

# Gulf County Sheriff's Office

2024-2025 Benefit Guide





# Gulf County Sheriff's Office Sheriff Mike Harrison

418 Cecil G. Costin Sr. Blvd. Port St. Joe, Florida 32456 www.gulfsheriff.com 850-227-1115 850-639-5717 Fax 850-227-2097

#### All members,

Thank you for your service to the citizens of Gulf County and your commitment to the job. As your Sheriff, I am committed to providing you and your family with quality benefits at an affordable price. These benefits are instrumental for employee retention and recruitment.

As we enter our sixth year with the Florida Sheriff's Health Plan, I am excited to notify you of an additional health plan option starting this year. This new plan is a High Deductible Health Plan (HDHP) and will be offered in addition to the current plan that we have now. The HDHP Plan consists of a less expensive premium with higher medical costs. This plan is designed for the employee that is young, single, healthy and rarely visits the doctor. I believe these two options give you better flexibility in choosing the right health plan for you based on your financial ability and overall health.

Unfortunately, our claims have risen both in frequency and severity. This has caused our rates to increase again this year and I am doing everything I can to keep the impact on you and your families to a minimum. The actuaries proposed a 22% increase, we plan to paydown this increase so you will have an increase of less than 10%.

The choices you make when it comes to your healthcare decisions are the most important factor in keeping costs down. Utilizing telemedicine for minor illnesses versus emergency room visits can save a tremendous amount of money for both you and the agency.

Remember to take care of yourself and your family. Schedule and attend annual checkups with your personal doctor. If you have not done so already, please designate a primary care physician. Your primary care physician monitors your overall health and research shows that regular checkups and compliance with any identified treatment plan can prevent more complicated, sometimes fatal, conditions.

Again, thank you for all you do for this agency and our community. Please let me or Mrs. Pache know if you have any questions.

Sincerely,

Mike Harrison

Mike Harrison

Sheriff



# 2024-2025 PLAN YEAR

## **REFERENCE-POLICY NUMBERS**

Benefit	Carrier/Vendor	Policy Number	Phone Number	<u>Website</u>
Online Benefit Enrollment	BenefitSolver	N/A	N/A	www5.benefitsolver.com
Medical Insurance	UMR/Quantum	76-414512	1-877-711-9778	floridasheriffshealthplan.com
Prescriptions	OptumRX	76-414512	1-877-711-9778	floridasheriffshealthplan.com
Telemedicine	Teladoc	FSHP	1-800-835-2362	www.teladoc.com_
Dental Insurance	MetLife	234467	1-800-638-5433	www.metlife.com/mybenefits
Vision Insurance	Humana	830408	1-800-865-3676	www.humana.com
Basic, Voluntary Life and AD&D	The Standard	166288-A	1-800-348-3226	www.standard.com
Employee Assistance Program (EAP)	Optum EAP	FSHP	1-866-248-4096	www.liveandworkwell.com
Voluntary Worksite	MetLife	234467	1-800-438-6388	www.metlife.com
FSA/DCA	TASC	4218-7293-4967	1-800-422-4661	<u>ubaclient.tasconline.com/login</u>
Voluntary Accident Insurance Program (VAIP)	New York Life	OK 971276	1-800-557-7975	www.newyorklife.com



## STAY IN TOUCH WITH MOBILE APPS

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

De go:

Download on the App Store

Google play

#### Your Health Insurance Plan - MyQHealth App

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



#### Your Vision Insurance Plan - Humana App

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

#### Your Optum EAP Plan - MyLiveandworkwell

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



#### The Optum Rx App

Makes the online pharmacy experience as simple as possible. You can easily:

- Search drug prices at multiple pharmacies
- Locate a network pharmacy
- Manage medication reminders
- · Access your ID card if your plan allows
- Track your order
- Refill a prescription



## Get the support you need to improve your mental health - AbleTo

- Flexible mental health care that fits into your schedule
- Personalized, science-backed tools and skill-building activities
- Curated content to help manage feelings of stress, anxiety, and depression
- 24/7 access to tools, activities, and content



## Your BenefitSolver Online Enrollment System - MyChoice App (By BenefitSolver)

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



## Talk Space - Your Medical Behavioral Health Services

On-demand help with stress, anxiety, and depression

- · Access Talkspace anytime, anywhere
- Find an EAP provider with online matching tool
- Start Therapy within hours of choosing a EAP Provider
- Get messages back throughout the day
- · Choose real-time face to face video visits



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



QUESTIONS? Contact your HR Department.

Website: www5.benefitsolver.com

Company Key: FSEBT



## **HELPFUL ENROLLMENT TIPS**

- Please have your dependents SSN and DOB available before you begin your enrollment.
- If your spouse also works at your employer, be sure to coordinate and not duplicate the same coverage.
- Monitor your email account and BenefitSolver Message Center for additional Open Enrollment information.
- Please check your first paycheck with deductions for the October 1, 2024 plan year for accuracy and bring any questions to your HR Department.

## **ELIGIBILITY & ENROLLMENT GUIDELINES**

#### **ELIGIBILITY**

All full-time benefits-eligible employees who regularly work at least 130-hours\* per month (or retirees) are eligible for coverage.

Your coverage will be effective the first of the month following 30-days after date of hire at the Gulf County Sheriff's Office. Changes to benefits can be made only during open enrollment or within 30-days of a qualifying event.

#### **DEPENDENT ELIGIBILITY**

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

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

#### **MAXIMUM DEPENDENT CHILD AGES**

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

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

#### **SPECIAL NOTES**

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

#### INFORMATION FOR RETIREES

Medicare Eligibility - Once you become eligible for Medicare Part A and B, you must contact the Social Security Administration (SSA) about your Medicare benefits. Enrollment in Medicare is time sensitive and you may be subject to financial penalties if you miss the federal deadlines. Contact your local SSA office, call 800-MEDICARE, or visit www.medicare.gov for more information. When your Medicare benefits take effect, your insurance with Gulf County Sheriff's Office becomes the secondary payer.

Coverage Changes - Retirees are allowed to keep the benefits they have at retirement, but may not add other benefits unless a new product is offered. Retirees are allowed to add dependents to their coverage resulting from any qualifying life event during the year. Retirees may drop coverage at any time outside of Open Enrollment and Qualifying Events. Once coverage is dropped you are not permitted to elect benefits through the Gulf County Sheriff's Office at a future date.

## **QUALIFYING EVENTS & IRS SECTION 125**

#### **IRS SECTION 125**

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

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

#### **EXAMPLES OF QUALIFYING EVENTS**

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

#### MEMBERS WHO EXPERIENCE A QUALIFYING EVENT MUST CONTACT THE HUMAN RESOURCES DEPARTMENT WITHIN 30 DAYS TO MAKE THE APPROPRIATE CHANGES TO COVERAGE.

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



CLAIMS ADMINISTRATOR	UMR	UMR
NAME OF PLAN	FSHP COPAY PLAN	FSHP HDHP PLAN
PROVIDER NETWORK	UHC CHOICE PLUS PPO	UHC CHOICE PLUS PPO
IN-NETWORK BENEFITS		
CALENDAR-YEAR DEDUCTIBLE		
INDIVIDUAL	\$2,500	\$2,500
FAMILY	\$5,000	\$5,000
COINSURANCE (MEMBER RESPONSIBILITY)	20%	20%
CALENDAR YEAR OUT-OF-POCKET MAXIMUM		
INDIVIDUAL	\$2,500	\$3,000
FAMILY	\$5,000	\$6,000
OFFICE VISITS		
PRIMARY CARE	\$20 COPAY + 20%	CALENDAR YEAR DEDUCTIBLE + 20%
SPECIALIST	\$50 COPAY + 20%	CALENDAR YEAR DEDUCTIBLE + 20%
TELEHEALTH	\$0 DEDUCTIBLE WAIVED	\$42 COPAY
COMMON SERVICES		
DIAGNOSTIC LABWORK / X- RAYS	\$0 COPAY (DEDUCTIBLE WAIVED)	CALENDAR YEAR DEDUCTIBLE + 20%
ADVANCED IMAGING (CT, PET, MRI)	\$300 COPAY + 20%	CALENDAR YEAR DEDUCTIBLE + 20%
INPATIENT HOSPITAL FACILITY SERVICES	\$750 COPAY + 20%	CALENDAR YEAR DEDUCTIBLE + 20%
OUTPATIENT HOSPITAL FACILITY SERVICES	\$500 COPAY + 20%	CALENDAR YEAR DEDUCTIBLE + 20%
AMBULATORY SURGICAL CENTER FACILITY FEE	\$250 COPAY + 20%	CALENDAR YEAR DEDUCTIBLE + 20%
URGENT CARE	\$50 COPAY + 20%	CALENDAR YEAR DEDUCTIBLE + 20%
EMERGENCY ROOM FACILITY	\$500 COPAY + 20%	CALENDAR YEAR DEDUCTIBLE + 20%
AMBULANCE SERVICES	\$250 COPAY + 20% COINSURANCE	CALENDAR YEAR DEDUCTIBLE + 20%
PHARMACY		
RX OUT-OF-POCKET MAXIMUM		DEDUCTIBLE MUST BE MET PRIOR
TIER 1 GENERIC	\$25 COPAY	\$25 COPAY
TIER 2 PREFERRED BRAND NAME	\$75 COPAY	\$75 COPAY
TIER 3 NON PREFFERED BRAND NAME	\$100 COPAY	\$100 COPAY
SPECIALTY (NOT AVAILABLE FOR MAIL ORDER)	\$125 COPAY	\$125 COPAY
90 DAY SUPPLY (MAIL ORDER OR RETAIL)	2X RETAIL COPAYS (WITH THE EXCEPTION OF TIER 1 GENERICS AT \$0)	2X RETAIL COPAYS (WITH THE EXCEPTION OF TIER 1 GENERICS AT \$0)
OUT-OF-NETWORK BENEFITS		
CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$5,000/\$10,000	\$5,000/\$10.000
COINSURANCE	20%	50%
OUT-OF-POCKET (INDIVIDUAL/FAMILY)	\$10,000/\$20,000	\$10,000/\$20,000

	MONTHLY RATES			
TIER FULL-TI TIER EMPLO' (FSHP CC		RETIREE (FSHP COPAY)	FULL-TIME EMPLOYEE (FSHP HDHP)	RETIREE (FSHP HDHP)
EMPLOYEE	\$146.09	\$960.00	\$50.00	\$905.00
EMPLOYEE + SPOUSE	\$463.81	\$1,654.00	\$463.81	\$1,534.00
EMPLOYEE + CHILD(REN)	\$337.65	\$1,498.00	\$337.65	\$1,400.00
FAMILY	\$1,194.71	\$2,542.00	\$1,194.71	\$2,378.00



#### **Option To Waive Medical Health Insurance Benefits**

In order to waive medical health insurance, you must have proof of other coverage.

This must be supplied each year when waiving health insurance coverage. Gulf County Sheriff's Department offers a \$3000.00 annual compensation benefit with proof of coverage.

NOTE: Federal law states those on Medicare or Medicaid do not qualify as having other coverage. Employees who waive medical insurance will have a \$1,200 per year as taxable income added.

All rates included in the benefit guide are illustrative only and are designed to provide basic information to employees. It does not detail all of the provisions of the rating structure. See your Human Resources Department and/or enrollment system for final rates.

## **PRESCRIPTIONS**

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

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

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

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

- TIER 1 Generic
- TIER 2 Preferred brand name
- TIER 3 Non-preferred brand name
- SPECIALTY

#### MAIL ORDER PRESCRIPTIONS

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

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

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

#### **GENERIC PRESCRIPTIONS**

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

## MANAGE YOUR CHRONIC CONDITION PROGRAM

As a member of the Florida Sheriffs Health Plan, if you are diagnosed with a chronic condition, you may have the opportunity to receive your medications and certain services at no cost. You must meet 50% of the required "Care Path" activities for your condition(s). Below is a list of the qualifying chronic conditions and Care Path activities.

#### **ASTHMA**

- Get annual flu shot\*
- Use asthma control medication<sup>†</sup>
- Have your annual physical

#### CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

- Get annual flu shot\*
- · Have your annual physical

#### **CONGESTIVE HEART FAILURE (CHF)**

- Take a beta-blocker medication<sup>†</sup>
- Take an ACE or ARB medication<sup>†</sup>
- Have your annual lipid screening
- Have your annual physical

#### CORONARY ARTERY DISEASE (CAD)

- · Have your annual lipid screening
- Take a beta-blocker medication after a heart attack<sup>†</sup>
- Take a cholesterol-lowering statin medication<sup>†</sup>
- Have your annual physical

#### **DIABETES**

- Have HbA1c test at least once yearly
- · Have your annual lipid screening
- Have annual microalbumin or urine protein test
- Take a cholesterol-lowering statin medication<sup>†</sup>
- · Have an eye exam every two years
- · Have your annual physical

#### **HYPERLIPIDEMIA**

- · Have your annual lipid screening
- Take a cholesterol-lowering statin medication<sup>†</sup>
- · Have your annual physical

#### **HYPERTENSION (HTN)**

- Take an antihypertensive medication<sup>†</sup>
- · Have your annual physical
  - \*This requirement can be waived with proper documentation for not getting the immunization.
  - † If your doctor does not recommend or prescribe any of these treatment options, call your MyQHealth Care Coordinators to receive credit.

## **DEPENDENT CARE ACCOUNT (DCA)**

A Dependent Care Flexible Spending Account (DCA) can help pay for expenses incurred in caring for your child dependents. Child dependents are those listed in your care and claimed on your taxes as an exemption.

#### **ELIGIBLE EXPENSES**

Expenses must be incurred to allow you or your spouse to work, look for work, or attend school full-time. You can only be reimbursed up to the amount currently available in your account. The amount in your plan must be used during the benefit period the funds were added.

You have until December 31, 2025 to submit claims incurred from 10/1/24 - 9/30/25. Any unused funds will be forfeited.

#### **MAXIMUM ANNUAL CONTRIBUTIONS**

You may contribute up to \$5,000 per plan year into your DCA if you are a single filer or married filing jointly. You may contribute \$2,500 annually if you are a married couple filing separately.

**Please note:** Medical expenses are not eligible under the Dependent Care Account.

#### **REMEMBER**

YOU MUST ACTIVELY ENROLL IN THE DCA BENEFIT EACH PLAN YEAR. DCA ELECTIONS DO NOT ROLLOVER FROM ONE PLAN YEAR TO ANOTHER.

#### SPECIAL NOTE FOR RETIREES

Dependent Care Accounts (DCA) are not available for Retirees.



## FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account (FSA) plan is a tax- savings alternative offered through your employer under Section 125 of the Internal Revenue Code.

#### **ELIGIBLE EXPENSES**

Most medical, dental, and vision care expenses that are not covered by your health plan (such as co-payments, coinsurance, deductibles, eyeglasses, and doctor prescribed over-the-counter medications) are eligible expenses.

#### **MAXIMUM ANNUAL CONTRIBUTIONS**

The 2024 annual contribution limit is \$3,200.

#### **CARRYOVER**

This plan allows up to \$640 of unused funds to be rolled over to the next plan year, if you choose to re-enroll in the FSA plan. Any amount over \$640 will be forfeited. You must actively enroll in the FSA benefit each year in order to receive your rollover funds.

#### **IMPORTANT NOTE**

Your FSA funds may not be used to pay for claims incurred prior to the plan's effective date. You have until December 31, 2025 to submit for reimbursable expenses incurred from 10/1/24 - 9/30/25.

#### **EMPLOYER MATCH**

Gulf County Sheriff's Office will match \$50 to \$115 per month in your FSA. To receive the match, employees must be actively enrolled in the medical plan and any elections less than \$50 per month will not receive the matching funds.

FSA plans follow the same guidelines for qualifying events as other insurance coverages (birth, death, adoption, etc.) but if you resign or terminate employment before the end of the plan year, the FSA funds are non-refundable. If you do not use all of your FSA plan money during your plan year, you will lose those funds.

#### **REMEMBER**

YOU MUST ACTIVELY ENROLL IN THE FSA BENEFIT EACH PLAN YEAR. FSA ELECTIONS DO **NOT** ROLLOVER FROM ONE PLAN YEAR TO ANOTHER.

### HOW MUCH CAN YOU SAVE WHEN YOU ENROLL IN AN FSA?

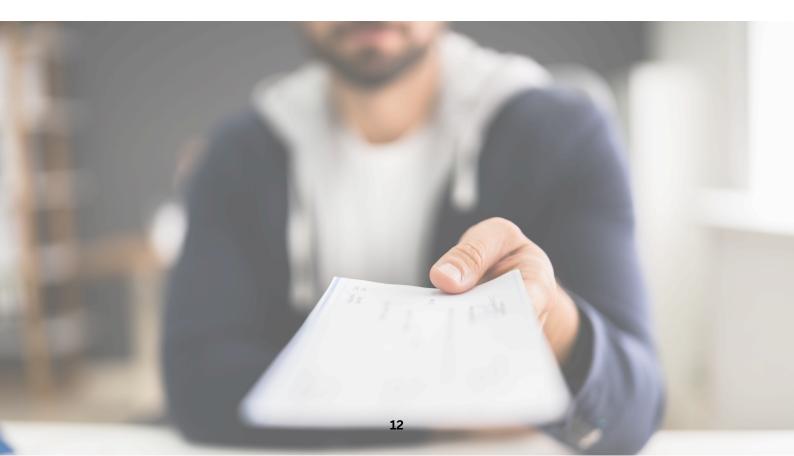
To estimate how much you could potentially save with an FSA, visit:

#### https://fsastore.com/fsa-calculator.

Here you can utilize the FSA Tax Savings Calculator. This handy FSA calculator will show you an estimated list of your health spending for the year so you can make an informed decision and take full advantage of your FSA benefit.

#### **SPECIAL NOTE FOR RETIREES**

Flexible Spending Accounts (FSA) are not available for Retirees.



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Gulf County Sheriff's Office provides an Employee Assistance Program (EAP) through Optum EAP. Optum EAP is available to **ALL** active employees and dependents.

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

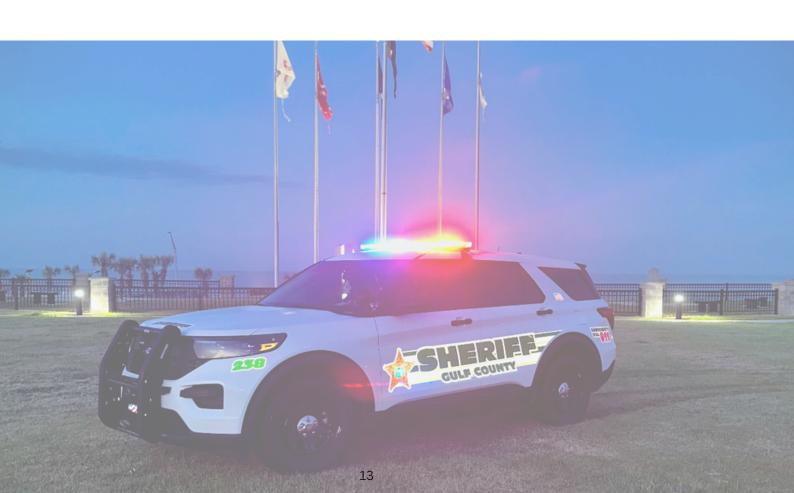
- · Family and parenting issues
- Relationship problems
- Legal consultations: criminal matters, living wills, and divorce
- Life changes, personal crises
- Mediation services: child custody, real estate, and collections
- Stress related to work or personal issues
- Financial services: bankruptcy, retirement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

#### **ONLINE RESOURCES**

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

- 866-248-4096
- <u>liveandworkwell.com</u>





## **TELEMEDICINE**

Teladoc gives you round-the clock access to U.S. board certified doctors, from home or on the go. Call or connect online using the Teladoc mobile App for affordable medical care, when you need it.

#### **Get the care you need for:**

- Cold & flu symptoms
- Sore throats
- · Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- Allergies
- · And more

Access all your Teladoc benefits from one place.

#### Set up your account today!

Call 1-800-TELADOC | Download the app www.Teladoc.com

PTELADOC.

How would you like to talk to a doctor?

Your Co-Pay is \$0 Deductible Waived if you are enrolled in FSHP - HRA

### PET HEALTH INSURANCE

Coverage for the whole family - even your furry family members as part of your employer benefits, helps protect them from the unexpected with MetLife Pet Insurance. In addition to receiving an FSEBT discount, members may also receive a First Responder discount.

#### Why pet parents choose MetLife:

- Flexible Coverage with up to 100% reimbursement
- · Freedom to visit any U.S. licensed vet
- Optional Preventive Care coverage
- 24/7 access to Telemedicine Concierge Services
- Discounts and offers on pet care
- Coverage of pre-existing conditions when switching providers
- MetLife mobile app to submit and track claims and manage your pet's health and wellness



Get a Quote or enroll today.
Visit <a href="www.metlife.com/FSEBT">www.metlife.com/FSEBT</a>
Call 1-800-GET-MET8

Click Here





## **DENTAL**

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

CARRIER	METLIFE		METLIFE		
NAME OF PLAN	PPO MID PLAN		PPO HIGH PLAN		
NETWORK	PDP PLUS	NETWORK	PDP PLUS	PDP PLUS NETWORK	
OUT-OF-NETWORK PAYMENT LEVEL	90TF	HR&C	90TH R&C		
DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK**	IN-NETWORK	OUT-OF-NETWORK**	
INDIVIDUAL- CALENDAR YEAR	\$50 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY)	\$50 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY)	\$50 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY)	\$50 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY)	
FAMILY - CALENDAR YEAR		•	\$150 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY)		
PLAN MAXIMUM					
CALENDAR YEAR MAX	\$1,500	\$1,500	\$2,000	\$2,000	
CLASS					
PREVENTIVE - TYPE 1	100%	100%	100%	100%	
BASIC - TYPE 2	80%	80%	90%	90%	
MAJOR - TYPE 3	50%	50%	60%	60%	
ORTHODONTIA					
COINSURANCE (PLAN PAYS)	50%	50%	50%	50%	
COVERAGE FOR CHILDREN AND/OR ADULTS	FOR CHILDREN UNDER 19 YEARS OLD	FOR CHILDREN UNDER 19 YEARS OLD	FOR CHILDREN UNDER 19 YEARS OLD	FOR CHILDREN UNDER 19 YEARS OLD	
LIFETIME MAXIMUM PER PERSON	\$1,000	\$1,000	\$1,000	\$1,000	

<sup>\*</sup>Services received out-of-network are based on the 90th percentile of "Reasonable and Customary" (R&C) for all providers in the designated service area.

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

DENTAL RATES - MONTHLY-LOW		
TIER	FULL-TIME EMPLOYEE	RETIREE
EMPLOYEE	\$7.62	\$32.53
EMPLOYEE + SPOUSE	\$40.05	\$64.96
EMPLOYEE + CHILD	\$44.42	\$69.33
FAMILY	\$83.67	\$108.58

DENTAL RATES - MONTHLY-HIGH		
TIER	FULL-TIME EMPLOYEE	RETIREE
EMPLOYEE	\$16.37	\$41.28
EMPLOYEE + SPOUSE	\$57.29	\$82.20
EMPLOYEE + CHILD	\$62.35	\$87.26
FAMILY	\$111.79	\$136.70

## **VISION**

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

CARRIER	HUMANA		
NAME OF PLAN	PPO PLAN		
NETWORK	INSIGHT		
	IN-NETWORK	OUT-OF-NETWORK	
DEDUCTIBLE			
EXAMS	\$10 COPAY	UP TO \$30 ALLOWANCE	
FRAMES ALLOWANCE	UP TO \$130 ALLOWANCE (20% OFF BALANCE OVER \$130)	UP TO \$65 ALLOWANCE	
CONTACT ALLOWANCE	MEDICALLY NECESSARY - COVERED IN FULL ELECTIVE-UP TO \$130 ALLOWANCE (15% OFF BALANCE OVER \$130)	MEDICALLY NECESSARY - UP TO \$200 ALLOWANCE ELECTIVE - UP TO \$104 ALLOWANCE	
CONTACT FITTING	UP TO \$55	N/A	
BENEFIT FREQUENCY			
EXAMS	12 MONTHS	12 MONTHS	
LENSES	12 MONTHS	12 MONTHS	
FRAMES	24 MONTHS	24 MONTHS	
LENSE OPTIONS			
SINGLE VISION	\$15 COPAY	\$25 ALLOWANCE	
BIFOCAL	\$15 COPAY	\$40 ALLOWANCE	
TRIFOCAL	\$15 COPAY	\$60 ALLOWANCE	

VISION RATES		
TIER	FULL-TIME EMPLOYEE	RETIREE
EMPLOYEE	\$4.68	\$4.68
EMPLOYEE + SPOUSE	\$9.70	\$9.70
EMPLOYEE +CHILD(REN)	\$10.72	\$10.72
FAMILY	\$16.18	\$16.18

## **BASIC LIFE AND AD&D**

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

Gulf County Sheriff's Office provides Basic Life and AD&D through The Standard at no cost to active employees. Please refer to BenefitSolver for your benefit coverage amounts.

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

DON'T FORGET TO UPDATE YOUR BENEFICIARIES!
You may update your information online at www5.benefitsolver.com.

**QUESTIONS? Contact The Standard** 

Phone: 800-348-3226 Website: www.standard.com

THE STANDARD		
ACTIVE E	MPLOYEE	
BASIC LIFE & AD&D	\$20,000	
AGE REDUCTIONS	BENEFIT	
AT AGE 65	REDUCED BY 35%	
AT AGE 70	REDUCED BY 50%	
RETIREE		
BASIC LIFE	\$10,000	
AGE REDUCTIONS	N/A	
DEPENDENT & AD&D	BENEFIT	
SPOUSE	\$5,000	
CHILD	\$1,000	



## **VOLUNTARY LIFE AND AD&D**

The Gulf County Sheriff's Office offers Voluntary Life. This coverage is intended to provide your family with additional financial assistance in the event of you or your covered dependents death.

You may choose to purchase Voluntary Life coverage through The Standard for you and your dependents. The AD&D benefit amount equals the Voluntary Life Amount.

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

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

Dependent Life and AD&D coverage is a per plan coverage that covers both your spouse and any eligible dependent children.

#### IMPORTANT NOTE

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

DON'T FORGET TO UPDATE YOUR BENEFICIARIES!
You may update your information online at www5.benefitsolver.com.

QUESTIONS? Contact The Standard

Phone: 800-348-3226 Website: www.standard.com

#### **SPECIAL NOTE FOR RETIREES**

Voluntary Life is not available for Retirees.

THE STANDARD		
EMPLOYEE		
INCREMENTS	\$10,000	
MAXIMUM	\$500,000	
GUARANTEE ISSUE FOR NEWLY ELIGIBLE MEMBERS	UP TO \$50,000	
SPOUSE		
INCREMENTS	\$5,000	
MAXIMUM	\$250,000	
GUARANTEE ISSUE	UP TO \$10,000	

EMPLOYEE & SPOUSE AGE REDUCTIONS	BENEFIT
AT AGE 65	REDUCED BY 35%
AT AGE 70	REDUCED BY 50%

DEPENDENT CHILD(REN)	
FLAT BENEFIT	\$5,000
FLAT BENEFIT	\$10,000

EMPLOYEE & SPOUSE VOLUNTARY LIFE & AD&D RATES		
AGE	FULL-TIME EMPLOYEE PER \$1,000	
0-29	\$0.099	
30-34	\$0.099	
35-39	\$0.132	
40-44	\$0.209	
45-49	\$0.297	
50-54	\$0.495	
55-59	\$0.814	
60-64	\$1.221	
65-69	\$1.254	
70-74	\$1.672	
75+	\$2.442	

# VOLUNTARY ACCIDENT INSURANCE PROGRAM (VAIP)

Accident insurance covers you in the event of accidental death or accidental dismemberment, and is available without medical exam on a payroll deduction basis. You may choose employee only or family coverage in amounts of \$50,000 to \$250,000. Your spouse's benefit amount is 50% of yours, or 60% if you have no dependent children. Each covered child has a benefit amount of 10% of yours, or 15% if you have no eligible spouse. The maximum principle sum payable is up to \$25,000 for dependent children. Spouse coverage ends at age 70.

#### **EMPLOYEE BENEFITS REDUCTION SCHEDULE**

Age 70-74	Reduces to 65% of benefit	
Age 75-79	Reduces to 45% of benefit	
Age 80-84	Reduces to 30%	
	of benefit	

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

#### LAW ENFORCEMENT BENEFIT ENHANCEMENTS

Bullet Proof Vest:

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

Law Enforcement Officer's Benefit:

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

## COVERAGE INCLUDES THESE ADDITIONAL BENEFITS AND MORE:

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

VOLUNTARY ACCIDENT RATES (MONTHLY)			
BENEFIT AMOUNT	EMPLOYEE ONLY	FAMILY	
\$50,000	\$2.00	\$3.00	
\$100,000	\$4.00	\$6.00	
\$150,000	\$6.00	\$9.00	
\$200,000	\$8.00	\$12.00	
\$250,000	\$10.00	\$15.00	



## **VOLUNTARY WORKSITE PRODUCTS**

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

#### **ACCIDENT**

Accidents happen. Nobody plans on breaking a bone or falling ill and ending up in the emergency room. But a lot of the time the hardest thing to heal after a hospital stay, accident, or illness is your financial health. For more information and to review required disclosures, please refer to the Reference Center at www5.benefitsolver.com.

ACCIDENT PLAN (MONTHLY)		
TIER	ACTIVE EMPLOYEE	
EMPLOYEE	\$9.62	
EMPLOYEE + SPOUSE	\$17.96	
EMPLOYEE + CHILD	\$19.76	
FAMILY	\$24.32	

#### **HOSPITAL INDEMNITY**

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

Hospital Indemnity offers two plans to select from:

#### High Plan pays:

- \$200 per confinement
- \$1,000 per admission

#### Low Plan pays:

- \$100 per confinement
- \$500 per admission

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

#### SPECIAL NOTE FOR RETIREES

Voluntary Worksite is not available to Retirees.

When an accident happens, you may be unable to work, which can lead to a loss or reduction in income. Accident insurance provides lump-sum payments for over 150 conditions (no limitations to the number of accidents payable) including:

- Fractures
- Concussions
- Skin grafts/Burns
- Coma
- Broken Teeth
- Therapy Services Acupuncture & Chiropractic services

HOSPITAL INDEMNITY LOW PLAN (MONTHLY)			
TIER	ACTIVE EMPLOYEE		
EMPLOYEE	\$9.72		
EMPLOYEE + SPOUSE	\$23.42		
EMPLOYEE + CHILD	\$17.36		
FAMILY	\$31.06		

HOSPITAL INDEMNITY HIGH PLAN (MONTHLY)			
TIER	ACTIVE EMPLOYEE		
EMPLOYEE	\$17.84		
EMPLOYEE + SPOUSE	\$42.94		
EMPLOYEE + CHILD	\$31.84		
FAMILY	\$56.94		



## **VOLUNTARY WORKSITE PRODUCTS**

#### **CRITICAL ILLNESS**

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

#### For example:

• Cancer (including skin cancer) • Paralysis

Stroke

Alzheimer's

Organ Transplant

Kidney Failure

• COVID-19

• Sudden Cardiac Arrest/Heart Attack

• Benign Brain Tumor

Angioplasty

<sup>\*</sup>If you have a full recovery within 30 days of the stroke event, you will receive 25% of the policy amount

CRITICAL ILLNESS MONTHLY RATES (FULL-TIME EMPLOYEE) \$15,000				
AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
0-24	\$4.80	\$7.80	\$8.40	\$11.70
25-29	\$5.10	\$8.40	\$8.70	\$12.00
30-34	\$7.20	\$11.70	\$10.80	\$15.30
35-39	\$9.90	\$15.60	\$13.50	\$19.50
40-44	\$15.60	\$24.30	\$19.20	\$28.20
45-49	\$22.20	\$34.50	\$26.10	\$38.10
50-54	\$33.00	\$49.80	\$36.90	\$53.40
55-59	\$44.70	\$65.70	\$48.60	\$69.30
60-64	\$62.70	\$90.90	\$66.30	\$94.50
65-69	\$90.00	\$129.00	\$93.60	\$132.60
70-74	\$120.60	\$173.10	\$124.20	\$176.70
75+	\$153.30	\$222.90	\$156.90	\$226.50

CRITICAL ILLNESS MONTHLY RATES (FULL-TIME EMPLOYEE) \$30,000				
AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
0-24	\$9.60	\$15.60	\$16.80	\$23.40
25-29	\$10.20	\$16.80	\$17.40	\$24.00
30-34	\$14.40	\$23.40	\$21.60	\$30.60
35-39	\$19.80	\$31.20	\$27.00	\$39.00
40-44	\$31.20	\$48.60	\$38.40	\$56.40
45-49	\$44.40	\$69.00	\$52.20	\$76.20
50-54	\$66.00	\$99.60	\$73.80	\$106.80
55-59	\$89.40	\$131.40	\$97.20	\$138.60
60-64	\$125.40	\$181.80	\$132.60	\$189.00
65-69	\$180.00	\$258.00	\$187.20	\$265.20
70-74	\$241.20	\$346.20	\$248.40	\$353.40
75+	\$306.60	\$445.80	\$313.80	\$453.00

#### **SPECIAL NOTE FOR RETIREES**

Voluntary Worksite is not available to Retirees.

## ADDITIONAL BENEFITS & RESOURCES

#### **QUANTUM HEALTH**

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

Quantum Health Coordinators can assist with:

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

Your Quantum Health Care Coordinators are available:

Monday - Friday, 7:30 AM - 9:00 PM (CST) via phone at 877-711-9778 or via live chat www.FloridaSheriffsHealthPlan.com



#### **PLAN CONTACT**

Pache Batson
Executive Assistant
418 Cecil G. Costin Sr. Blvd.
Port St. Joe Florida
850-227-2392
pbatson@gcso.fl.gov

#### **LEGAL NOTIFICATIONS**

All legal notifications can be found in the reference center in BenefitSolver at www5.benefitsolver.com.







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