects an amount of additional life coverage greater than \$100,000 (the Guaranteed Issue amount), the excess will be subject to Medical Underwriting approval.

### Additional Spouse Life Coverage Amount

- Units can be purchased in increments of \$10,000 to a maximum of \$300,000 not to exceed 100% of the employee's combined Basic and Voluntary Life coverage amount.
- If employee elects an amount of spouse life coverage greater than \$20,000 (the Guaranteed Issue amount), the excess will be subject to Medical Underwriting approval.

### Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- Reduces to 65% of the benefit amount at age 70
- Reduces to 45% of the benefit amount at age 75
- Reduces to 30% of the benefit amount at age 80
- Reduces to 20% of the benefit amount at age 85
- Reduces to 15% of the benefit amount of age 90
- Reduces to 10% of the benefit amount at age 95

The reduction will be effective January 1 following the employee/spouse birthday.

**Please Note:** Applications for all plans will be subject to Medical Underwriting approval. (Except new hires under the Guarantee Issue.)



## Additional Life and AD&D Insurance *(Continued)*

### Employee/Spouse Rates

If employee elects additional life with AD&D insurance, the monthly premium rate for this plan is indicated in the table below. Premiums for coverage will be deducted directly from employee's paycheck.

#### To calculate the premium:

1. Amount elected: Write this amount on the additional life requested amount line on employee Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 Line 2: \_\_\_\_\_
3. Select rate from the rate table Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Monthly cost. Line 4: \_\_\_\_\_

### Additional Life and AD&D Insurance Rate Table

Monthly Premium

Age Bracket <i>(Based on Employee Age)</i>	Employee/Spouse <i>(Rate Per \$1,000 of Benefit)</i>
< 30	\$0.140
30-34	\$0.150
35-39	\$0.185
40-44	\$0.250
45-49	\$0.405
50-54	\$0.590
55-59	\$0.965
60-64	\$1.090
65-69	\$1.980
70-75	\$3.220
75+	\$10.50

### Additional Dependent Child(ren) Life Coverage Amount

- Employee may elect Additional Dependent Life and AD&D insurance for eligible dependent child(ren).
- Employee may elect one (1) of the following options for dependent life coverage:
  - > \$2,000
  - > \$5,000
  - > \$10,000
- AD&D insurance from The Standard Insurance Company is included in the above mentioned plans.
- Monthly premium rates for Additional Dependent Child(ren) Life insurance coverage are listed in the table to the below.

**Please Note:** Applications for all plans will be subject to Medical Underwriting approval. (Except new hires under the Guarantee Issue.)

### Additional Dependent Child(ren) Life and AD&D Insurance

Monthly Premium

Benefit Amount	Rate Per Benefit Amount
\$2,000	\$0.40
\$5,000	\$1.00
\$10,000	\$2.00

**The Standard** | Customer Service: (800) 247-6888 | [www.standard.com](http://www.standard.com)





## Long Term Disability Insurance

The Sheriff's Office provides Long Term Disability (LTD) insurance at no cost to all eligible employees through The Standard. Eligible employees are automatically enrolled in LTD coverage. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or non-work related injury. An LTD "Q&A" is provided below that answers commonly asked questions regarding LTD benefits.

<b>Do I qualify as disabled?</b>	Employee qualifies as disabled for the first two (2) years of disability if: <ul style="list-style-type: none"><li>• Not working and cannot perform the duties of employee's normal occupation due to injury or illness; or</li><li>• Working part-time or on a limited basis due to injury or illness and have lost at least 20% of employee's income earned before being disabled.</li></ul> Thereafter, employee qualifies as disabled if: <ul style="list-style-type: none"><li>• Not working and cannot perform any occupation employee is reasonably qualified to perform based on background, training, or education;</li><li>• Working part-time or on a limited basis due to injury or illness and have lost at least 40% of employee's income earned before being disabled.</li></ul>
<b>When does the LTD benefit begin?</b>	The LTD benefit begins after employee has been disabled for 90 days.
<b>What is the LTD benefit?</b>	The LTD benefit equals 60% of employee's monthly pre-disability earnings, to a benefit maximum of \$6,000 per month. This benefit may be reduced by other income (answered later).
<b>What is the LTD benefit if I am disabled but working?</b>	If employee is disabled and working on a limited or part-time basis, the "Return to Work Incentive" would apply. Under the "Return to Work Incentive" for the first 12 months after returning to work, the employee's LTD benefit will not be reduced until work earnings plus the LTD benefit exceed 100% of the pre-disability earnings. After that period, only 50% of work earnings are deducted.
<b>How long does the LTD benefit last?</b>	The benefit will continue while continuously disabled with a maximum period determined based on employee's age at the time of disability.
<b>What other income may reduce the LTD benefit?</b>	<ul style="list-style-type: none"><li>• Retirement payments or disability payments from Social Security or other government agencies;</li><li>• Payments from pension plans;</li><li>• Workers' Compensation.</li></ul>
<b>What would cause the LTD benefit to terminate?</b>	Benefits end when employee's disability ends or employee: <ul style="list-style-type: none"><li>• Reaches the maximum benefit payment period;</li><li>• Fails to provide proof of disability;</li><li>• Dies;</li><li>• Ceases to be under the care of a physician;</li><li>• Fails to report income from other sources;</li><li>• Fails to pursue Social Security Disability Income (SSI) benefits (when appropriate);</li><li>• Fails to submit to required medical exams.</li></ul>
<b>What disabilities does the LTD plan exclude?</b>	The LTD benefit does not pay a benefit for disabilities resulting from: <ul style="list-style-type: none"><li>• Willful self-injury;</li><li>• War or act of war;</li><li>• A sickness or injury covered by Workers' Compensation or arising out of or in the course of employment for wage or profit;</li><li>• A new or continuing disability after the benefit payment period ends and the insured has not returned to active work;</li><li>• Pre-existing condition.</li></ul>

**The Standard** | To Report a Claim Contact: Yolanda Bills, Assistant Manager, Human Resources Unit | Phone: (772) 220-7010



## Voluntary Accident Insurance

Sheriff's Office employees may elect to purchase Voluntary Accident Insurance through Cigna Insurance Company. Personal Accident Insurance will help protect against losses due to accidents. Employee and covered dependent(s) are eligible 24 hours a day, 365 days a year with worldwide coverage at work, home, traveling on business or while on vacation. Eligible dependents under this plan are employee's spouse (under age 70), and unmarried children under age 25 who are primarily supported by the covered member and either live in their household or are full-time or part-time students. Employee Only or Employee plus Family coverage is offered in this plan, in increments of \$50,000. Employee may select a minimum of \$50,000 of coverage to a maximum of \$250,000 of coverage. Post tax per pay period deductions are provided in the table below.

Benefit Amount	Employee Only	Employee + Family
\$50,000	\$1.80	\$2.60
\$100,000	\$3.60	\$5.20
\$150,000	\$5.40	\$7.80
\$200,000	\$7.20	\$10.40
\$250,000	\$9.00	\$13.00

**Life Insurance Company of North America (Cigna)** | Claims: (800) 238-2125 | [www.mycigna.com](http://www.mycigna.com)  
 For Policy Information, contact Human Resources Unit: (772) 220-7143

## In-The-Line-Of-Duty Death Life Insurance

The Sheriff's Office provides In-The-Line-of-Duty Death Life benefit at no cost for all eligible employees. The death benefit is \$75,000 and is payable subsequent to a death while in the line-of-duty.

### Coverages

In accordance with Florida Statutes 112.19, the Company will pay the benefits for covered insureds as shown in the table below:

Class 1	Circumstance	Benefit
C-62	Is accidentally killed or receives bodily injury which results in the Insured Person's death or dismemberment in the line of duty.	\$75,000 (Accidental Death and Dismemberment)
C-64	Is accidentally killed while responding, at the time of injury, in fresh pursuit or to an emergency or what was reasonably believed to be an emergency.	Additional \$75,000 (Accidental Death)
C-31	Is unlawfully and intentionally killed by another or receives bodily injury which is unlawfully and intentionally inflicted by another and which results in the Insured Person's death.	\$225,000 (Accidental Death)

### Principal Sum

Any payments made shall consist of the statutory amount adjusted to reflect price level changes based on the Consumer Price Index for all urban consumers published by the United States Department of Labor. Adjustments shall be made by July 31 of each year and updated accordingly using the most recent month data is available at the time of adjustment.

**Hartford** | Administered by Florida Sheriffs Risk Management Fund | Customer Service: (850) 320-6880



## Employee Assistance Program

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

### What is an Employee Assistance Program (EAP)?

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

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

### Are Services Confidential?

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

**New Directions** | [www.ndbh.com](http://www.ndbh.com)  
Access Code: mcso

**New Directions** | Customer Service: (800) 624-5544

## Credit Unions

As an employee of the Sheriff's Office, employee and family member's are eligible to join the Credit Unions listed below. Credit unions are member-owned financial service cooperatives established to serve members by offering better dividends on savings, lower rates on loans and fewer service fees than other financial institutions. As a member/owner of the Credit Union, employee's have voting privileges and are eligible to serve on the Board of Directors or on other volunteer committees.

New member information and account forms are available in Human Resources. Examples of common services include:

- ✓ Checking Accounts
- ✓ Savings Accounts
- ✓ Consumer Loans
- ✓ College Fund Account
- ✓ Credit Cards
- ✓ Student Loans
- ✓ First Mortgages
- ✓ Home Improvement Loans
- ✓ Auto Lease Program

### Connect Credit Union

Cynthia Ryan | Phone: (772) 287-4057 ext. 1207  
1993 S. Kanner Highway, Stuart, FL 34994

### Gold Coast Federal Credit Union

Debi Bisbano | Phone: (772) 408-1837  
10570 S. Federal Highway, Suite 100 | Port St. Lucie, FL 34952



## Supplemental Insurance

### Aflac

Aflac offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis with premiums paid by payroll deduction. Payroll deductions will be taken on a pre-tax basis for all plans except the Short Term Disability plan. Aflac pays money directly to member, regardless of what other insurance plans member may have. Certain levels of Short Term Disability, Hospital & Accident plans are Guaranteed Issue, contact Aflac representative for more details. Available Aflac plans include:

- ✓ Cancer Protection Assurance
- ✓ Accident Advantage
- ✓ Hospital Choice Plan
- ✓ Short Term Disability Plan

**Aflac** | Customer Service: (800) 992-3522  
www.aflac.com | Claims Fax: (877) 442-3522

**Agent:** Loire Lucas | Phone: (772) 708-5931

**Agent:** Karen Zabaglo Chatham | Phone: (772) 284-3210

### MetLife

MetLife Insurance offers a permanent Life Insurance Policy that may be purchased separately on a voluntary basis for employee spouse, minor children and grandchildren with premiums paid by payroll deductions post tax. The Permanent Life Insurance Policy can be purchased as a supplement to the basic life and voluntary life insurance your employer offers. The voluntary universal life coverage is also portable. Even when employee changes jobs or retire, as long as employee pay the necessary premium employee may continue the policy.

To learn more about the MetLife Life Insurance plan or to schedule an appointment, contact the groups local MetLife Agent.

**Metropolitan Life Insurance** | www.metlife.com

**Agent:** Janet Froyen | Phone: (561) 704-4378

Email: jfroyen@madisonplanning.com

**Agent:** Tara Froyen | Phone: (561) 602-2827

Email: tfroyen@madisonplanning.com

### LegalShield

The Sheriff's Office employees have the opportunity to enroll in a voluntary pre-paid legal program through LegalShield. By enrolling in this plan, employee will have direct access to attorneys who will provide legal assistance, 24 hours a day, seven (7) days a week, for a variety of situations that include:

- ✓ Divorce
- ✓ Child Custody and Support
- ✓ Adoption
- ✓ Civil Litigation
- ✓ Bankruptcy
- ✓ Name Changes
- ✓ Criminal Defense
- ✓ Traffic Tickets
- ✓ Wills & Living Trusts
- ✓ Real Estate
- ✓ Credit Report Issues
- ✓ Contract Review

Employee may purchase LegalShield for \$14.95 per month. This includes coverage for the entire household including employee's spouse and dependent child(ren) regardless of the number of eligible dependents enrolled in the plan. All premiums will be payroll deducted on a post-tax basis.

**LegalShield** | Customer Service: (800) 729-7998

**Agent:** Rebecca Smith | Email: rjsmith@smithterry.com



## Empower Retirement

Employees of the Sheriff's Office are eligible to enroll in voluntary Deferred Compensation Plan(s). Through payroll deduction, employee can make pre-tax contributions from 1-100% of employee base wages. An Internal Revenue Service (IRS) dollar limit cap applies. Visit [www.irs.gov](http://www.irs.gov) for information on the IRS limits for the current calendar year. Employee can designate contribution as a pre-tax deferral, a Roth deferral or a combination of both. Roth deferrals are after-tax contributions, but earnings on these contributions accumulate tax-free in your account and withdrawals at retirement may be exempt from federal income tax.

The Sheriff's Office plan allows for the rollover or transfer of an existing qualified retirement plan account from a prior employer. Employee is always 100% vested in any rollover or transfer to the plan, plus any earnings they generate.

Generally, money may be withdrawn from employee's account for death, disability, unforeseeable emergency, in-service withdrawals of rollover contributions, loans and termination of employment. Please contact Empower Retirement for additional information.

If an employee needs assistance with investment selection, contact the Sheriff's Office Investment Advisor: Brad Larsen at (866) 606-4015 or [brad@efadvisor.com](mailto:brad@efadvisor.com).

*Please Note: New hires are automatically enrolled with a 2% contribution rate.*

**Empower Retirement** | Customer Service: (800) 701-8255 | [www.empowermyretirement.com](http://www.empowermyretirement.com)  
**Erisa Fiduciary Advisor:** Brad Larsen, NFP Retirement | Phone: (561) 722-4511  
**Advisor:** Yerandy Del Prado Reguera | Phone: (239) 962-0230

## COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires that most employers sponsoring group medical plans offer employees and dependent family members the opportunity for a temporary extension of group insurance coverage at group rates in certain instances where coverage under the plan would otherwise end. These coverages include medical, HRA, dental, and vision. If employee or a family member experience any of the events provided below and wish to continue coverage, **employee must contact Human Resources within 30 days from when the event occurred.**

<b>Employee:</b>	<ol style="list-style-type: none"> <li>1. Reduction in hours of employment (that disqualifies group insurance participation eligibility); or</li> <li>2. Termination of employment (for reasons other than gross misconduct).</li> </ol>
<b>Spouse of an Employee:</b>	<ol style="list-style-type: none"> <li>1. The death of your spouse; or</li> <li>2. A termination of spouse's employment (for reasons other than gross misconduct) or a reduction in your spouse's hours of employment; or</li> <li>3. Divorce or legal separation from spouse; or</li> <li>4. Spouse becomes entitled to Medicare.</li> </ol>
<b>Dependent Child of an Employee:</b>	<ol style="list-style-type: none"> <li>1. The death of a parent; or</li> <li>2. A termination of the parent's employment (for reasons other than gross misconduct) or a reduction in the parent's hours of employment with the Martin County Sheriff's Office; or</li> <li>3. Parent's divorce or legal separation; or</li> <li>4. Parent becomes entitled to Medicare; or</li> <li>5. The dependent child ceases to be a "dependent child" according to the plan's eligibility definition.</li> </ol>



## MCSO Health Center – Stuart

The MCSO Health Center was established to provide Sheriff's Office employees easy and cost-free access to quality medical care. The Health Center is available to individuals who are enrolled in the Sheriff's Office medical insurance plans, including employees, retirees, spouses and dependents. All visits to the MCSO Health Center are completely confidential and no personal information is shared with the Sheriff's Office.

**Stuart Primary Care Office** | 1980 East Ocean Blvd.  
 To schedule an appointment: Phone: (772) 872-7380  
 Online scheduling: [www.tcprimarycare.com](http://www.tcprimarycare.com)

The Primary Care Office requires covered members to schedule an appointment prior to being seen.

### What Services are Performed at the Primary Care Office?

- ✓ Wellness check-ups
- ✓ Diabetes management
- ✓ Diagnosed maintenance care
- ✓ Health Risk Assessment and Biometric Screenings
- ✓ Annual work physical
- ✓ Acute and Chronic Illness

### Primary Care Office – Hours of Operation

Monday	8:00am – 5:00pm
Tuesday	8:00am – 5:00pm
Wednesday	8:00am – 5:00pm
Thursday	8:00am – 5:00pm
Friday	8:00am – 5:00pm
Saturday	9:00am – 1:00pm
Sunday	Closed

**Stuart Urgent Care Office** | 1050 SE Monterey Rd., Suite 101  
 Phone: (772) 419-0560

The Urgent Care Office is a walk in facility, and does not require appointments. The Urgent Care Office was established to assist covered members with an illness/injury that does not appear to be life-threatening, but cannot wait for a Primary Care Office appointment.

### What Services are Performed at the Urgent Care Office?

Acute Illness, such as:

- ✓ Vomiting, Diarrhea, Dehydration
- ✓ Fever and Flu
- ✓ Severe Sore Throat and Cough
- ✓ Minor Broken Bones and Fractures
- ✓ On-site X-Rays

### Urgent Care Office – Hours of Operation

Monday	8:00am – 6:00pm
Tuesday	8:00am – 6:00pm
Wednesday	8:00am – 7:00pm
Thursday	8:00am – 6:00pm
Friday	8:00am – 6:00pm
Saturday	8:00am – 2:00pm
Sunday	8:00am – 2:00pm

### Prescription Medications

The MCSO Health Center stocks widely used generic medications that can be dispensed to patients, at no cost. Staff can prescribe generic medications for a variety of acute conditions. Medications can also be dispensed for chronic conditions including high blood pressure, cholesterol, acid reflux, and diabetes. If a prescribed medication is not stocked, the staff will provide a script to take to the local pharmacy for purchase through the Sheriff's Office medical insurance plan.



EMPLOYEE BENEFITS | RISK MANAGEMENT

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

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