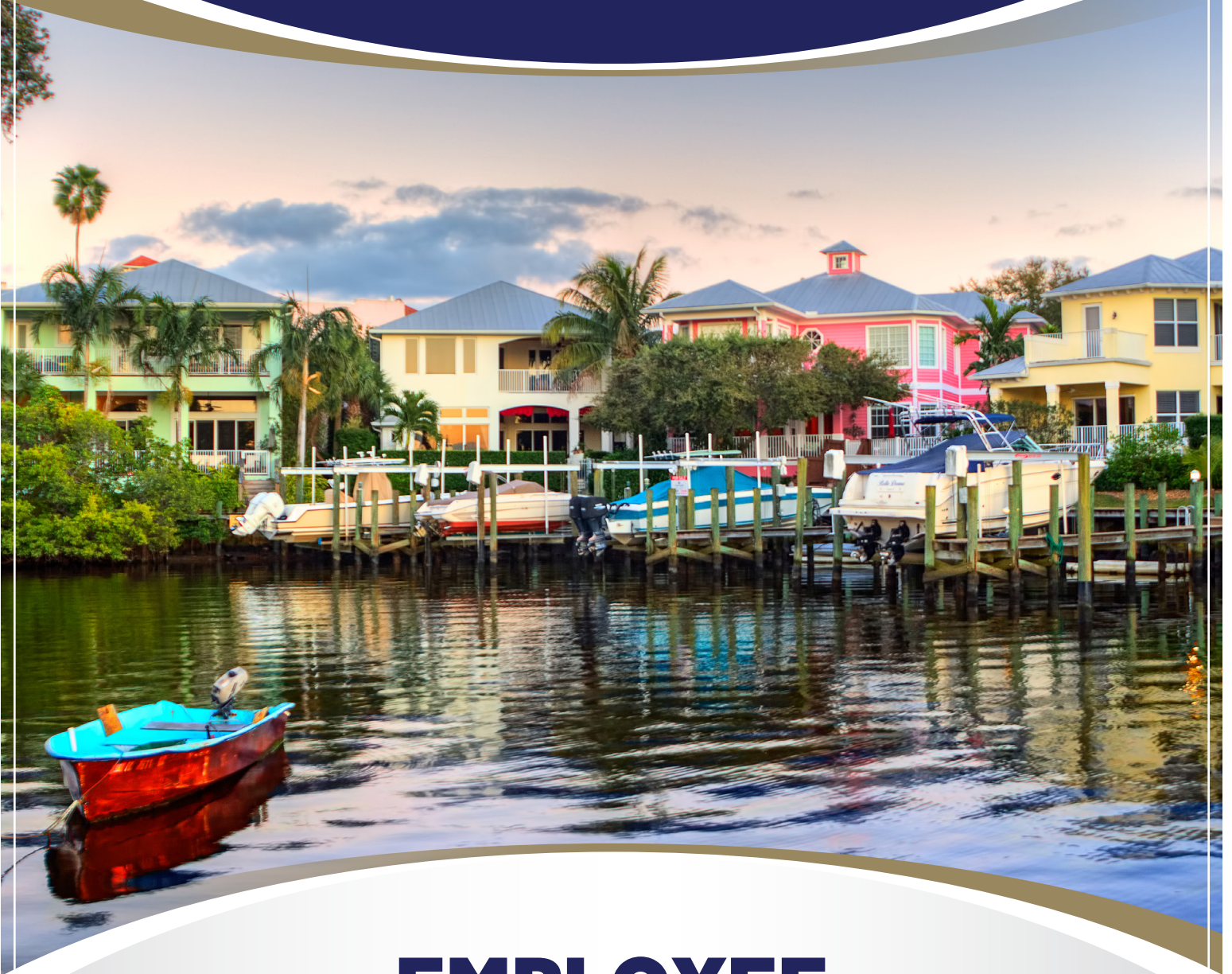
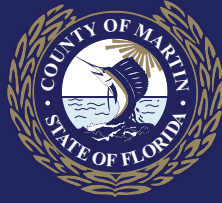


*Martin County*  
BOARD OF COUNTY COMMISSIONERS


















**EMPLOYEE  
BENEFIT HIGHLIGHTS**

Plan Year: January 1, 2025 - December 31, 2025



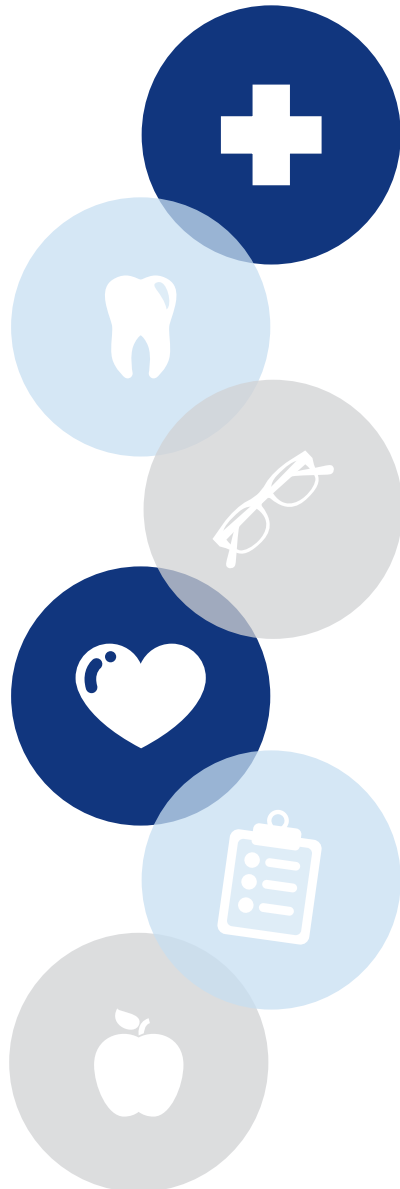
## Contact Information

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<b>Clerk and Comptroller</b>	Stephanie Glasser	Phone: (772) 463-3264 Email: sglasser@martinclerk.com
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<b>Tax Collector</b>	Judy Friend	Phone: (772) 223-7932 Email: jfriend@mctc.martin.fl.us
<b>Florida Blue On-Site Service Representative</b>	Jessica Lambert	Phone: (772) 419-4573 Email: jessica.lambert@bcbsfl.com
<b>Martin County Employee Benefits</b>	Brandie LaFave	Phone: (772) 320-3029 Email: blafave@martin.fl.us
<b>Payroll (Board, Clerk &amp; Supervisor of Elections)</b>	Ana Portilla	Phone: (772) 320-3238 Email: aportilla@martinclerk.com
 <b>Online Benefit Enrollment</b>	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) app.mybentek.com/martincounty
 <b>Medical Insurance</b>	Florida Blue Group Number: 91221	Customer Service: (800) 352-2583 www.floridablue.com
 <b>Prescription Drug Coverage</b>	Prime Therapeutics	Customer Service: (877) 794-3574 www.floridablue.com
 <b>Mail Order Program</b>	Amazon Pharmacy	Customer Service: (855) 965-7539 www.floridablue.com
 <b>Telehealth</b>	Teladoc Health	Customer Service: (800) 835-2362 www.teladohealth.com
 <b>Dental Insurance</b>	Florida Combined Life Group Number: 247L66	Customer Service: (888) 223-4892 www.floridabluedental.com
 <b>Vision Insurance</b>	Humana Group Number: 790202	Customer Service: (877) 398-2980 www.humana.com
 <b>Health Reimbursement Account</b>	UpSwing	Customer Service: (866) 676-3665 upswing.wealthcareportal.com
 <b>Flexible Spending Accounts</b>	UpSwing	Customer Service: (866) 676-3665 upswing.wealthcareportal.com
 <b>Employee Assistance Program</b>	Cigna EAP - Civilian	Customer Service: (877) 622-4327 www.mycigna.com
	Cigna EAP – Emergency Responders	Customer Service: (877) 505-3671 www.mycigna.com
 <b>Basic Life and AD&amp;D Insurance</b>	The Standard Group Number: 642407	Customer Service: (800) 247-6888 www.standard.com
 <b>Long Term Disability Insurance</b>	The Standard	Customer Service: (800) 247-6888 www.standard.com
 <b>Supplemental Benefits</b>	Aflac	Agent: Karen Zabaglo   Phone: (772) 284-3210 Email: karen_zabaglo@us.aflac.com Agent: Loire Lucas   Phone: (772) 708-5931 Email: loire_lucas@us.aflac.com
 <b>Legal &amp; Identity Theft Plan</b>	LegalShield	Agent: Steve Baker   Phone: (310) 663-4735 Email: sb@legalsshieldassociate.com
 <b>COBRA</b>	UpSwing	Customer Service: (866) 676-3665 upswing.wealthcarecobra.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. The Martin County Board of County Commissioners reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



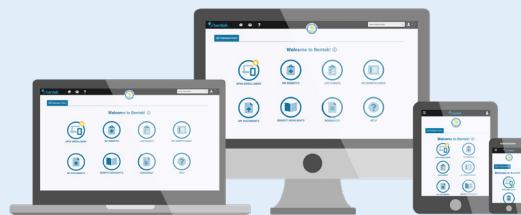
## Introduction

The Martin County Board of County Commissioners provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of these options as a convenient reference. Please refer to the County's Personnel Policies, applicable Union Contracts 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 Brandie LaFave.

## Online Benefit Enrollment

The County provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open Enrollment Period, New Hire Orientation, or for Qualifying Life Events.

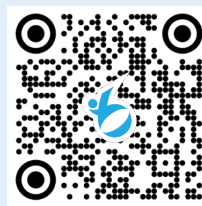
Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for employee and dependent(s). Employee also has access to important forms and carrier links, can report qualifying life events and review and make changes to Life insurance beneficiary designations.



### To Access the Employee Benefits Center:

- ✓ Log on to [app.mybentek.com/martincounty](http://app.mybentek.com/martincounty)
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

For technical issues directly related to using the EBC, please call (888) 5-Bentek (523-6835) or email Bentek Support at [support@mybentek.com](mailto:support@mybentek.com), Monday through Friday during regular business hours 8:30am - 5:00pm.



To access Bentek using a mobile device, scan code.

*This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 320-3131, the County Administration Office (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at [www.martin.fl.us/accessibility-feedback](http://www.martin.fl.us/accessibility-feedback).*





## Group Insurance Eligibility



The County's group insurance plan year is January 1 through December 31.

### Employee Eligibility

Employees are eligible to participate in the County's insurance plans if they are working a minimum of 30 hours per week. Coverage will be effective the first of the month following 30 calendar days of employment. For example, if employee is hired on April 11, then the effective date of coverage will be June 1.

### Separation of Employment

If employee separates employment from the County, insurance will continue through the end of the 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 State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

### Dependent Age Requirements

**Medical, Dental, and Vision Coverage:** A dependent child may be covered through the end of calendar year in which the child turns age 26.

### 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's insurance plans; and
- The dependent has been continuously insured.

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

### Dependent Documentation Requirements

All dependents must have an established legal relationship to the employee to be covered under the benefit program. The types of documentation accepted are as stated in the table below.

Employee with dependents enrolled in the group insurance plan are advised that they will be required to comply with this process or may jeopardize maintaining continued coverage for such dependents.

Dependent Relationship	Documentation Required
Spouse	<ul style="list-style-type: none"> <li>• Copy of legal government issued marriage certificate, Social Security card,</li> </ul>
Dependent Child(ren) Under Age 26	<ul style="list-style-type: none"> <li>• Copy of State issued birth certificate(s) <b>OR</b> copy of legal guardianship court documents listing the employee as legal guardian.</li> <li>• <b>AND</b> Social Security card.</li> </ul>
Step-Child(ren) Under Age 26	<ul style="list-style-type: none"> <li>• Copy of State issued birth certificate(s), Social Security card,</li> <li>• <b>AND</b> copy of State issued marriage certificate.</li> </ul>
Child(ren) under Legal Guardianship, Custody or Foster Care Under Age 26	<ul style="list-style-type: none"> <li>• Copy of court documents showing legal guardianship <b>OR</b> legal custody <b>OR</b> foster care placement,</li> <li>• <b>AND</b> Social Security card.</li> </ul>
Child(ren) Adopted or in the process of Adoption Under Age 26	<ul style="list-style-type: none"> <li>• Copy of court documents of the legal adoption showing relationship to and placement in the employee's house <b>OR</b> Adoption Certificate,</li> <li>• <b>AND</b> Social Security card.</li> </ul>



## Qualifying Events and Section 125

### Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts 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 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, **Brandie LaFave must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". 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. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. 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.



## Medical Insurance

The County offers medical insurance through Florida Blue to benefit-eligible employees. The Premium Costs 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 medical plan, 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 Plan

Tier of Coverage	Employee Cost Per Pay Period (26)	Employee Cost Per Month	Employer Cost Per Month
Employee Only	\$80.69	\$174.83	\$654.59
Employee + Family	\$201.96	\$437.57	\$1,685.55

**Please Note:** Payroll deductions include dental insurance coverage.

**Florida Blue** | Customer Service: (800) 352-2583 | [www.floridablue.com](http://www.floridablue.com) | Group Number: 91221  
 Florida Blue On-Site Service Representative: Jessica Lambert | Phone: (772) 419-4573 | Email: [jessica.lambert@bcbsfl.com](mailto:jessica.lambert@bcbsfl.com)

## Dental Plan Premium

The County offers all benefit-eligible employees medical and dental coverage as a "bundled" package. However, employee may elect to opt-out of the dental plan and remain on the medical plan only. In order to opt-out of the dental coverage, employee will be required to waive this election in Bentek.

**Please Note:** If a participant elects to opt-out of the MCBOCC's sponsored dental plan payroll deduction will remain the same. There will not be a decrease in premium.

### 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 employee's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

**From:** Brandie LaFave  
**Address:** 2401 SE Monterey Rd.  
 Stuart, FL 34996  
**Phone:** (772) 320-3029  
**Email:** [blafave@martin.fl.us](mailto:blafave@martin.fl.us)  
**Website:** [app.mybentek.com/martincounty](http://app.mybentek.com/martincounty)

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 the Brandie LaFave.

If there are any questions about the plan offerings or coverage options, please contact Brandie at (772) 320-3029.



## Medical Plan Resources

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

### Blue365

Blue365 is a health and wellness discount program for products and services available to all Florida Blue members including:

- ✓ 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) 352-2583 or visit [www.blue365deals.com](http://www.blue365deals.com).

### Florida Blue Care Consultants

Planning ahead can make important decisions easier, especially when members are dealing with a new diagnosis or managing a serious health condition. Florida Blue's Care Consultant Team will explain benefits, identify helpful services, find specialists, compare health care options, and explore ways members can save money. For direct assistance, contact a Care Consultant at (888) 476-2227.

### Mobile App

Mobile app provides on-the-go access to the medical benefit account. Download the Florida Blue mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

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

### Regenexx

The County covers Regenexx outpatient procedures for qualified members who participate in the County's medical plan. Regenexx uses the body's natural healing agents replacing the need of 70% of elective orthopedic surgeries for chronic and acute injuries. Regenexx is covered as an in-network benefit with a cost of 10% co-insurance. For qualifying information and additional details, please contact the County's Regenexx Patient Liaison at (866) 696-8804 or visit: [www.regenexxbenefits.com/martin](http://www.regenexxbenefits.com/martin).

## Telehealth

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

### Teladoc – Medical Health Care

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/behavioral health care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth 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
- ✓ Stomachache
- ✓ Fever
- ✓ Cold and Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTI's
- ✓ Behavioral Health

Telehealth doctors 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 – Mental Health Care

Mental health is an important part of overall well-being. Teladoc's Mental Health Care provides members, (age 18 and older) access to care for anxiety, depression, grief, family issues and more. Members can speak confidentially with board-certified psychiatrists, licensed psychologists/therapists by phone, video, or in app messaging.

- ✓ Anxiety
- ✓ Depression
- ✓ PTSD
- ✓ Stress
- ✓ Panic Disorder
- ✓ Family/Marriage Issues
- ✓ Grief
- ✓ Eating Disorders
- ✓ Substance Abuse
- ✓ Trauma Resolution
- ✓ Work Pressures
- ✓ ADHD

Teladoc does not offer a crisis hotline and appointments must be scheduled. Appointments can be made seven (7) days a week from 7am to 9pm and will be confirmed within 72 hours.

### Teladoc Health

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





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

Network	BlueOptions	
	In-Network	Out-of-Network**
<b>Calendar Year Deductible (CYD)*</b>		
Single	\$500	\$1,500
Family	\$1,500	\$4,500
<b>Coinsurance</b>		
Member Responsibility	20%	50%
<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	\$25 Copay	50% After CYD
Specialist Office Visit	\$50 Copay	50% After CYD
Telehealth – Teladoc Health	No Charge	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork) †	No Charge	50% After CYD
X-rays	\$50 Copay	50% After CYD
Advanced Imaging (MRI, PET, CT)	\$175 Copay	50% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	50% After CYD
Physician Services at Surgical Center	\$50 Copay	50% After CYD
Urgent Care (Per Visit)	\$65 Copay	\$65 Copay After CYD
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	20% After CYD	50% After CYD
Outpatient Hospital (Per Visit)	20% After CYD	50% After CYD
Physician Services at Hospital	\$100 Copay	\$100 Copay
Emergency Room (Per Visit)	\$300 Copay	\$300 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)	\$500 Copay	50% Coinsurance
Outpatient Services (Per Visit)	\$25 Copay	50% Coinsurance
Outpatient Office Visit	No Charge	50% Coinsurance
<b>Prescription Drugs (Rx)</b>		
Generic	\$15 Copay	50% Coinsurance
Preferred Brand Name	\$30 Copay	50% Coinsurance
Non-Preferred Brand Name	\$50 Copay	50% Coinsurance
Mail Order Drug (90-Day Supply)	2x Retail Copay	50% Coinsurance



### 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

\*The **Calendar Year Deductible (CYD)** is the amount a member pays in a calendar year for covered services before insurance coverage begins paying for services.

\*\***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.

\*\*\*The **Calendar Year Out-of-Pocket Limit** is the most a member pays in a calendar year before insurance covers 100% of a member's medical expenses.

†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.



## Dental Insurance

### Florida Combined Life BlueDental Choice Plus PPO Plan

The County offers dental insurance through Florida Combined Life, a subsidiary of Florida Blue, to benefit-eligible employees. 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 Florida Combined Life's customer service.

#### Dental Plan Premium

The County offers all benefit-eligible employees, medical and dental coverage as a "bundled" package. However, employees can elect to opt-out of the dental plan and remain on the medical plan only. In order to opt-out of the dental plan, employee will be required to waive this election in Bentek.

**Please Note:** If a participant elects to opt-out of the MCB OCC's sponsored dental plan payroll deduction will remain the same. There will not be a decrease in premium.

#### In-Network Benefits

The BlueDental Choice Plus 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 Florida Combined Life BlueDental Choice Plus network. These participating dental providers have contractually agreed to accept Florida Combined Life's contracted fee or "allowed amount." This fee is the maximum amount a Florida Combined Life 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.

#### Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Florida Combined Life BlueDental Choice Plus PPO provider. Florida Combined Life reimburses out-of-network services based on what it determines as the Usual, Customary and Reasonable (UCR). The UCR 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 Florida Combined Life's UCR 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 BlueDental Choice Plus PPO plan requires a \$50 individual or a \$100 Family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the BlueDental Choice Plus PPO plan will pay for each covered member is \$1,000 for in-network and out-of-network services combined. All services, including preventive services, 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.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the Florida Blue mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

**Florida Combined Life** | Customer Service: (888) 223-4892  
[www.floridabluedental.com](http://www.floridabluedental.com) | Group Number: 247L66



## Florida Combined Life BlueDental Choice PPO Plus Plan At-A-Glance

Network	BlueDental Choice Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$100
Waived for Class I Services?		Yes
<b>Calendar Year Benefit Maximum</b>		
Per Member		\$1,000
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam (2 Per Calendar Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Calendar Year)		
Bitewing X-rays (1 Per Calendar Year)		
<b>Class II Services: Basic Restorative Care</b>		
Complete X-rays	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Fillings		
Simple Extractions		
Deep Cleaning		
Endodontics (Root Canal Therapy)		
Periodontics		
Oral Surgery		
<b>Class III Services: Major Restorative Care</b>		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
Implants		
<b>Class IV Services: Orthodontia</b>		
Lifetime Maximum		\$1,000
Benefit (Dependent Children Up to Age 26)	Plan Pays: 100% After CYD	Plan Pays: 100% After CYD (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Florida Combined Life's customer service or visit [www.floridabluedental.com](http://www.floridabluedental.com). When completing the necessary search criteria, select BlueDental Choice Plus 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.



### Important Notes

- Two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Treatment Review" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



## Vision Insurance

### Humana Vision 100 Plan

The County offers vision insurance through Humana to benefit-eligible employees. The monthly costs 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 100 Plan

Tier of Coverage	Employee Cost Per Pay Period (24)	Employee Cost Per Month
Employee Only	\$3.62	\$7.24
Employee + Family	\$10.26	\$20.52

#### 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.

#### Mobile App

Mobile app provides on-the-go access to the vision benefit account. Download the MyHumana mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

**Humana** | Customer Service: (877) 398-2980  
www.humana.com | Group Number: 790202



## Humana Vision 100 Plan At-A-Glance

Network		Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$10 Copay	Up to \$30 Reimbursement
Contact Lens ( <i>Fit &amp; Follow-up</i> )	Standard	Up to \$40 Copay	Not Covered
	Premium	10% Off Retail	
<b>Frequency of Services</b>			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
<b>Lenses</b>			
Single		\$25 Copay	Up to \$25 Reimbursement
Bifocal			Up to \$40 Reimbursement
Trifocal			Up to \$60 Reimbursement
<b>Frames</b>			
Retail		Up to \$100 Retail Allowance then 20% Discount Over \$100	Up to \$50 Reimbursement
<b>Contact Lenses*</b>			
Non-Elective ( <i>Medically Necessary</i> )		No Charge Requires Prior Authorization	Up to \$200 Reimbursement
Elective	Conventional	Up to \$100 Retail Allowance; then 15% Discount Over \$100	Up to \$80 Reimbursement
	Disposable	Up to \$100	
<b>LASIK</b>			
Discount Programs		Contact Humana's Customer Service for Program Details	Discount Programs Not Available Out-of-Network



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.humana.com](http://www.humana.com). Login or select "Find a doctor or pharmacy" at the bottom of the page. Choose "vision" and then choose "Humana Vision (Humana Insight Network)". Complete the additional search criteria and click "Get Results".



### Plan References

*\*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.
- After copay, standard polycarbonate available at no charge for dependents under age 19.





## Health Reimbursement Account

The County provides employees who participate in the Florida Blue BlueOptions medical plan, a Health Reimbursement Account (HRA) through UpSwing, formerly BenefitsWorkshop. HRA monies are funded by the County 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 HRA provides tax-free funds to cover expenses not paid by the employee's medical, dental, and vision insurance plans.

**Employee Only: \$470**

**Employee + Family: \$940**

### How are the funds accessed?

There are two (2) convenient ways to access the HRA funds:

- ✓ UpSwing or BenefitsWorkshop Debit MasterCard; and
- ✓ Submit receipts for reimbursement to UpSwing. If this option is selected, employee must pay for their expenses out-of-pocket and then submit a reimbursement request along with the appropriate documentation to UpSwing. The reimbursement request can be submitted on the UpSwing Wealthcare portal at [upswing.healthcareportal.com](https://upswing.healthcareportal.com).

### What is a UpSwing Debit Card?

For those enrolling in the medical plan for the first time, employees will be mailed a debit card along with materials explaining how to use the card. The UpSwing debit card allows immediate access to account funds for eligible expenses at approved providers that accept MasterCard. When employee has an eligible expense, simply swipe the card and the funds are automatically deducted from their account (up to the available balance). If purchasing other items or services, employee should use a different payment method for those expenses. For example, if paying for a prescription and buying a gallon of milk at the pharmacy, employee should only use the debit card for the prescription portion of expense. There will be a \$5.00 charge to replace lost, stolen or damaged cards.

### If I use the UpSwing, do I still submit my receipts?

Certain expenses, including copayments paid at provider offices or pharmacies, may be processed without further action on the employee's part. All other expenses must be documented with a receipt, bill or insurance statement (Explanation of Benefits) that includes the name of the service provider, name of patient, date of service, the nature of the service, items purchased, and the amount of the expense. Debit card receipt are not acceptable. The documentation should be submitted to the UpSwing Wealthcare portal within ten days of the. Failure to provide adequate documentation in a timely manner could result in the suspension of their account, the deduction of the ineligible amount from their account, and other actions as UpSwing and the employer deem appropriate.

### How do I check the balance on my card?

If employee is currently enrolled in the BlueOptions Plan, employee may obtain their HRA balance or check on the status of charges by contacting UpSwing's Customer Service at (866) 676-3665 or by logging on to the UpSwing Wealthcare portal at [upswing.healthcareportal.com](https://upswing.healthcareportal.com).

### What are the UpSwing debit card advantages?

- ✓ Eliminates the need to pre-pay an expense
- ✓ Eliminates waiting for reimbursement
- ✓ Eliminates paperwork on most copays
- ✓ Allows online access to account information

### I am enrolled in the BlueOptions Plan. What happens to my unused HRA funds at the end of the Plan Year?

If employee continues coverage in the BlueOptions Plan, any remaining HRA balance will be added to their new Plan Year HRA funding.

### What happens to my unused HRA funds if I discontinue participation in the medical plan, separate employment or retire from the County?

Employees benefits under the HRA will generally cease, meaning that expenses incurred after they are no longer a participant will not be reimbursed. The HRA debit card will be deactivated effective the last day of employment, but an employee will have access to their HRA Funds through the end of the month in which they terminate employment. If employee retires and elects to continue coverage under the retiree medical/dental plan, they will have access to the HRA funds through the end of the plan year in which they retire. However, if employee has been insured under the BlueOptions medical plan for six (6) full plan years (January 1 to December 31), the HRA balance (if any) is vested. In this case, any unused funds will roll into a Retirement Health Savings (RHS) account administered by MissionSquare Retirement. If employee meets the vesting criteria and are separating employment, please contact Brandie LaFave to discuss the HRA/RHS transition process.



## Health Reimbursement Account *(Continued)*

Health Care Reimbursement Account (HRA)	Flexible Spending Accounts (FSA)
<ul style="list-style-type: none"> <li>✓ <b>Employer</b> Funded Account</li> <li>✓ Enrollment is automatic if enrolled in medical plan</li> <li>✓ Funds used for eligible medical, dental, and vision expenses for employees and dependent(s) enrolled in medical plan</li> <li>✓ Unused funds accumulate and roll over year to year</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Employee</b> Funded Accounts</li> <li>✓ Employees must enroll annually</li> <li>✓ Funds used for eligible medical, dental, vision &amp; dependent care for employee and qualified dependent(s)</li> <li>✓ Unused funds will be forfeited at the end of the plan year (once the filing deadlines have expired)</li> </ul>
<p><b>For employees who have the HRA and also elect an FSA, FSA monies will be used first since it is employee funded.</b></p>	

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

- |  |   |                               |
|--|---|-------------------------------|
| ✓ Acupuncture                            | ✓ Doctor Fees                             | ✓ In Vitro Fertilization      |
| ✓ Ambulance Service                      | ✓ Drug Addiction and Alcoholism Treatment | ✓ Nursing Services            |
| ✓ Birth Control Pills                    | ✓ Prescription Drugs                      | ✓ Orthodontic Fees            |
| ✓ Chiropractic Care                      | ✓ Experimental Medical Treatment          | ✓ Surgery                     |
| ✓ Corrective Contact Lenses              | ✓ Eyeglasses                              | ✓ Sunscreen SPF 15 or Greater |
| ✓ Dental Fees                            | ✓ Hearing Aids and Exams                  | ✓ Wheelchairs                 |
| ✓ Diagnostic Tests and Health Screenings | ✓ Injections And Vaccinations             | ✓ X-rays                      |

**Claims Submission**  
**Member Portal:** [upswing.wealthcareportal.com](https://upswing.wealthcareportal.com)  
**Mailing Address:** UpSwing Compliance & Technology Solutions  
 2630 W Broward Blvd, Suite 203-675, Ft Lauderdale, FL 33312  
**Email:** [upswing\\_receipts@alegeus.com](mailto:upswing_receipts@alegeus.com)

**UpSwing** | Customer Service: (866) 676-3665 | [upswing.wealthcareportal.com](https://upswing.wealthcareportal.com) | Email: [info@upswing-tech.com](mailto:info@upswing-tech.com)



## Flexible Spending Accounts

The County offers Flexible Spending Accounts (FSA) administered through UpSwing, formerly BenefitsWorkshop. The FSA plan year is from January 1 to December 31. If employee or family member(s) has predictable health care or work-related day 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 and day 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. There are two (2) types of FSAs:

### Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,300. 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 for use on the first day coverage is effective.*

### Dependent Care FSA

This account allows participant to set aside up to an annual maximum of \$5,000 if single or married and file a joint tax return (\$2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note, if family income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

*Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.*

### A sample list of qualified expenses eligible for reimbursement include, but are 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.**



## Flexible Spending Accounts *(Continued)*

### FSA Guidelines

- Employee may carry over up to \$660 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed (only if the employee re-enrolls the next year). Dependent Care funds cannot be carried over.
- Employee can enroll in an FSA only during the Open Enrollment Period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services they have not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners healthcare expenses are not eligible for reimbursement in the employee FSA 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, online via the UpSwing Wealthcare portal or through the UpSwing UpHealthEase mobile app. 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. If member has a UpSwing or BenefitsWorkshop Health Reimbursement Account debit card, the Health Care FSA and Dependent Care FSA available balances will be added to the debit card. Health care expenses will be deducted first from the Health Care FSA balance and then will be deducted from the HRA. This way forfeitable money is used first. 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 health care providers and facilities, and most pharmacy retail outlets. UpSwing may request supporting documentations 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 County. This card will not expire at the end of the benefit year. 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 \$50,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$38.46 based on a 26 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$197.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$50,000	\$50,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$49,000	\$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	-\$9,628	-\$9,825
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$39,372	\$39,175
<b>Tax Savings</b>	<b>\$197</b>	

**Please Note:** Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds which remain 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 \$660 carry over that may be allowed for the Health Care FSA. **This rule is known as "use-it or lose-it."**

### Mobile App

Mobile app provides on-the-go access to the FSA benefit account. Download the UpSwing UpHealthEase mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- Request reimbursement
- Manage expenses
- View item for eligibility
- View and upload receipts

**UpSwing** | Customer Service: (866) 676-3665  
[upswing.wealthcareportal.com](http://upswing.wealthcareportal.com) | Email: [info@upswing-tech.com](mailto:info@upswing-tech.com)



## Employee Assistance Program

The County cares about the well-being of full-time and part-time employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through the Cigna Employee Assistance Program. EAP offers full-time and part-time employees 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?

An Employee Assistance Program (EAP) 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 can negatively affect employee or family member's well-being. Coverage includes six (6) visits with a specialist, per person, per issue, per year, 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 the services confidential?

Yes. Receipt of EAP services are completely confidential. The content of conversations with EAP professionals are confidential within the confines of the law and cannot be shared with employer without consent. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), Cigna Employee Assistance Program will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor/manager will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

#### Cigna EAP – Civilian

Customer Service: (877) 622-4327 | [www.mycigna.com](http://www.mycigna.com)  
Employer ID: martin

#### Cigna EAP – Emergency Responders

Customer Service: (877) 505-3671 | [www.mycigna.com](http://www.mycigna.com)  
Employer ID: martin

## Basic Life and AD&D Insurance

The County offers Basic Term Life and Accidental Death & Dismemberment (AD&D) insurance to all eligible employees through The Standard. The County will contribute a portion of the premium for this coverage and the available benefit amount will be determined by employee classification and pay grade as provided in the table below.

### Basic Life and AD&D Insurance Benefit & Premium Schedule

Employee Classification	Basic Life Benefit	AD&D Benefit	Employee Cost Per Month
Elected Officials	\$250,000	\$250,000	\$42.48
Officers	\$100,000	\$100,000	\$17.00
Department Directors	\$75,000	\$75,000	\$12.76
Division Manager/ Administrators	\$50,000	\$50,000	\$8.50
Active Employees	\$25,000	\$25,000	\$4.26

The Basic Term Life insurance benefit will be paid in the event of the insured's natural death. The AD&D insurance rider pays a benefit 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.

If employee did not enroll in the Life Insurance plan when first eligible and wants to purchase this coverage, employee will be required to complete The Standard's Medical History Statement form, which can be obtained on the Employee Benefits Center.

Employee's life insurance beneficiary designation(s) may be made online during the Open Enrollment Period and any time during the plan year. To complete life insurance designation(s) online, log on to [app.mybentek.com/martincounty](http://app.mybentek.com/martincounty). A beneficiary designation confirmation statement may also be printed and retained for records.

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

**The Standard** | Customer Service: (800) 247-6888  
[www.standard.com](http://www.standard.com) | Policy Number: 642407





## Voluntary Life Insurance

### Voluntary Employee Life Insurance

Eligible employee may elect to purchase additional Life 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 dependent child(ren) at different benefit levels.

New Hires may purchase Voluntary Employee Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$50,000.**

- Employee may elect coverage in the following amounts:  
**Option 1: \$25,000   Option 2: \$50,000   Option 3: \$75,000**
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces to 65% of benefit amount at age 70
  - Reduces to 50% of benefit amount at age 75
- Premium Calculation:  
 Elected Coverage ÷ \$1,000 x Employee Rate (see table) = Monthly Premium

### Voluntary Life Insurance Rate Table

Monthly Premium

Age Bracket <i>(Based On Employee Age)</i>	Employee/Spouse Cost <i>(Rate Per \$1,000 of Benefit)</i>
< 30	\$0.094
30-34	\$0.096
35-39	\$0.127
40-44	\$0.178
45-49	\$0.269
50-54	\$0.410
55-59	\$0.663
60-64	\$0.880
65-69	\$1.495
70-74	\$2.656
75+	\$10.072

### Voluntary Spouse Life Insurance

New Hires may purchase Voluntary Spouse Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$25,000.**

- Employee **must** participate in the Voluntary Employee Life plan for spouse to participate.
- Employee may elect Spouse Dependent Life coverage in the following amounts, not to exceed 100% of employee's Voluntary Life coverage amount:  
**Option 1: \$25,000   Option 2: \$50,000   Option 3: \$75,000**
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces to 65% of benefit amount at age 70
  - Reduces to 50% of benefit amount at age 75
- Premium Calculation:  
 Elected Coverage ÷ \$1,000 x Employee Rate (see table) = Monthly Premium

### Voluntary Dependent Child(ren) Life Insurance

- Employee **must** participate in the Voluntary Employee Life plan for dependent child(ren) to participate.
- Coverage may be purchased for unmarried dependent child(ren) from living birth to the end of the calendar year in which the child turns 26 in the amount of \$10,000.
- Monthly cost for Voluntary Dependent Child(ren) Life coverage is \$2.00 a month regardless of the number of eligible children covered.
- If employee did not enroll in the voluntary life plans for dependent child(ren) when first eligible and now elects to purchase this coverage or increase coverage, employee and/or dependent child(ren) will be required to complete The Standard's Medical History Statement form. The Medical History Statement form can be found on at [www.mybentek.com/martincounty](http://www.mybentek.com/martincounty).

**The Standard** | Customer Service: (800) 247-6888  
[www.standard.com](http://www.standard.com) | Group Number: 642407



## Voluntary Long Term Disability

The County offers Voluntary Long Term Disability (LTD) insurance to all eligible employees through The Standard. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

### Voluntary Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$5,000 per month.
- Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 91st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- Benefits are payable up to age 65 if disability occurs before age 62. Please see The Standard's Group Certificate for schedule of age benefits if employee becomes disabled at age 62 or older.
- The employee will receive benefits for the first 24 months if unable to return to employee's own occupation.
- After 24 months, if employee can return to any occupation in which they are suitably trained, educated, and capable of performing, employee must return to that occupation (if the salary of that occupation does not meet the salary of the employee's own occupation, the plan will pay the difference).
- Benefits may be reduced by other income.

### Long Term Disability Insurance Rate Table

Monthly Rates

Age Bracket <i>(Based On Employee Age)</i>	Employee Cost <i>(Rate Per \$100 of Benefit)</i>
< 35	\$0.196
35-44	\$0.402
45-54	\$0.883
55-99	\$1.430

### LTD Premium Calculation

The LTD premium will be based on age and salary per \$100 of monthly benefit.

- To determine the monthly premium, use the following rate calculation formula:  
Monthly Salary (not to exceed \$8,333) x Premium Rate for Age (listed above) ÷ \$100 = Monthly LTD Premium

**The Standard** | Customer Service: (800) 247-6888  
[www.standard.com](http://www.standard.com) | Policy Number: 642407



## Supplemental Benefits

### Aflac

The County offers a variety of supplemental plans through Aflac. Aflac pays cash directly to the insured to help with expenses that health insurance doesn't cover. The plans may be purchased on a voluntary basis with premiums paid through payroll deductions. To learn more about these options or to schedule a personal meeting, contact the County's Aflac representatives using the contact information provided below.

All Aflac programs help employees:

- ✓ Protect their income
- ✓ Supplement their medical plan
- ✓ Provide a financial safety net for unexpected health issues

**Short-Term Disability** – Provides employee with a source of income if they are unable to work due to an off-the-job injury or illness (including mental health). Employee can select a monthly benefit amount, elimination period and benefit period tailored to their needs and budget.

**Accident Advantage** – Provides employee with cash benefits if they or a covered dependent receives treatment for injuries sustained in a covered accident, 24/7. This program includes, but is not limited to, hospital benefits, wellness benefits, injury and surgical benefits, accidental death and dismemberment benefits, physician visit benefits, transportation and lodging benefits.

**Cancer Protection Assurance** – Provides employee with cash benefits if they or a covered dependent are diagnosed with internal cancer or skin cancer. This policy includes, but is not limited to, a lump sum initial diagnosis benefit that grows each year, a wellness benefit, hospital benefits, radiation and chemotherapy benefits, surgical/anesthesia benefits, transportation and lodging benefits.

**Hospital Choice** – Provides employee with cash benefits if they or a covered dependent are hospitalized due to a covered accident or illness. This program includes, but is not limited to, hospital benefits, surgical benefits, physician visits and major diagnostic benefits.

**Critical Care Protection** – Provides employee with cash benefits if they or a covered dependent are diagnosed as having had a named specified health event. This program includes a first occurrence benefit that grows every year as well as re-occurrence benefits, hospital confinement benefits, continuing care benefits, ambulance benefits, transportation, and lodging benefits.

**Dental** – Add to the Florida Blue Dental coverage or choose Aflac's dental coverage alone. Employee may add orthodontic and cosmetic riders to help budget expenses. With Aflac, employee can choose their own dentist since there is no network. There is no annual deductible or pre-certification, and wellness benefits begin on the first day of coverage (other waiting periods may apply).

**Life Solutions Term & Whole Life** – Face amounts are available up to \$500,000 for employee and are offered as 10, 20 and 30 Year Term or Whole Life plan. These policies include an accelerated death benefit and other riders, including Term riders to cover employee's spouse and/or dependent child(ren). In addition, a Juvenile Life plan is available as Term or Whole Life for dependent children and grandchildren, in coverage amounts of \$10,000, \$20,000 and \$30,000.

Agent: Karen Zabaglo | Phone: (772) 284-3210  
Email: karen\_zabaglo@us.aflac.com

Agent: Loire Lucas | Phone: (772) 708-5931  
Email: loire\_lucas@us.aflac.com



## Additional County Benefits

The County also offers a variety of non-insurance related benefits such as paid leave and holidays, tuition reimbursement, deferred compensation, and other ancillary products. Please make sure to contact the Constitutional Office to learn more about all the benefit offerings available.

<b>MetLife</b>	Agent: Janet Froyen   Phone: (561) 704-4378 jfroyen@madisonplanning.com  Agent: Tara Froyen   Phone (561) 602-2827 tfroyen@madisonplanning.com
<b>Credit Union - Gold Coast FCU</b>	Customer Service: (772) 335-2083 www.gcfcu.org
<b>Florida Retirement System (FRS)</b>	Customer Service: (844) 377-1888 www.dms.myflorida.com/retirement
<b>MY FRS Financial Guidance</b>	Customer Service: (866) 446-9377 www.myfrs.com

### Deferred Compensation

Deferred Compensation is a second retirement source for employees. It is strictly an employee contributory plan. The County does not match the amount employee deposits or make any deposits into the account on employee's behalf. It is tax deferred money deposited into an account. Employee pays taxes on the money once they withdraw it. The County offers three (3) Deferred Compensation companies:

<b>MissionSquare Retirement</b>	RPS: Steve Feigelis   Phone: (202) 759-7058 sfeigelis@missionsq.org
<b>VALIC</b>	Agent: Tony Tringali   Phone: (772) 521-2007 tony.tringali@corebridgefinancial.com
<b>Nationwide Retirement</b>	Agent: Mark Schilling   (772) 284-9660 schillm@nationwide.com

### Florida Retirement System (FRS)

The County participates in the Florida Retirement System (FRS). The Florida Retirement system offers two (2) retirement plans:

- The FRS Pension Plan Provides a monthly benefit to employees upon retirement.
- The FRS Investment Plan lets employees choose how money is invested and how employee would like to receive payments.

There are different vesting requirements and distribution requirements for each of the plans. The required contribution is determined by the State Legislation annually. For additional information and a comparison of the available plans, please contact the Florida Retirement System.

**Florida Retirement System**  
Customer Service: (866) 446-9377 | [www.myfrs.com](http://www.myfrs.com)

## Legal & Identity Theft Plan

### LegalShield

The County offers employees the opportunity to participate in a voluntary pre-paid legal program offered through LegalShield. By enrolling in the legal plan, a participant and their family will have direct access to a nationwide network of law firms who will provide direct assistance for a variety of situations. The legal plan provides the following:

- Legal Advice/Consultation on unlimited personal issues
- Legal letters/calls made on employee's behalf
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- 25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)
- Speeding Ticket Assistance: Upload speeding ticket information to the mobile app directly to law firm (no drugs or alcohol)
- Will Preparation – Living Will, Health Care Power of Attorney, Financial Power of Attorney
- 24/7 Emergency Access for covered situations

### IDShield

The County also offers employees the opportunity to participate in an identity theft plan called IDShield through LegalShield which protects employee, spouse and/or dependent child(ren). IDShield coverage includes consultation with licensed fraud investigators, credit report with analysis, privacy & security monitoring, credit monitoring and full restoration benefits with a \$1 million service guarantee, should employee or covered family member become a victim of identity theft. The IDShield coverage also includes access to licensed investigators available 24/7, lost wallet assistance and fraud alerts. There are several levels of coverage options that may be purchased. The cost per month, for each option, are as follows:

	<b>Employee Cost</b> <i>(Monthly Rates)</i>
LegalShield Legal Plan	\$18.95
IDShield Individual Plan	\$8.95
IDShield Family Plan	\$18.95
LegalShield & IDShield Individual Plan Combo	\$27.90
LegalShield & IDShield Family Plan Combo	\$33.90

Plan benefits include unlimited phone consultations. For additional information please contact the County's dedicated Agent Steve Baker.

**LegalShield** | Customer Service: (800) 654-7757 | [www.legalshield.com](http://www.legalshield.com)  
Agent: Steve Baker | Phone: (310) 663-4735  
Email: [sb@legalshieldassociate.com](mailto:sb@legalshieldassociate.com)







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