

Sumter County BOCC Employee Benefits Guide



2016/2017

Plan Year

WELCOME TO YOUR 2016/2017 BENEFITS!

WHAT'S INSIDE



This Benefit Guide provides a summary of your benefit options and costs to help you make your choices.

For additional information on the enrollment process and specific details of your plan, please contact Employee Services by email at employee.services@sumtercountyfl.gov or by telephone at 1-352-689-4420.

Sumter County BOCC offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

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Each year our organization takes tremendous pride in performing diligent research within the marketplace to ensure we are offering quality benefits to our valued employees and their loved ones. Nothing is more important than your health and well-being! Now is your opportunity to evaluate your personal situation and review benefit options to plan for a healthy and secure future.

ELIGIBILITY

Includes all full time employees under Sumter County Board of County Commissioners, Clerk of Court, Property Appraiser, Sheriff, Supervisor of Elections and Tax Collector employees. Employee benefits become effective the 1st of the month following 60 days of their hire date.

Each employee or other individual who is eligible to participate in the Group Health Plan, and who meets and continues to meet the eligibility requirements described in this Booklet, shall be entitled to apply for coverage under this Booklet. These eligibility requirements are binding upon you and/or your eligible family members. No changes in the eligibility requirements will be permitted except as permitted by Sumter County Board of County Commissioners. Acceptable documentation may be required as proof that an individual meets and continues to meet the eligibility requirements such as a court order naming the Eligible Employee as the legal guardian or appropriate adoption documentation described in the "Enrollment and Effective Date of Coverage" section.

Eligibility Requirements for Covered Plan Participants

In order to be eligible to enroll as a Covered Plan Participant, an individual must be an Eligible Employee. An Eligible Employee must meet each of the following requirements:

1. The employee must be a bona fide employee of Sumter County Board of County Commissioners, Clerk of Court, Property Appraiser, Sheriff, Supervisor of Elections or Tax Collector;
2. The employee's job must fall within a job classification identified by Sumter County Board of County Commissioners;
3. The employee must have completed any applicable Waiting Period determined by Sumter County Board of County Commissioners; and
4. The employee must meet any additional eligibility requirement(s) required by Sumter County Board of County Commissioners.

Sumter County Board of County Commissioners' coverage eligibility classifications may be expanded to include:

1. Retired employees;
2. Additional job classifications;
3. Employees of affiliated or subsidiary companies of Sumter County Board of County Commissioners and;
4. Other individuals as determined by Sumter County Board of County Commissioners.

Sumter County Board of County Commissioners shall have sole discretion concerning the expansion of eligibility classifications.



ELIGIBILITY

Eligibility Requirements for Dependent(s)

An individual who meets the eligibility criteria specified below is an Eligible Dependent and is eligible to apply for coverage under this Booklet:

1. The Covered Plan Participant's spouse under a legally valid existing marriage;
2. The Covered Plan Participant's natural, newborn, adopted, Foster, or step child(ren) (or a child for whom the Covered Plan Participant has been court-appointed as legal guardian or legal custodian) who has not reached the end of the Calendar Year in which he or she reaches age 26 (or in the case of a Foster Child, is no longer eligible under the Foster Child Program), regardless of the dependent child's student or marital status, financial dependency on the Covered Plan Participant, whether the dependent child resides with the Covered Plan Participant, or whether the dependent child is eligible for or enrolled in any other group health plan and;
3. The newborn child of a Covered Dependent child. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.

Note: It is the Covered Plan Participant's sole responsibility to establish that a child meets the applicable requirements for eligibility.

Handicapped Children

In the case of a handicapped dependent child, such child is eligible to continue coverage as a Covered Dependent, beyond the age of 26 if the child is:

1. Otherwise eligible for coverage under the Group Health Plan;
2. Incapable of self-sustaining employment by reason of mental retardation or physical handicap and;
3. Chiefly dependent upon the Covered Plan Participant for support and maintenance provided that the symptoms or causes of the child's handicap existed prior to the child's 26th birthday.

This eligibility shall terminate on the last day of the month in which the dependent child no longer meets the requirements for extended eligibility as a handicapped child.

Retiree Insurance Eligibility

A retired County employee includes any former County Officer or former County Employee who retires through the Florida Retirement System (FRS), or has received approval for disability retirement prior to his or her last day of employment and is covered under the health plan. An employee who applies for disability retirement but has not been approved prior to his or her last day of employment may rejoin the health plan after the disability retirement is approved. The employee must notify the plan within 30 days of receiving notice of approval for disability retirement to be added back to the plan. Employees retiring under the **FRS Investment Plan** must have 1 year of service with a FRS employer. Employees retiring under the **FRS Pension Plan** must be enrolled in the FRS prior to July 1, 2011 and have 6 years of service with a FRS employer, or be enrolled in the FRS on or after July 1, 2011 and have 8 years of service with a FRS employer and must:

- a. Meet the age and service requirements to qualify for normal retirement as set forth in Section 121.021 (29); or
- b. Have attained the age specified by Section 72(t)(2)(A)(i) of the Internal Revenue Code.

MAKING CHANGES

Once you have made your benefit elections, you cannot change them until your next open enrollment period unless you have a qualified change in status.

Qualified changes in status include:

- ◆ Marriage
- ◆ Divorce or legal separation
- ◆ Birth or adoption of a child
- ◆ Change in your child's dependent status
- ◆ Death of your spouse, child or other qualified dependent
- ◆ Change in residence due to an employment transfer for you or your spouse
- ◆ Commencement or termination of adoption proceedings
- ◆ Change in your spouse's benefits or employment status



Any change in your benefits must be consistent with the change in status and you must make your election within 30 days.

EMPLOYEE SELF SERVICE SCREENS

Ascentis:

Your link for the Employee Self Service is: <https://selfservice2.ascentis.com/Sumter>. When you sign in for the first time, you must select "This is my first time using Self-Service. I don't have a user ID or password." Complete all sections of the Login Verification screen and select Verify. Enter your Password.

BENEFIT ELECTION OPTIONS

Pre-Tax Savings Advantage

One of the biggest advantages of your employee benefit plan is that your insurance premium contributions for medical and dental are deducted from your paycheck on a pre-tax basis. When you pay for your premiums with pre-tax dollars, you are actually reducing your taxable income. Instead of paying taxes on your total income, you now pay on your income minus pre-tax deductions. This increases your net take home pay each pay period.

Your Benefits and Your Costs

Sumter County provides a large selection of benefits that help protect your health, wealth and well being. The company provides some benefits at no cost to you and some you pay for.

BENEFIT	WHO PAYS?	PRE-TAX BENEFIT
Medical/Pharmacy/Dental	Sumter County & You	Pre-Tax
Group Basic Life/AD&D Insurance	Sumter County	N/A
Employee Assistance Program (EAP)	Sumter County	N/A
Group Short-Term Disability	Sumter County	N/A
Voluntary Long-Term Disability	You	After-Tax
Voluntary Life Insurance	You	After-Tax
Flexible Spending Accounts	You	Pre-Tax
Voluntary Vision Insurance	You	Pre-Tax
Voluntary Cancer, Critical Illness, Accident and Hospital Indemnity	You	After-Tax

MEDICAL COVERAGE

Nothing is more important than your good health. That is why Sumter County offers a medical plan from Florida Blue (Blue Cross and Blue Shield of Florida) to help you and your family members live healthier lives.

In-Network Care:

When you seek medical services from a participating provider, you receive a higher level of benefits. This means when you use an in-network provider, you substantially reduce the amount you pay for medical services.

Out-of-Network Care:

You may choose to receive care from a provider that is not a participating provider, but you will receive a lower level of benefits. Your benefits are based on the amount that is considered reasonable and customary and you are responsible for any amount above the allowed charges.

Wellness Works

Sumter County strongly believes in the importance of preventive care and wellness measures. Our medical plan covers many adult wellness tests, screenings and child immunizations at 100% , with no deductible or out-of-pocket cost to our employees.

YOUR BENEFIT COSTS

Active Full Time Employees					
Category	Employee Only under 80	Employee Only over 80	Child(ren)	Spouse	Family
2016/2017 Total Premium Health/Rx/Dental	\$ 530.75	\$ 528.88	\$ 1,015.75	\$ 1,109.75	\$ 1,689.75
Employee Monthly Cost	\$ 50.00	\$ 50.00	\$ 200.00	\$ 302.00	\$ 365.00
Employee Bi-Weekly Payroll Deduction	\$ 25.00	\$ 25.00	\$ 100.00	\$ 151.00	\$ 182.50
Employer Monthly Cost	\$ 480.75	\$ 478.88	\$ 815.75	\$ 807.75	\$ 1,324.75

COBRA (no rounding with 2% load)			
Category	Health/Rx/Dental	2% Load	COBRA Monthly Premium
If enrolling 1 individual (Single Coverage)	\$ 527.00	\$ 10.54	\$ 537.54
If enrolling 1 individual + Child(ren) (\$806.50 + \$150)	\$ 1,012.00	\$ 20.24	\$ 1,032.24
If enrolling 1 individual + Spouse (\$806.50 + \$252)	\$ 1,106.00	\$ 22.12	\$ 1,128.12
If enrolling 1 individual + Family (\$806.50 + \$315)	\$ 1,686.00	\$ 33.72	\$ 1,719.72

SUMTER COUNTY BOCC INCENTIVE PROGRAM

Florida Blue is partnering with Sumter County BOCC to offer the Blue Rewards Incentive Program. This program is designed to drive participation and engagement in wellness activities and increase utilization of the Florida Blue-sponsored tools and channels available to those employees who participate in the group health insurance plan.

Earn BlueRewards

Earn points for taking healthy steps. The more you do, the more points you will receive and the better you will feel. Go to www.floridablue.com.

You can earn one of three rewards:

Tier 1 (445+ points) = \$100

Tier 2 (285-444 points) = \$50

Tier 3 (200-284 points) = \$25

Your reward will be distributed during the month of October.



Medical Plan Highlights

Description Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions	
	In-Network	Out-of-Network
Deductible (DED) ◆ Per Person / Family Agg.	\$500/\$1,500	\$750/\$2,250
Coinsurance (Member Responsibility)	20%	40%
Out of Pocket Maximum (Includes DED, Coinsurance, Copays; Excludes RX) ◆ Per Person / Family Agg.	\$2,500/\$5,000	\$5,000/\$10,000
Lifetime Maximum	No Maximum	
PROFESSIONAL PROVIDER SERVICES		
Office Visit Services ◆ Family Physician / Specialist	\$20/\$40	DED + 40%
E-Office Visit Services ◆ Family Physician / Specialist	\$10/\$10	DED + 40%
Allergy Injections ◆ Family Physician / Specialist	\$10/\$10	DED + 40%
Provider Services at Hospital and ER ◆ Family Physician / Specialist	DED + 20%	In-Network DED + 20%
Provider Services (at locations other than Office, Hospital & ER) ◆ Family Physician / Specialist	DED + 20%	DED + 40%
Radiology, Pathology & Anesthesiology at Hospital or Ambulatory Surgical Center	DED + 20%	In-Network DED + 20%
PREVENTATIVE CARE		
Adult Wellness Annual Benefit Maximum	No Maximum	
Adult Wellness Office Services ◆ Family Physician / Specialist	\$0	40% (No DED)
Well Child Office Visits ◆ Family Physician / Specialist	\$0	40% (No DED)
Independent Clinical Lab	\$0 (Quest Labs)	40% (No DED)
Independent Diagnostic Testing Facility (X-Rays, MRI, MRA, PET, CT, Nuclear Medicine)	\$0	40% (No DED)
Mammograms (Routine and Dx) Only allowed for age 35 and older	\$0	\$0
Colonoscopies (Age 50+ then Frequency Schedule Applies)	\$0	\$0
EMERGENCY/URGENT/CONVENIENT CARE		
Ambulance Maximum (per Day) Ground/Air & Water - \$5,500 Combined	DED + 20%	In-Network DED + 20%
Emergency Room Facility Services	\$300	\$300
Convenient Care Centers (CCC)	\$20	DED + 40%
Urgent Care Centers (UCC)	\$45	DED + 40%
MENTAL HEALTH AND SUBSTANCE ABUSE		
Inpatient Hospitalization	Option 1 - \$0 Option 2 - \$600	40% (No DED)
Outpatient Hospitalization	Options 1 & 2 - \$40	40% (No DED)
Emergency Room Facility Services	\$300	\$300

Medical Plan Highlights		
Description Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions	
	In-Network	Out-of-Network
FACILITY SERVICES (unless otherwise noted, physician services are in addition to facility services)		
Ambulatory Surgical Center	\$100	DED + 40%
Independent Clinical Lab	\$0 (Quest Labs)	DED + 40%
Independent Diagnostic Testing Facility ◆ Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine) ◆ Other Diagnostic Services (X-rays)	\$150 \$50	DED + 40% DED + 40%
Inpatient Hospital (per admit)	Option 1 - \$600 Option 2 - \$1,000	DED + 40%
Outpatient Hospital (per visit)	Option 1 - \$200 Option 2 - \$300	DED + 40%
Therapy at Outpatient Hospital	Option 1 - \$45 Option 2 - \$60	DED + 40%
Inpatient Rehab Maximum	21 days	
OTHER SPECIAL SERVICES		
Birth Center	DED + 20%	DED + 40%
Diabetic Equipment and Supplies*	DED + 20%	DED + 40%
Durable Medical Equipment, Prosthetics, Orthotics BPM Enteral Formulas: \$2,500, All others: No Maximum	DED + 20%	DED + 40%
Home Health Care BPM (20 visits)	DED + 20%	DED + 40%
Hospice LTM (No Maximum)	DED + 20%	DED + 40%
Skilled Nursing Facility BPM (60 days)	DED + 20%	DED + 40%
Outpatient Therapy and Spinal Manipulations BPM (50 Visits, includes up to 26 spinal manipulations)	See location of service for payment details	
PRESCRIPTION DRUGS		
Retail (30 days) ◆ Generic ◆ Preferred Brand ◆ Non-Preferred	\$5 \$25 \$50	50% 50% 50%
Mail-Order (90 days) ◆ Generic ◆ Preferred Brand ◆ Non-Preferred	\$10 \$50 \$100	50% 50% 50%
Medical Pharmacy (Provider-Administered Rx)** (\$200 Monthly OOP Max)	20% (No DED)	DED + 50%

* Diabetic Supplies (lancets, strips, etc.) are covered under the Rx benefit or can also be covered under the Medical benefit as DME (Durable Medical Equipment). Diabetics Equipment (insulin pumps, tubing) are always covered under the medical benefit.

** (1) Medical Pharmacy Monthly OOP Max includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies.

The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

MAIL ORDER PHARMACY PROGRAM

As a Blue Cross and Blue Shield of Florida, Inc. member you and your eligible dependents can participate in the Mail Order Pharmacy Program provided by PrimeMail® Pharmacy. PrimeMail Pharmacy offers the convenience of home delivery with the safety and quality service you expect for your prescription drug needs. In addition, when you order your 3 month supply of your prescription you only pay for 2 months co-pay. You basically get the 3rd month **FREE!**



How to Start Using PrimeMail

1. For each long-term medication prescribed for you, ask your physician to write a prescription for the maximum days supply your plan allows to be filled at PrimeMail Pharmacy
2. Complete (in black ink) the PrimeMail Pharmacy Order Form
3. Mail to PrimeMail Pharmacy
 - Your completed PrimeMail Pharmacy Order Form
 - Your original physician-signed maximum-day prescription*
 - The appropriate payment*

* You may submit more than one long-term prescription and payment in one order.

Time and Money Saving Tips

- Ask for generics - they cost less and meet the same FDA requirements for safety, purity, strength and quality as brand-name drugs
- Ensure the following necessary information is legible on your new prescription:
 - The patient's full first name and last name
 - The medication, strength, and directions for use
 - The maximum quantity allowed by your plan limits
- Ensure your PrimeMail Pharmacy Order Form is complete - an incomplete form may cause a delay in processing your prescription

Prescription Refill Options

You may order your prescription refills using the internet, phone or U.S. Mail. To avoid running out of medication, order your refills on the date indicated on your prescription label. PrimeMail Pharmacy provides the following convenient refill methods:

Refill by Phone

- Dial PrimeMail's refill line at **1-888-849-7865, TTY 711**
- Have your prescription number and credit card information available; follow the system prompts to complete your refill order

Refill by Internet

- Log on to www.bcbsfl.com click on **MyBlueService**, then select "Pharmacy Claims and Benefit Information"
- You will need to have your prescription number and credit card information ready to enter

Refill by Mail

- Fill out the PrimeMail Pharmacy Order Form that was included with your previous PrimeMail prescription delivery
- Include appropriate payment

Questions: Call PrimeMail Pharmacy Member Services at **1-888-849-7865, TTY 711**
Monday - Friday, 8:00 a.m. to 12:00 a.m.; Saturday and Sunday, 8:30 a.m. to 9:00 p.m. EST

DENTAL COVERAGE

Our dental plan, provided by Delta Dental, is designed to help you maintain a healthy smile through regular preventive care and to fix any problems as soon as they occur.

The plan helps you pay for most necessary dental services and supplies, including diagnostic and preventative care (such as exams and cleanings), basic and major restorative services (such as fillings, crowns and dentures), as well as orthodontic.



Dental Plan Highlights		
Deductible (does not apply to Class I Preventive Services)		\$50 per person per calendar year
Calendar Year Maximum (per person)		\$1,500 per person
Orthodontic Lifetime Maximum (per person)		\$2,000 per person
	In-Network	Out-of-Network
Class I - Preventive Services (do not apply to Calendar Year Max) ♦ Oral Examinations/Routine Cleaning/Fluoride Treatments/Sealants	100%	100%
Class II - Basic Services ♦ Fillings/Root Canal/Periodontal Treatment/Oral Surgery	80%	80%
Class III - Major Services ♦ Crowns/Bridges/Partials/Dentures	50%	50%
Class IV - Orthodontic Services (Child only to end of calendar year they turn age 26)	50%	50%

Effective October 1, 2016, preventive services no longer apply to calendar year maximum, oral exams have been increased to 3 per year, and fluoride treatments and sealants for adults are covered.

**PPO dentists (in network) are paid on the PPO provider fee schedule.*

**Delta Dental Premier dentists (out of network) are paid on the Maximum Plan Allowance.*

**Non Delta Dental dentists (out of network) are paid up to the 90th percentile.*

To find a participating provider, please visit the Delta dental website: www.deltadentalins.com and select PPO or Premier Provider network or call customer service at 1-800-521-2651.

GROUP HEALTH PLAN WAIVER

In the event that an employee waives the group health plan, they will receive compensation to help offset their out of pocket costs for medical coverage/treatment. Employees will receive up to a maximum of \$1500.00 annually, which will be pro-rated based on their benefit effective date. This compensation will be distributed over the course of the fiscal year in semi-monthly payroll installments.

FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts are an important component of your benefits package. The accounts let you pay “pre-tax dollars” for dependent care and eligible out-of-pocket health, dental, vision and other health care related expenses, not covered under your health care plan(s), for you and your qualified dependents. Since the amount you elect is deducted before taxes are calculated, your taxable income is lower and you pay fewer taxes. Depending on your tax bracket, you could save up to 40.65% or more on every FSA dollar you spend. Flexible Spending Accounts are convenient and easy to use. With a little up-front planning, you can enjoy significant tax savings while paying for a wide array of out-of-pocket health care and dependent care expenses.

Medical Spending Account

A Medical Spending (Health Care) Account can save you money on eligible out-of-pocket health care expenses, such as doctor office co-pays, dental and orthodontia co-pays, prescription co-pays, health insurance deductibles and vision expenses not covered by insurance. Employees can choose a minimum enrollment account balance of **\$240.00** and a maximum of **\$2,550.00**. A convenient debit card is provided for use with eligible transactions.

Dependent Care Spending Account

A Dependent Care Spending Account can be used to pay for childcare expenses while you or your spouse is at work, looking for work, or are at school; for local day camp; and for care expenses for any incapacitated person you are eligible to claim on your income taxes. Employees can choose a minimum enrollment account balance of **\$240.00** and a maximum of **\$5,000.00**.

VISION COVERAGE

To help keep life in focus, we have partnered with Humana to administer our vision plan. The vision option is a PPO plan which allows you to visit any doctor, including specialists, in the plan's network. While you have the freedom to visit any in-network doctor you choose, you still have the flexibility of choosing to use out-of-network benefits with lower level benefits.



Vision Plan Highlights – Humana			
Coverage	In-Network	Out-of-Network	Frequency Period*
Eye Exam with dilation <i>(if necessary)</i>	\$10 copay	\$35 allowance	12 months
Frame Allowance	\$50 wholesale allowance	\$45 retail allowance	12 months
Eyeglass Lenses Allowances:			
Single Vision	100% after \$25 copay	\$25 allowance	12 months
Bifocal	100% after \$25 copay	\$40 allowance	12 months
Trifocal	100% after \$25 copay	\$60 allowance	12 months
Contact Lenses 1			
Elective (conventional and disposable) ² 3	\$150 allowance	\$150 allowance	12 months
Medically Necessary	100%	\$150 allowance	12 months

* Based on Date of Service

Additional plan discounts

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

¹ If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).

² The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.

³ Contact lens allowance must be used at one time; no amount will be carried forward.

To find a participating provider, please visit the Humana website: www.HumanaVisionCare.com, or contact customer service at 1-866-537-0229.

Vision Monthly Rates			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$6.41	\$12.82	\$12.17	\$19.13

EMPLOYEE ASSISTANCE PROGRAM (EAP)



GETTING SUPPORT SHOULD BE EASY

Life presents complex challenges. If the unexpected happens, you want to know that you and your family have simple solutions to help you cope with the stress and life changes that may result. That's why the Hartford's Ability Assist® Counseling Services, offered by ComPsych®,¹ can play such an important role. Our straightforward approach takes the complexity out of benefits when life throws you a curve.

COMPASSIONATE SOLUTIONS FOR COMMON CHALLENGES

From the everyday issues like job pressures, relationships, retirement planning or personal impact of grief, loss, or a disability, Ability Assist can be your resource for professional support.

You and your family, including spouse and dependents, can access Ability Assist at any time.

ABILITY ASSIST COUNSELING SERVICES

Emotional or Work-Life Counseling: Helps address stress, relationship or other personal issues you or your family members may face. It's staffed by GuidanceExpertsSM – highly trained master's and doctoral level clinicians – who listen to concerns and quickly make referrals to in-person counseling or other valuable resources. Situations may include:

- Job pressures
- Relationship/marital conflicts
- Substance abuse
- Stress, anxiety and depression
- Work/school disagreements
- Child and elder care referral services

Financial Information and Resources: Provides support for the complicated financial decisions you or your family members may face. Speak by phone with a Certified Public Accountant and Certified Financial Planner™ Professionals on a wide range of financial issues. Topics may include:

- Managing a budget
- Retirement
- Saving for college
- Getting out of debt
- Tax questions

Legal Support and Resources: Offers assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your family members. If you require representation, you'll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter. Topics may include:

- Debt and bankruptcy
- Guardianship
- Divorce
- Buying a home
- Power of attorney

SERVICE FEATURES

The service includes up to three face-to-face emotional or work-life counseling sessions per occurrence per year. This means you and your family members won't have to share visits. Each individual can get counseling help for his/her own unique needs. Legal and financial counseling are also available by telephone during business hours.

You'll also have 24/7 access to GuidanceResources® Online (offered by ComPsych1). This resource provides trusted information, resources, referrals and answers to everyday questions right from your desktop or the privacy of your home. It includes:

- Chat sessions with professional moderators.
- Access to hundreds of personal health topics and resources for child care, elder care, attorneys or financial planners.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

1 Ability Assist®, The GuidanceResources® Program services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. ComPsych and GuidanceResources are registered trademarks.

Getting in touch is easy and can be a call or a click away:

1-800-964-3577

www.guidanceresources.com

(create your own personal username and password. First time users, use the following in the Company/Organization field—HLF902 and in the Company Name field use ABILI)

DISABILITY INSURANCE



Disability benefits provide you with income in the event that you are unable to work. Disabled means that because of sickness or an accident you cannot perform the important duties of your regular occupation, or any other occupation. You can apply for a policy that offers valuable additional disability coverage that will help to maximize your income protection in the event of a disability.

Short-Term Disability *(Coverage is paid for by Sumter County)*

- Provides a weekly benefit for short-term illness or injury
- Maximum benefit 60% of your weekly salary
- 14-day elimination period before benefits begin
- During the elimination period, employees can use their sick or vacation time to bridge the gap
- Duration of benefits is 11 weeks

Voluntary Long-Term Disability *(Coverage is paid for by you)*

- Pays a monthly benefit in the event you cannot work because of a long-term illness or injury
- Provides up to 60% of monthly salary up to \$5,000 maximum
- Minimum monthly benefit is \$50
- 90 day elimination period before benefits begin
- Pre-existing conditions are covered after you've been continuously insured for 12 months
- Any employee not currently enrolled in the Voluntary LTD plan will be required to complete an Evidence of Insurability form

Contact Employee Services at employee.services@sumtercountyfl.gov or **1-352-689-4420** for additional information.

You can also contact The Hartford at **1-800-549-6514**, Monday—Friday 8:00 am to 9:00 pm, EST or online at www.TheHartfordatWork.com.



Disability
Insurance

LIFE INSURANCE



Group Basic Life Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with Sumter County. Your coverage amount will be paid to the beneficiary of your choice. Sumter County provides eligible employees with a flat benefit amount of \$25,000, in group life, which is reduced to \$12,500 at the age of 80.

Accidental Death & Dismemberment

If your death is due to a covered accident or injury, your beneficiary will receive an additional flat benefit of \$25,000 through Accidental Death and Dismemberment (AD&D) coverage. AD&D benefits are payable if you pass away, lose a limb, or have a loss of speech, hearing, or eyesight because of a covered accident (either on or off the job) and the loss occurs within one year of the covered accident. The payable amount of your AD&D benefit depends on the type of loss. In the event of death due to an accident, your beneficiary may receive both your life and AD&D benefits. This benefit is also reduced to \$12,500 at the age of 80.

Voluntary Term Life Insurance

You may purchase additional Voluntary Term Life Insurance for yourself in increments of \$10,000 to a maximum of \$500,000 (or 10 times your annual salary), whichever is less. You can obtain a guarantee issue amount of up to \$120,000 of coverage without providing evidence of insurability. Any coverage requested above \$120,000 will require you to complete Evidence of Insurability.

You may also elect the following coverage for your Spouse and Child(ren):

- **Spouse:** Increments of \$5,000 up to a maximum of \$250,000 with a guarantee issue amount of \$50,000. Any coverage requested above \$50,000 will require the completion of a medical questionnaire. Coverage cannot exceed 50% of the Employee's elected and approved Voluntary Life insurance.
- **Child(ren):** From live birth to 6 months the maximum benefit amount is \$1,000. After 6 months, coverage is available in increments of \$5,000 to a maximum of \$25,000.

All of the Life and AD&D benefits are administered through Hartford. **Please refer to page 14 of this guide for Voluntary Life rate calculations for Employee, Spouse and /or Child(ren).**

Active Fulltime Employees (Employer Paid Benefit)		
Category	Life	AD&D
Employee Only under 80	\$3.50	\$0.25
Employee Only over 80	\$1.75	\$0.125





GROUP ACCIDENT INSURANCE

Group Voluntary Accident Insurance pays a lump sum benefit for accidental off-the-job injuries, plus benefits associated with the treatment of the injury. Because accident insurance is supplemental, it pays in addition to other coverage. The coverage can be used on its own or to fill a gap left by other coverage and the benefits are paid directly to you unless assigned elsewhere.

The coverage pays a benefit up to a specified amount for accidental death, dismemberment, dislocation/fracture, initial hospitalization confinement, hospitalization confinement, intensive care, ambulance service, medical expenses and more.

As a result of a covered injury, the following benefits would be paid (see brochure for complete plan details):

Base Accident Benefits	Plan Amount
Dislocation/Fracture	Up to \$4,000
Initial Hospital Confinement	\$1,000
Hospital Confinement (per day)	\$200
Intensive Care (per day)	\$400
Ambulance - Ground	\$200
Ambulance – Air	\$600
ER	\$200
Urgent Care	\$100
Physician Fees and X-Rays	\$300
Outpatient Physician’s Treatment (per visit)	\$25
Additional Benefits	Plan Amount
Physical/Occupationa/Speech Therapy (Per Day)	\$60
Rehabilitation Unit (Per Day)	\$200
Accident Follow Up Treatment (Per Day)	\$100
Lacerations	\$100
Burns – Up to	\$1,000
Appliances (Crutches, Walkers, etc)	\$250
Surgery – Internal, Tendon, Ligament, Rotator Cuff, Knee Cartilage – Up to	\$2,000
Coma	\$20,000
Paralysis – Up to	\$30,000
Accidental Death	\$40,000

Monthly Rates:

Employee Only	\$6.47
Employee/Spouse	\$15.15
Employee/Child	\$18.77
Family	\$24.04

The coverage is **portable** which means that you can take the benefit into retirement.

Guaranteed Issue with no medical questions.



Allstate

Benefits

GROUP CRITICAL ILLNESS INSURANCE

\$10,000 or \$20,000 Group Voluntary Critical Illness Insurance pays a lump sum benefit when you are diagnosed with a critical illness such as a heart attack, stroke, cancer and other threatening conditions as defined in the certificate. You can use the benefits however you please, such as for medical bills, a wheelchair, your mortgage or time off work.

You choose the level of coverage with benefit amounts of \$10,000 or \$20,000. Your spouse and children, if you elect family coverage, are covered at 50% of your benefit amount.

Benefits

100% of the benefit amount chosen is paid directly to you when you are diagnosed with the following critical illnesses:

- Heart Attack
- End Stage Renal Failure
- Complete Blindness
- Invasive Cancer
- Stroke
- Benign Brain Tumor
- Complete Loss of Hearing
- Paralysis
- Major Organ Transplant
- Coma
- Paraalysis

25% of the benefit amount chosen is paid directly to you when you are diagnosed with the following critical illnesses:

- Coronary Artery By-Pass Surgery
- Carcinoma In Situ
- Advanced Alzheimer’s Disease
- Advanced Parkinson’s Disease

A covered person can **receive a benefit for each covered condition** if the dates of diagnosis for each critical illness are separated by at least 90 days.

Allstate will **pay the benefit for a second time** if the covered person is diagnosed again with a critical illness for which a benefit was already paid if the second diagnosis is more than 12 months after the first diagnosis.

Wellness Benefit! - \$50 is paid per calendar year if a covered health screening test is performed.

The coverage is **portable** which means that you can take the benefit into retirement. Rates never increase as you age!

Sample Non-Tobacco Monthly Rates:

<u>Coverage Amount</u>	<u>Age</u>	<u>Employee Only/ Employee+Child(ren)</u>	<u>Employee+Spouse/ Employee+Family</u>
\$10,000	35	\$ 6.14	\$ 9.11
\$10,000	45	\$ 15.26	\$22.84
\$10,000	55	\$ 28.58	\$42.70
\$20,000	35	\$ 10.12	\$14.92
\$20,000	45	\$ 28.22	\$42.09
\$20,000	55	\$ 54.96	\$82.02

Sample Tobacco Monthly Rates:

<u>Coverage Amount</u>	<u>Age</u>	<u>Employee Only/ Employee+Child(ren)</u>	<u>Employee+Spouse/ Employee+Family</u>
\$10,000	35	\$ 8.43	\$ 12.53
\$10,000	45	\$ 24.38	\$ 36.47
\$10,000	55	\$ 45.79	\$ 68.86
\$20,000	35	\$ 14.69	\$21.76
\$20,000	45	\$ 46.45	\$69.31
\$20,000	55	\$ 89.38	\$134.30



Allstate

Benefits

GROUP CANCER INSURANCE

Group Voluntary Cancer Insurance pays you a lump sum benefit of \$5,000 upon diagnosis and then benefits associated with the treatment of the cancer. The benefit is paid directly to use so that you can use the money to pay unexpected expenses.

Some of the benefit features include the following – please see your brochure for complete plan details:

Cancer Benefits	Low	High
Initial Diagnosis	\$2,000	\$5,000
Daily Hospital Confinement	\$200	\$200
Private Duty Nursing or At Home Nursing per day	\$200	\$200
Hospice Care per day (in home or at freestanding facility)	\$200	\$200
Radiation/Chemotherapy – annually	\$5,000	\$10,000
Blood, Plasma, Platelets – annually	\$5,000	\$10,000
Bone Marrow or Stem Cell Transplant – up to	\$5,000	\$10,000
Surgery – up to	\$1,500	\$3,000
Second Surgical Opinion	\$200	\$400
Ambulance – per confinement	\$100	\$100
Prosthesis	\$2,000	\$2,000
Cancer Screening	\$50	\$50

Monthly Rates:

Employee Only	\$13.69	\$23.36
Employee+Family	\$23.04	\$39.53

In addition to cancer, the policy also covers Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, Primary Biliary Cirrhosis.

Waiver of Premium

Primary insured only - Pays premiums after being disabled 90 days in a row due to cancer, for as long as disability lasts.



GROUP INDEMNITY MEDICAL INSURANCE

Group Indemnity Medical Insurance pays you a benefit when hospitalized. It is designed to help you with out of pocket expenses due to your high deductible when hospitalized.

The insurance is guaranteed issue – no medical questions asked.

There are no pre-existing condition exclusions.

There is no wait to use the benefit – to include pregnancy.

First Day Hospital Admission Benefit

\$1,100 per admission

Paid Once Per Year

Hospital Confinement Benefit

\$100 – for a maximum of 10 days per confinement

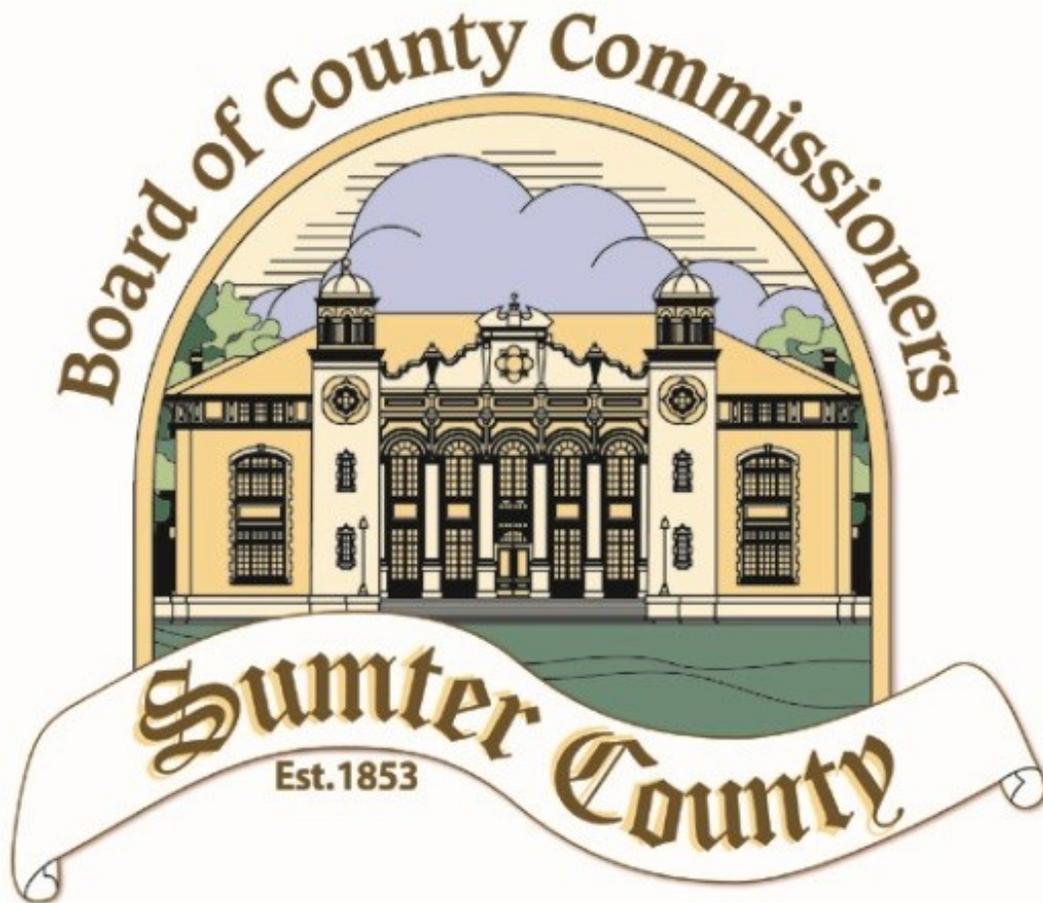
If you are admitted to the ICU, you will be paid an **additional** \$100 per day for a maximum of 10 days per confinement.

Monthly Rates:

Employee Only	\$13.26
Employee+Spouse	\$34.32
Employee+Child(ren)	\$22.88
Employee+Family	\$37.31

ALLSTATE CONTACT INFORMATION

You can contact Allstate Customer Service at www.ABCustomerCare@Allstate.com or **1-800-521-3535**, Monday—Friday 8:00 am to 8:00 pm, EST. The Allstate Claims Department can be reached at **1-800-348-1495** or www.ABClaims@Allstate.com.



If you have any questions about your Employee Benefits Guide, please contact Employee Services at employee.services@sumtercountyfl.gov or 1-352-689-4420.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between this Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.