

Charlotte County Sheriff's Office Benefit Summary

A Guide to Your Employer Sponsored Benefit Plans



**Welcome to the
Charlotte County Sheriff's Office**
The official sponsor of your employee benefits program.

**As an employee, you are eligible to participate
in a competitive benefits program.**

Medical

Provider Network

Pre-Certification

Prescriptions

Dental

Vision

Disability

Life/AD&D

**Flexible Spending
Account**

The Charlotte County Sheriff's Office Risk Management Division has partnered with the following companies to provide you with a comprehensive benefits package.

PARTNER CONTACT LIST:

*For general information contact the
Risk Management Division (941) 575-5212 or
email RiskManagement@ccsofl.net.*

MEDICAL:

Provider Name:	Florida Blue
Eligibility, benefit and claim questions:	800-352-2583
Web Address:	www.floridablue.com

MY Health Onsite

Provider Name:	MyHealthOniste
Health & Wellness Clinic:	888-644-1448
Web Address:	Patient + Wellness Login My Health Onsite
Access Code:	DAAEBD

DENTAL:

Provider Name:	Florida Blue Combined Life
Provider Phone Number:	888-233-4892
Web Address:	www.floridabluedental.com

VISION:

Provider Name:	Charlotte County Sheriffs'
Provider Phone Number:	941-575-5212
Email:	RiskManagement@ccsofl.net

EMPLOYEE ASSISTANT PROGRAM (EAP):

PROVIDER NAME:	CIGNA
Provider Phone Number:	800-732-1603
Provider Web Address:	www.CignaBehavioral.com
Access Code:	CCSO

LIFE / AD&D:

PROVIDER NAME:	NY Life
Provider Phone Number:	800-644-5567
Provider Web Address:	My Account New York Life Group Benefit Solutions mynylgbs.com

PREFERRED PROVIDER NETWORK:

Provider Name:	Florida Blue
Provider Phone Number:	800-664-5295
Provider Web Address:	www.floridablue.com

PRE - CERTIFICATION PROVIDER:

Provider Name:	Florida Blue
Provider Phone Number:	800-664-5295
Web Address:	www.floridablue.com

All In-Patient, Out-Patient and some diagnostic procedures must be pre-certified.

PRESCRIPTION DRUG PROVIDER:

Provider Name:	Ventegra
Provider Phone Number:	844-500-1318
Web Address:	Login - Pharmacy Benefits Portal cerverey.com

How do I find a Medical Provider?

Florida Blue

Customer Service Help Desk (1-800-664-5295)

Florida Blue website www.floridablue.com

Have a question on your Prescriptions?

Ventegra

Customer Service Help Desk (1-844-500-1318)

Envision Rx Options Website

[Login - Pharmacy Benefits Portal \(cervey.com\)](http://cervey.com)

Have a question on your Medical Claims?

Florida Blue (TPA)

Customer Service Help Desk (1-800-664-5295)

Florida Blue Website www.floridablue.com

Medical Insurance

Plan Features	In-Network	Out-of-Network
<p>Deductible, Per Calendar Year</p> <p>Calendar year deductible is waived for the following coverage charges:</p> <ul style="list-style-type: none"> ❖ Routine Well Care ❖ Well Child Care ❖ Mammograms <p>Coinsurance</p> <p>Maximum Out-of-Pocket</p> <p>The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.</p> <p>The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%.</p> <ul style="list-style-type: none"> ❖ Deductible ❖ Outpatient substance abuse treatment charges ❖ Inpatient substance abuse treatment charges ❖ Cost containment penalties ❖ Co-payments ❖ In/Out patient mental & nervous 	<p>\$300 Individual \$600 Family</p> <p>85%</p> <p>\$1,500 Individual \$3,000 Family</p>	<p>\$ 1,000 Individual \$ 2,000 Family</p> <p>50%</p> <p>\$4,500 Individual \$9,000 Family</p>
	In-Network	Out-of-Network
Physician Visit	85% (after Deductible)	50% (after Ded.)
X-Ray and Laboratory Services	85% (after Deductible)	50% (after Ded.)

Emergency Room The Emergency room co-payment is waived if the patient is admitted to the Hospital on an emergency basis. The utilization review administrator must be notified within 72 hours of the admission, even if the patient is discharged within 72 hours of admission.	\$100.00 copayment then 85% (after Deductible) **Copayment waived in admitted. **Deductible waived for accident or life threatening condition.	50% (after Ded.)
Skilled Nursing Facility	85% (after Deductible)	50% (after Ded.)
Durable Medical Equipment	85% (after Deductible)	50% (after Ded.)
Mental Health & Substance Abuse Services	85% (after Deductible)	50% (after Ded.)
Routine Well Child Care	100% after \$15 Copayment	Not Covered
Routine Well Adult Care	100% after \$15	Not Covered
Prescription Drug Coverage	<p style="text-align: center;">\$7.00 Generic \$25.00 Brand-Formulary \$50.00 Brand Non-Formulary</p> <p style="text-align: center;">**A wide variety of prescriptions are available through My Health Onsite at no cost to the employee.</p>	

Florida Blue

DENTAL INSURANCE

Benefit Summary
Deductible <i>(Individual/Family), Waived for Preventative</i>
Plan Year Max
Preventative Services
Basic Services
Major Services
Orthodontia Adult & Child(ren)
Ortho Lifetime Maximum

Florida Blue	
OPTION #1	
CHOICE	
In-Network	Out-of-Network
\$50.00	
\$1,000.00	
100%	80%
90%	50%
60%	30%
50%	50%
\$1,500.00	

Florida Blue	
OPTION #2	
CHOICE PLUS	
In-Network	Out-of-Network
\$50.00	
\$2,000.00	
100%	
90%	
60%	
50%	
\$1,500.00	

Monthly Tier Structure
Employee
Employee & Spouse
Employee & Child(ren)
Employee & Family

Sheriff Pays	Employee Pays
\$22.24	\$0.00
\$48.06	\$0.00
\$59.35	\$0.00
\$85.17	\$0.00

Sheriff Pays	Employee Pays
\$22.24	\$18.04
\$48.06	\$38.98
\$59.35	\$48.12
\$85.17	\$69.06

Employee
Employee & Spouse
Employee & Child(ren)
Employee & Family

Per Pay Period
\$0.00
\$0.00
\$0.00
\$0.00

Per Pay Period
\$9.02
\$19.49
\$24.06
\$34.53

Charlotte County Sheriff's Office

VISION REIMBURSEMENT

Maximum amount per calendar year: \$500

Which includes the exam,
frames, lenses, and contacts.

Note: You must submit itemized invoices and receipts to Risk Management.
Include the following:

- Provider Name & Contact Information
- Date of Purchase and/or Service
- Items Purchased and/or Services Rendered
- Proof of Payment (credit card receipt, cancelled check, etc.)

*****Note: Keep copies for your records*****

Benefit Period is calendar year - January 1 through December 31.

Claims must be submitted no later than January 31st of the following year. If they are submitted after that date, they will be denied.

Claims should be submitted to: Risk Management



— Disability Insurance —

Disability Income Benefits

Charlotte County Sheriff's Office provides full-time employees with short-term disability income benefits and pays the full cost of this coverage. In the event, you become disabled from a **non-work-related injury** or sickness, disability income benefits are provided as a source of income. ***You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.***

Short-term Disability	
Weekly Benefits	60% of covered weekly earnings (\$1,000 max)
Waiting Period	Injury & Sickness –following a 30-day waiting period
Duration of Benefits	24 Weeks or separation

Benefits

This plan pays a benefit up to 60% of your monthly covered earnings – to a maximum of \$3,500 per month. **Covered Earnings** means your wages or salary, excluding overtime pay, bonuses, commissions, and other extra compensation.



— Basic Life & AD&D Insurance —

Charlotte County Sheriff's Office provides full-time employees with group life and Accidental Death and dismemberment (AD&D) Insurance and no cost to the employee. Please contact your Risk Management Department to update any beneficiary information.

Life/AD&D

2 x employee salary to a maximum of \$50,000.

- Guarantee Issue:** Full Benefit
- Accelerated Benefit:** If you become terminally ill with a life expectancy of 12 months or less, you may receive 75% of your life benefit before you die.
- Seatbelt Benefit:** Pays an extra \$10,000 if a claim occurs while the insured is wearing their seatbelt.
- Waiver of Premium:** Your life insurance will be continued to age 65 and premiums will be waived if you are totally disabled before the age of 60.
- Accidental Death & Dismemberment Benefit:** Your AD&D Insurance Benefit is equal to the amount of your Life Insurance Benefit.
- Reduction Schedule:** 65% at age 65, 50% at age 70, and 35% at age 75%.

Voluntary (Optional) Life Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions. You can purchase coverage on yourself in \$10,000 increments. Minimum coverage is \$10,000 and maximum coverage is \$250,000. Coverage in excess of \$180,000 will require medical underwriting approval for new hires. Employees electing this benefit after the 30-day period following new hire will be required to go through underwriting for all levels of coverage.

Employees must elect Voluntary (Optional) Life Insurance for themselves to elect coverage for a spouse or dependent children.

Spouse Coverage available in units of \$5,000 to maximum of \$50,000, not to exceed 50% of your combined additional life coverage. Coverage in excess of \$25,000 will require medical underwriting approval for all new hires. Employees electing this benefit for a dependent after the 30-day period following new hire, will be required to go through underwriting for all levels of coverage. This amount may not exceed 50% of your Additional Life coverage.

Children Coverage This coverage is available in units of \$2,000 to a maximum of \$10,000. The rate is 0.10 per \$2,000 of benefit. This rate is a flat rate for all children; it is not a per each child rate. This amount may not exceed 50% of the employees' Additional Life coverage.

Flexible Spending Accounts

The Health Care Reimbursement FSA

The health care reimbursement FSA lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pretax dollars. For example, cash that you now spend on deductibles, copayments or other out-of-pocket medical expenses can instead be placed in the health care reimbursement FSA pretax. The annual maximum contribution to the health care reimbursement FSA is **\$3050.00**

Eligible Expenses

For more information about eligible medical expenses, please refer to IRS Publication 502, Medical and Dental Expenses, available at www.irs.gov/publications/p502/index.html.

The Dependent Care FSA

The Dependent Care FSA lets you use pretax dollars toward qualified dependent care. The annual maximum amount you may contribute is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

If you elect to contribute to the dependent care FSA, you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Eligible Expenses

For dependent care services to be eligible, they must be for the care of a tax-dependent child under age 13 who lives with you, or a tax-dependent parent, spouse or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours – instances such as Saturday night babysitting does not qualify – and cannot be provided by another of your dependents.

Is the FSA program right for me?

Charlotte County Sheriff's Office's flexible spending accounts are beneficial for anyone who has out-of-pocket medical, dental, vision, hearing, or dependent care expenses beyond what his or her insurance plan covers.

It's easy to determine if an FSA will save you money. At enrollment time, you will need to determine your annual election amount. Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself, and anyone claimed as a dependent on your taxes. If you had \$100 or more in recurring or predictable expenses, the accounts could help you stretch your dollars.

How do the accounts work?

If you decide to enroll in one or both accounts, your contributions are taken out of each paycheck – before taxes – in equal installments throughout the plan year. These dollars are then placed into your FSA. When you have an eligible health care or dependent care expense, you must submit a claim form along with an itemized receipt to be reimbursed from your account.

The health care reimbursement FSA will reimburse you for the full amount of your annual election (less any reimbursement already received), at any time during the plan year, **regardless of the amount in your account**. The dependent care FSA will only reimburse you for the amount that is in your account at the time you make a claim.

To calculate your potential savings when using an FSA, visit www.asiflex.com/Calculator/Tax-Savings-Calculator.htm.

This brochure is for informational purposes only and is not intended to replace the advice of an insurance or financial professional.