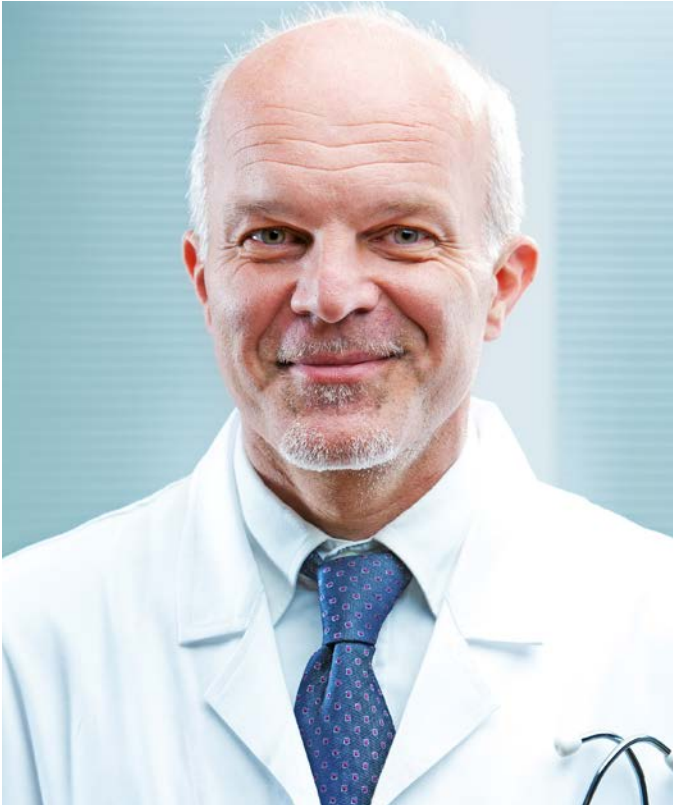


# 2017 Annual Enrollment

## BENEFITS HANDBOOK



Pinellas County Human Resources Employee Benefits  
400 South Fort Harrison Avenue, 4th Floor  
Clearwater, FL 33756  
Phone: (727) 464-4570  
Fax: (727) 464-5291  
Email: [employee.benefits@pinellascounty.org](mailto:employee.benefits@pinellascounty.org)

[www.pinellascounty.org/hr/annual-enrollment](http://www.pinellascounty.org/hr/annual-enrollment)

**Human Resources**  
*Helping U Succeed*



For your convenience,  
this handbook is interactive.  
All of the blue underlined  
items are live hyperlinks.

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## Need More Info?

- Visit the Annual Enrollment site at [www.pinellascounty.org/hr/annual-enrollment](http://www.pinellascounty.org/hr/annual-enrollment).
- ***If you have questions about your benefits or eligibility***, contact Employee Benefits at (727) 464-4570 or email [employee.benefits@pinellascounty.org](mailto:employee.benefits@pinellascounty.org).
- ***If you have questions about using OPUS to enroll***, contact the BTS Operations Center from Monday to Friday, between 7:00 a.m. and 6:00 p.m. at (727) 453 HELP (4357) or email [btsoc@pinellascounty.org](mailto:btsoc@pinellascounty.org).
- View [contact information for United Healthcare and the other benefits partners](#).



# OVERVIEW

**All employees must enroll in OPUS for 2017 benefits.**

Annual Enrollment is your one opportunity during the year to evaluate your benefits and make decisions regarding your health, dental, life insurance, and flexible spending account (FSA) elections. This is also your only chance to make annual leave exchange elections for 2017. Even if you feel that your current elections are perfect, it is important to review your options annually.

## How Do I Enroll?

1. Visit the Annual Enrollment web page at [www.pinellascounty.org/hr/annual-enrollment](http://www.pinellascounty.org/hr/annual-enrollment) to access links and resources.
2. Enroll in OPUS:
  - All employees must complete their enrollment in [OPUS PIN Employee Self Service](#).
  - If you currently Opt Out of the health plan and wish to continue this choice, you must designate that election and submit proper proof of valid coverage even if previously on file (see [Opt Out](#)).
3. Your payroll deductions will begin in January for the plan year beginning January 1, 2017.

## What's New for 2017?

- **All employees must enroll.** If you do not make your benefits selections in OPUS, neither you nor your dependents will have coverage in 2017.
- Employees and the County share the total cost of healthcare coverage. Due to medical cost inflation and higher than anticipated claims, the **copays in the traditional Choice Plus POS health plan will increase as will the biweekly premiums in both health plans**, as shown at right:

POS Health Plan Copays		
In-Network Benefit	2016 Copay	2017 Copay
Primary Care Physician/ Urgent Care Visit	\$20	\$25
Specialist	\$30	\$35
Emergency Room	\$100	\$250

Biweekly Health Premiums*		
Coverage	2017 Premium	Increase from 2016
Employee Only	\$8.36	\$ .62
Employee and Spouse	\$107.69	\$7.98
Employee and Child(ren)	\$91.64	\$6.79
Family	\$181.29	\$13.43
* The same premiums apply to the HSA and POS plan. The premium includes medical care, prescription coverage, Employee Assistance Program (EAP), managed mental health, and vision care.		

- The dental HMO administrator is changing from MetLife to Cigna. (There are no dental plan premium changes for 2017.)
- The flexible spending account (FSA) health-care account carryover rule is changing. If you don't enroll in the FSA for two consecutive years, unspent funds will be forfeited at the end of the second year.

*This is a summary of the benefits available to eligible Pinellas County employees. For full plan details, please refer to the plan document or summary plan description posted on the [Human Resources website](#) or [contact the vendor](#) for specific coverage information.*





# OVERVIEW

## Eligibility

- All permanent and long-term temporary classified and exempt employees who are scheduled to work 20 hours or more per week are eligible to enroll in certain coverage.
- Only the plan(s) you are eligible to enroll in will appear in your online enrollment options in OPUS.
- Dependents eligible for coverage vary by plan and include:
  - **Spouse**
  - **Domestic partner:** Employees who are unmarried and in a committed relationship may cover their domestic partner on their health and dental coverage only. To do so, submit a completed [Domestic Partner Affidavit](#) to Employee Benefits **by Friday, December 2, 2016**. Also see [Domestic Partner FAQs](#).
  - **Children** up to the end of the calendar year in which age 26 is reached for healthcare FSA fund usage. Dental coverage is available to dependent children through the end of the calendar year in which they reach age 25. Children are eligible for dependent life insurance coverage through age 25.

## Opt Out

- Permanent full-time employees who have alternate coverage for 2017 may “Opt Out” of Pinellas County health plan coverage.
- By electing Opt Out in OPUS, which indicates that you have alternate coverage, you will be eligible for a \$98/month reimbursement.

- Keep in mind since medical, prescription, vision, and mental health benefits are all included in the health plan, those who Opt Out do not have access to any of these coverages through Pinellas County.
- Please submit a copy of your healthcare identification card and your employee number to Employee Benefits ***no later than Friday, December 2, 2016***. If you do not provide proof of other coverage, your health plan enrollment election will be considered “Decline” and no reimbursement will be provided.

## Annual Leave Exchange

- Annual Enrollment is the only time you are able to elect to exchange annual leave for cash or deferred compensation for 2017.
- Use OPUS Employee Self Service to elect to exchange leave.
- For more information, see the [Annual Leave Exchange Guide](#) and [video](#).

## Pre-Tax Plan

- The County’s [Section 125 Plan](#) allows you to make pre-tax payroll deductions for health and dental coverage, which lowers your taxable income for the year and may save you money.
- Your payroll deductions will be taken pre-tax unless you elect to have these premiums withheld on a post-tax basis when completing your online OPUS enrollment.



## Health Plan Options

Choose between two health plans, both administered by United Healthcare:

- Choice Plus Consumer Driven Plan with a Health Savings Account (HSA)
- Choice Plus Point of Service (POS) Plan

Both plans provide 100% coverage for preventive care and encourage a commitment to wellness, a core component of the County's long-term strategy for the group health plan.

Both plans provide access to United Healthcare's Customer Service and their website at [www.myuhc.com](http://www.myuhc.com) for health and account resources.

View the [2017 Health Plan Comparison Chart](#) which compares the two plans including the deductibles, copays and premiums.

## Plan Cost Estimator Tool

Use the [United Healthcare Plan Cost Estimator tool](#) to compare your estimated out-of-pocket costs under both the Choice Plus Consumer Driven health plan and the Choice Plus POS health plan so you can make the best coverage decision for you and your family.

UserID = **Pinellas2017**  
Password = **Benefits2017**

## CHOICE PLUS CONSUMER DRIVEN PLAN WITH A HEALTH SAVINGS ACCOUNT (HSA)

This plan offers you the greatest opportunity to be involved in your health care and to manage your costs.

- It encourages you to take advantage of preventive services, which are covered at 100%.
- All other expenses, including non-preventive care, prescriptions and managed mental health benefits, are applied to your deductible at a discounted rate.
- There are no copays under this plan except for vision care.
- Once the deductible is met, you pay a discounted rate for services and prescriptions.
- Participants in the Consumer Driven Plan will receive funds from Pinellas County to offset a portion of their expenses. The funds will be direct deposited into a Health Savings Account that you open with Optum Bank. You may elect to make pre-tax contributions to this account too.

### HSA Preventive Care

- Preventive services, including your annual physical and lab work, are covered at 100%.

### HSA Deductible and Coinsurance

- The Consumer Driven Plan has a pooled deductible. This means that non-preventive medical expenses and non-preventive prescription drug costs for all covered family members are applied to the same deductible.
- Lab work and other non-preventive services are applied to the deductible and coinsurance at a discounted rate.



- The individual deductible for the Consumer Driven Plan is **\$1,300** and the family deductible is **\$2,600**.
- Once the deductible is met, you pay 20% of the plan discounted rates when using an in-network provider and for prescriptions.
- Your deductible and coinsurance are applied to an annual out-of-pocket maximum.
- Once you reach the out-of-pocket maximum, services are covered at 100% by the plan. **This out-of-pocket maximum applies to combined health and pharmacy out-of-pocket expenses.**
- Funds in your HSA bank account, including the contribution from Pinellas County, may be used to help pay your deductible and coinsurance costs.

### HSA Prescription Coverage

- Prescription coverage is administered by Express Scripts and their specialty pharmacy Accredo.
- The Consumer Driven Plan provides 100% coverage for specified preventive drugs on the [Preventive Medications List](#). These drugs include many cholesterol lowering and blood pressure controlling medications, plus many others.
- All non-preventive medications are charged at the plan's discounted rates until the deductible has been met, after which 20% coinsurance is charged until your maximum out-of-pocket is met.

### HSA Managed Mental Health Benefits

- Through this program administered by ComPsych, you have access to outpatient or inpatient mental health care.

- Once the deductible is met, you pay 20% of the plan discounted rates when using an in-network provider and for prescriptions.

### Health Savings Account (HSA)

- An HSA is a pre-tax savings account that can be funded by both the employee and employer up to the IRS maximum for the year.
- The money in your HSA can be used to help pay your health insurance deductible and qualified healthcare, dental, and vision expenses.
- The County contributes **\$400** at the start of the plan year for your use, or **\$1,200** if you have elected to cover your spouse and/or child(ren). These County contributions to your HSA provide you first-dollar coverage.
- The IRS maximum employee contributions for 2017 are shown below:

2017 IRS Maximum Contributions	
Employee only coverage	\$3,550
All other coverage levels	\$6,750
Age 55+ catch up	Addtl. \$1,000

- Your funds carry over year to year so you can pay for expenses now and save for future healthcare expenses. You may want to think of an HSA as a 457 plan for healthcare.
- You may also earn interest on the funds in your HSA account, depending on the balance.
- You may enroll, change or cancel your contribution at any time during the plan year.
- **IMPORTANT:** You must have an open, active HSA account with Optum Bank in order to receive the Pinellas County contribution or to make your own pre-tax payroll contributions.



## CHOICE PLUS POINT OF SERVICE (POS) HEALTH PLAN

This plan is the more traditional of the health plan options. You will pay physician and emergency room copays, and coinsurance after meeting your individual or family deductible.

### POS Preventive Care

- Preventive services, including the annual physical and lab work are covered at 100%.

### POS Copays, Deductible, Coinsurance

- For non-preventive office visits, a copay is required for services.
- Lab work and other non-preventive services are applied to the deductible and coinsurance at a discounted rate.
- The individual deductible for the POS plan is **\$600** and the family deductible is **\$1,200**.
- For individuals who have more than two people enrolled in coverage, there is a maximum family deductible equivalent to two individual deductibles. Once the family deductible is met, remaining family member deductibles are waived.
- Once the deductible is met, you pay 20% of the plan's discounted rates when using an in-network provider. Your amount is coinsurance and is applied to an annual out-of-pocket maximum.
- Once you reach the out-of-pocket maximum, services are covered at 100% by the plan. **This out-of-pocket maximum applies to combined health and pharmacy out-of-pocket expenses.**
- The copays are listed in the table at top right.

POS Health Plan Copays	
In-Network Benefit	2017 Copay
Primary Care Physician/ Urgent Care Visit	\$25
Virtual Doctor Visit	\$15
Specialist	\$35
Emergency Room	\$250

### POS Prescription Coverage

- Prescription coverage is administered by Express Scripts and their specialty pharmacy Accredo.
- *Generic prescriptions* have a copayment of \$15 for a 30-day prescription.
- *Preferred name brands* have a member coinsurance (cost share) equal to 20% of the discounted cost of a 30-day prescription (\$30 minimum/\$60 maximum).
- *Non-preferred name brands* have a member coinsurance (cost share) equal to 40% of the discounted cost of a 30-day prescription (\$45 minimum/\$90 maximum).
- *90-day prescriptions* filled at retail or by mail order have a member cost of two (2) times the above amounts for 30-day prescriptions.
- *Preferred specialty medications* have a member coinsurance (cost share) equal to 20% of the discounted cost of a 30-day prescription (\$60 minimum/\$120 maximum). A 90-day supply has a member cost equal to a 30-day prescription.



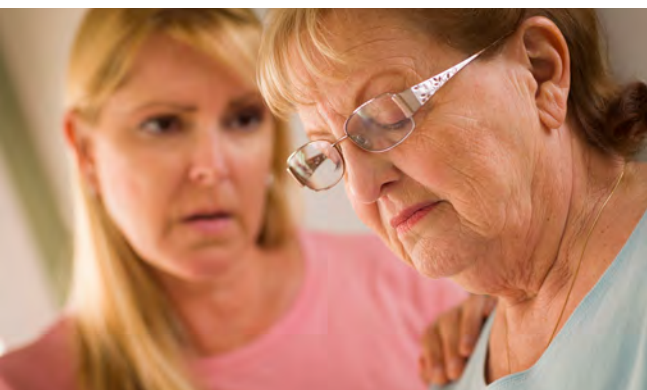
### POS Prescription Coverage *continued*

- *Non-preferred specialty medications* have a member coinsurance (cost share) equal to 40% of the discounted cost of a 30-day prescription (\$90 minimum/\$180 maximum). A 90-day supply has a member cost equal to a 30-day prescription.
- *Specialty medications* are mailed to your home by Accredo which is the Express Scripts specialty pharmacy.

### POS Managed Mental Health Benefits

Through this program administered by ComPsych, you have access to outpatient or inpatient mental health care as follows:

- **Outpatient** – \$10 copay per visit with no deductible
- **Inpatient** – \$100 deductible and 10% coinsurance



EAP

### Employee Assistance Program (EAP)

The County's [Employee Assistance Program](#) (EAP) is administered by ComPsych.

- EAP is available for all permanent employees scheduled to work 20 hours or more per week. Enrollment in the County's health plan is not required.
- EAP offers confidential support for you and your covered family members to help you manage a variety of life issues.
- You can have up to six free visits for initial assessment counseling and early intervention treatment.

VISION



### Vision Coverage

Vision coverage is included in your health plan premium deduction. Both health plans provide the same coverage. Highlights of your vision coverage:

- *Network Basic Exam:*
  - \$10 basic vision exam copay
  - One exam per 12-month period
- *Eyeglass Lenses:*
  - \$20 copay per 12-month period for standard lenses (single, bifocal or trifocal)
  - \$15 copay (each) for lens options of UV coating, scratch resistance or tint
  - Additional charge for progressive/transition lenses
- *Eyeglass Frames:*
  - \$110 allowance
  - 20% discount after the \$110 allowance
- *Contact Lenses:*
  - \$100 contacts allowance in lieu of eyeglasses
  - Free fitting and two free follow-ups
- *Lasik or PRK:*
  - Maximum reimbursement of \$1,125 (\$562.50 per eye)
  - You may select any licensed provider; however, a network provider will offer a discount.



## 2017 Pinellas County Health Plan Comparison Chart

In-Network Benefit	2017 Health Plans	
	Health Savings Account (HSA)	Point of Service (POS)
Preventive Medical	\$0	\$0
Primary Care Physician/Urgent Care	20% after deductible	\$25 copay
Specialist	20% after deductible	\$35 copay
Virtual Doctor Visit	20% after deductible	\$15 copay
Emergency Room	20% after deductible	\$250 copay
Non-Preventive Medical	20% after deductible	20% after deductible
Rx Generic (up to 30 days)	20% after deductible	\$15 copay
Rx Preferred Brand (up to 30 days)	20% after deductible	20% coinsurance min: \$30, max: \$60
Rx Non-Preferred Brand (up to 30 days)	20% after deductible	40% coinsurance min: \$45, max: \$90
Rx (up to 90 days)	20% after deductible	Same coinsurance, 2x copay, min and max

	Employee Only	Employee Plus 1	Employee Plus 2 or More	Employee Only	Employee Plus 1 or More
Annual Deductible	\$1,300	\$2,600 (pooled deductible for all family members on the plan)		\$600	\$1,200 (two individual deductibles of \$600 each)
County Contribution	- \$400	- \$1,200	- \$1,200	- \$0	- \$0
Difference Between Annual Deductible and County Contribution	\$900	\$1,400	\$1,400	\$600	\$1,200
Out of Pocket Maximum (Medical and Rx included)	\$3,000	\$4,000	\$6,000	\$2,600	\$5,200

Biweekly Premiums (Same for HSA and POS Health Plans)		
Coverage	2017	Increase from 2016
Employee only	\$8.36	\$ .62
Employee and Spouse/Domestic Partner	\$107.69	\$7.98
Employee and Child(ren)	\$91.64	\$6.79
Family	\$181.29	\$13.43



## Dental Coverage

You have a choice of two dental plans: a Preferred Provider Organization (PPO) and a Health Maintenance Organization (HMO). The same company, Cigna, administers both plans, but the networks are different. Please verify your dentist's network status before selecting a plan or scheduling an appointment.

### PPO Dental Plan

Highlights of this plan include:

- Go to any licensed dental provider (network or non-network) and be reimbursed at 100% of the first \$150 of covered expenses, and 50% thereafter in the plan year up to a \$1,500 maximum reimbursement per each covered member.
- You can use any dentist or specialist, or choose a [Cigna Radius Network provider](#) to further reduce your costs.
- There are no deductibles or pre-existing condition limitations.
- Orthodontics covered within the \$1,500 maximum.
- Routine cleanings are limited to three per calendar year.

#### PPO Premiums Per Pay Period

Employee Only	\$5.54
Employee + 1	\$16.82
Employee + 2 or more	\$22.77

### HMO Dental Plan

Highlights of this plan include:

- **You do not pay any premiums for yourself or covered dependents.**
- Only network benefits are covered. You are required to choose a dentist from the [Cigna HMO network](#).
- Preventative services such as annual exam, x-rays, and cleanings are free.
- There is no maximum annual benefit.
- Copays apply based on the procedure and the established fee schedule.
- Network specialist services provide a 25% discount.

#### HMO Premiums Per Pay Period

Employee Only	\$0
Employee + 1	\$0
Employee + 2 or more	\$0



## Life Insurance

### Basic Coverage

- The County provides basic Group Term Life Insurance at no cost to you in an amount based on your annual salary rounded up to the next \$1,000.
- This coverage will change based on any increase or decrease in your annualized salary.
- There is also a reduction in coverage for members beginning at age of 65 (see chart at right which includes an example).
- It is important that you name a beneficiary for your life insurance plan.
- You may change your life insurance beneficiary at any time through OPUS.

### Supplemental Coverage

- You can elect supplemental life insurance coverage in multiples of \$5,000, not to exceed five times your annual salary or \$250,000, whichever is less.
- Rates for life insurance coverage are based on age groups, as outlined below.
- When you move to a new age group, the new premium and/or age reduction will be automatically adjusted.

Supplemental Life Insurance Cost	
Age	Rate Per Pay Per \$5,000
<30	\$ .30
30-39	\$ .44
40-49	\$ .58
50-59	\$1.13
60-69	\$2.75
70+	\$5.54

Basic & Supplemental Life Coverage Reduction	
Age	Value of Policy with Age Reduction
<65	No reduction (e.g. \$60,000)
65-69	65% of original value (e.g. \$39,000)
70-74	45% of original value (e.g. \$27,000)
75-79	30% of original value (e.g. \$18,000)
80+	20% of original value (e.g. \$12,000)

- During Annual Enrollment an increase of up to \$20,000 is permitted without underwriting as long as it does not exceed three times your annual salary.
- Increases in coverage in excess of \$20,000 or three times your current coverage require approval of an [underwriting form](#) before they go into effect. To return your form or ask questions, contact [Employee Benefits](#).
- An AD&D (Accidental Death & Dismemberment) provision applies to both the employee's County-paid basic coverage and employee-paid supplemental coverage. This benefit increases the amount payable for certain types of dismemberment or accidental death.

### Optional Life Insurance Coverage for Spouse and/or Child(ren)

- *Option 1:* Spouse \$10,000/Child \$5,000 at a biweekly rate of \$1.51 per family
- *Option 2:* Spouse \$20,000/Child \$10,000 at a biweekly rate of \$2.89 per family
- AD&D coverage does not apply to spouse/children optional coverage.
- Optional Dependent Life Insurance does not require a beneficiary designation because the employee is the beneficiary.





## Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to contribute pre-tax dollars from your paycheck to pay for qualified expenses you expect to incur in 2017, up to the annual Internal Revenue Service (IRS) limit. There are two types of accounts: a Healthcare FSA and a Dependent Care (daycare/eldercare) FSA.

### Contributions

The IRS contribution limits for 2017 are:

2017 IRS Maximum		
Type of FSA	Minimum	Maximum
Healthcare FSA	\$260	\$2,600
Dependent Care FSA (combined contribution for both spouses)	\$260	\$5,000

- Your FSA contributions and the expenses you pay from your FSA are never taxed.
- You do not need to be enrolled in the health plans to participate in either of the FSA accounts.
- Employees enrolled in the Consumer Driven Plan may elect a [Limited Purpose Healthcare FSA](#) account in addition to their Health Savings Account.

### Healthcare FSA

- When you incur a qualifying healthcare expense (i.e., medical, dental, vision or qualified over-the-counter expense), you may pay with cash, check or credit card and request reimbursement from WageWorks (Pay Me Back), or use the WageWorks FSA Card, which acts as a debit card, to immediately pay the expense at point of service.

- The WageWorks FSA card is only applicable for the Healthcare FSA (not Dependent Care FSA). The card is convenient because it pays your expenses up front. However, because of IRS regulations, WageWorks may need to request substantiation of your expenses, so save all receipts.

### Examples of Eligible Healthcare FSA Expenses for Qualified Dependents

Health plan deductible, coinsurance and copays
Vision exams, eye glasses and contact lenses
Dental exams, fillings, crowns and orthodontia
Limited over-the-counter items such as blood pressure monitors, bandages, contact lenses solutions and hearing aid batteries

- *Over-the-counter medications* such as pain relievers or cough syrup may only be reimbursed with a FSA with a doctor's prescription, per IRS regulations.
- *Over-the-counter items that are not medications*, such as band-aids or humidifiers, do not require a prescription for reimbursement.
- View [WageWorks Eligible Expenses](#) for more information.

### Dependent Care FSA

- Pre-tax benefit account used to pay for dependent care services such as preschool, summer day camp, before and after school programs as well as child and elder daycare.
- Eligible dependents are children under age 13 who reside with you or for whom you are entitled to a personal tax exemption. Other eligible dependents include spouses and adult relatives who reside with you, including adult children, who are physically or mentally incapable of self-care.



# FSA

- Funds are not available at the beginning of the plan year. Instead, funds are deducted pre-tax from your biweekly paycheck and available for use only after the deduction has been made.

## Limited Purpose FSA

- Employees enrolled in the Choice Plus HSA plan may contribute to a Limited Purpose Healthcare FSA in addition to the Health Savings Account.
- The Limited Purpose FSA may be used only for vision and dental expenses until you have met your annual deductible.

## FSA Carryover Provisions

- If you have funds remaining in your Healthcare FSA or Limited Purpose FSA at the end of the calendar year, you may carry over (roll over) up to \$500 into the following year.
- As of January 1, 2017, the carryover rule is changing. If you don't enroll in the FSA for two consecutive years, unspent funds will be forfeited at the end of the second year.
- This means the carryover provision is applicable for only one year if continued enrollment is not elected.
  - For example, if Joe has \$350 remaining at the end of 2017 and does not enroll for 2018, \$350 carries over into 2018.
  - During 2018 Joe uses \$100 and does not enroll for 2019. Joe will forfeit \$250 because he did not enroll for two consecutive years.

## FSA Tools

The [FSA Predictable Expenses Worksheet](#) and the [WageWorks FSA Savings Calculator](#) are available to assist in calculating your potential health care expenses in 2017.

You could save up to 25% by participating in the Healthcare FSA through tax-free contributions. It is important to only include predictable expenses in your FSA election, since unused funds as of December 31 are forfeited—with the exception of the limited rollover of up to \$500.



# CONTACTS

## Nurse Liaison

There is a United Healthcare Nurse Liaison available to Pinellas County employees:

- Amy Hertog, RN, BSN  
Email: [Amy\\_Hertog@uhc.com](mailto:Amy_Hertog@uhc.com)  
(727) 464-5579  
400 S. Ft. Harrison Ave., Clearwater

Amy connects employees with United Healthcare resources, in addition to providing education and counseling. She works with employees one-on-one and speaks to groups (such as a staff meeting) on a variety of topics.

## Legal Notices

Pinellas County is required to provide information to eligible plan participants either at the time of eligibility or on an annual basis. These notices are posted on the Human Resources website, as noted below:

- Children's Health Insurance Program Reauthorization Act (CHIPRA)\*
- [COBRA Initial Notice of Eligibility](#)
- [HIPPA Notice of Privacy Practices](#)
- Medicare Part D Notice of Creditable Coverage\*
- [Mental Health Parity Act](#)
- Notice of Exchange Availability\*
- Notice of Special Enrollment Rights\*
- Summary of Benefits and Coverage and Uniform Glossary\*
- Women's Health and Cancer Rights Act (WHCRA)\*

*\*Refer to the United Healthcare health insurance plan documents at [www.pinellascounty.org/hr/annual-enrollment](http://www.pinellascounty.org/hr/annual-enrollment).*

## Benefits Partners

### Dental Cigna

(800) 244-6224  
[www.mycigna.com](http://www.mycigna.com)

**EAP and Mental Health**  
**ComPsych GuidanceResources**  
(866) 615-3047  
[www.guidanceresources.com](http://www.guidanceresources.com)

**Flexible Spending Account (FSA)**  
**WageWorks**  
(877) 924-3967  
[www.wageworks.com](http://www.wageworks.com)

**Health Savings Account (HSA)**  
**Optum Bank**  
(800) 791-9361  
[www.myuhc.com](http://www.myuhc.com)

**Life Insurance**  
**Standard Insurance Company**  
(855) 290-9479  
[www.standard.com](http://www.standard.com)

**Medical**  
**United Healthcare**  
(888) 478-4752  
[www.myuhc.com](http://www.myuhc.com)

**Prescription**  
**Express Scripts**  
(866) 544-9221  
[www.expressscripts.com](http://www.expressscripts.com)