Welcome to Pinellas County Government!

We value our employees and believe in rewarding each of you for the contributions you make to the County. An important part of your total compensation is the value of the employee benefits.

This handbook is designed to provide you with general information on benefits programs for which you may be eligible. Please take time to review the options, and links to tools and resources, so you can choose the benefits that best fit your needs and lifestyle.

This handbook provides an overview of the benefits available to eligible Pinellas County employees. For full plan details, please refer to the Human Resources website at www.pinellascounty.org/hr/benefits which includes links to plan documents, or contact the particular vendor for specific coverage information.

### Enrollment Tips

The opportunities you have to enroll or make changes to your benefits are:
- **When you are newly eligible.**
- **During Annual Enrollment (held each fall).**
- **If you experience a qualifying event or family status change such as marriage, divorce, birth, dependent gain or loss or other coverage, etc.** (see page 3).

New employees have 30 days to enroll and employees with a qualifying event have 31 days from the event to make changes.
If you have questions about your benefits or eligibility, visit the Benefits webpage at www.pinellascounty.org/hr/benefits or contact Benefits at (727) 464-4570 or by email at employee.benefits@pinellascounty.org.

If you have specific claim questions, contact the vendor. See page 21 for contact information for UnitedHealthcare and our other benefits partners.

Important legal notices including the HIPAA Notice of Privacy are found at www.pinellascounty.org/hr/notices.
Eligibility

- Permanent and long-term temporary classified and exempt employees scheduled to work 20 hours or more per week are eligible to enroll in certain coverage.
- Dependents eligible for coverage vary by plan and may include spouse, domestic partner, and children.

<table>
<thead>
<tr>
<th>Children’s Maximum Age Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan: Age 26*</td>
</tr>
<tr>
<td>Dental Plan: Age 24* (DHMO), 25* (DPPO)</td>
</tr>
<tr>
<td>Healthcare FSA: Age 26*</td>
</tr>
<tr>
<td>Dependent Life: Day prior to 26th birthday</td>
</tr>
</tbody>
</table>

*Eligible for coverage through the end of the calendar year in which they reach the age listed

- If you and your spouse/partner both work for Pinellas County, you must each enroll for your own coverage (i.e., not as a dependent).
- When you enroll using Oracle Project Unified Solution (OPUS), only the plans you are eligible for will be listed.

Proof of Eligibility

You need to provide documentation of eligibility (such as a marriage license) for new dependents and qualifying events.

Domestic Partner Coverage

Employees who are unmarried and in a committed relationship may cover their domestic partner and their child(ren) on health and dental coverage only. The guidelines follow IRS regulations.

- Submit a completed Affidavit of Domestic Partnership and Certification for Dependent Tax Status to Benefits by the end of your enrollment period each year.
- You cannot use the Health Savings Account (HSA) or the Healthcare Flexible Spending Account (FSA) for a domestic partner or their children’s expenses.
- You must pay the cost of domestic partner coverage with after-tax dollars and the value of the domestic partner coverage may be added to your pay as imputed income.
- Also see the Domestic Partner FAQs.

Health Plan Opt Out

- Employees who are enrolled in other qualified medical benefit coverage may opt out of Pinellas County’s health plan.
- Not all plans are considered alternate coverage for this benefit.
- By selecting “Opt Out of Health” in OPUS, which indicates that you have eligible alternate health coverage, you may be eligible to receive $98.00 monthly.
- In order to receive opt out payments, submit a notarized Opt Out Summary and Affidavit at www.pinellascounty.org/hr/optout annually.
- Employees who opt out will still be enrolled in the Employee Assistance Program (EAP), and may choose to enroll in:
  - Dental coverage
  - Flexible Spending Accounts (FSA)
  - Life insurance
- Employees who opt out are not eligible for medical, prescription, vision, or managed behavioral health benefits.
When Can I Enroll in Benefits or Make Changes to My Coverage?
The benefits you select during your initial enrollment period or at Annual Enrollment will remain in effect for the calendar year. The IRS allows you to make changes to your coverage during the year only if you experience a qualifying event and notify Benefits as outlined below:

- **Initial Enrollment Period:** New hires and newly eligible employees have 30 days from their date of hire or the date they move into a benefit-eligible position to make their benefit elections in OPUS.

- **Annual Enrollment Period:** You must enroll each fall during Annual Enrollment for the upcoming year. You will designate whether you use tobacco, and have the opportunity to select benefits; enroll or remove dependents; and make selections for a flexible spending account (FSA), life insurance, and annual leave exchange.

- **Qualifying Event:** If you have a qualifying event during the plan year, you may make corresponding changes to your elections. You have 31 days from the date of the qualifying event to submit the Qualifying Event Status Change Form along with supporting documentation to Benefits.

### How Do I Enroll?

1. **Enroll for benefits in OPUS.**

2. Be prepared with a list of full legal names, Social Security numbers, dates of birth, and addresses (if different from yours) for your dependents and beneficiaries. This information is supplied to the IRS and must match their records.

3. Log in to OPUS at home or at work to complete your benefits enrollment. If you are new, your department will provide your username and password instructions:
   - Go to [www.pinellascounty.org](http://www.pinellascounty.org) and select Services from the menu at the top, and then select OPUS under Employee Access.
   - Once logged in, select PIN Employee Self Service, Benefits, and Benefits Enrollment. Make your selections.

4. Payroll deductions will begin in the pay period your elections are effective or as quickly as possible if elections are made after the effective date. Following Annual Enrollment, your elections are effective with the first January paycheck.

### Benefits Start & End

**Start:** Your benefits are effective on the first of the month following 30 days of service for eligible individuals.

**End:** Benefits end on the last day of the pay period in which you no longer meet eligibility requirements, or you fail to make the required contributions.
**Health Plan Premiums**

**Biweekly Premiums**
- Employees and the County share the total cost of healthcare coverage.
- Premiums in both health plans are identical:

<table>
<thead>
<tr>
<th>Biweekly Health Premiums*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$11.27</td>
</tr>
<tr>
<td>Employee and Spouse or Domestic Partner</td>
<td>$130.10</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>$103.80</td>
</tr>
<tr>
<td>Family</td>
<td>$213.17</td>
</tr>
</tbody>
</table>

* The same premiums apply to the CDHP and POS plans. The premium includes medical care, prescription coverage, managed behavioral health, and vision care.

**Tobacco Premium**
- Employees who attest that they used tobacco products at least once a week in the past three months will pay an additional $500 annual premium for health coverage.
- The premium will be discontinued if the employee successfully completes a tobacco cessation program between August 1, 2019, and March 31, 2020.
- Also see [www.pinellascounty.org/hr/tobacco](http://www.pinellascounty.org/hr/tobacco).

**Preferred Premium: Biometric Screening and Health Survey**
- Employees who complete an annual biometric screening and online Rally health survey will earn a preferred premium, and avoid a $500 health premium surcharge in the following year.
- A biometric screening includes a physical examination and lab work. The purpose is to detect critical changes and identify risks for disease or medical conditions such as high blood pressure or diabetes.
- Biometric information is strictly confidential and never shared with Pinellas County.
- After completing the Rally online health survey, you will receive a personalized plan to help achieve your health and wellness goals.
- Employees who opt out of health coverage or those whose coverage begins on July 1 or later are exempt from the above requirements for the current calendar year.
- Also see the [Biometric Screening and Health Survey FAQs](http://www.pinellascounty.org/hr/benefits).

**Pre-Tax Premium Option**
- The County’s [Section 125 Plan](http://www.pinellascounty.org/hr/benefits) allows you to make pre-tax payroll deductions for health and dental coverage.
- Your payroll deductions can be taken pre-tax or post-tax. You make this selection when completing your OPUS enrollment.

**Need Help Enrolling?**
- Visit the Benefits website at [www.pinellascounty.org/hr/benefits](http://www.pinellascounty.org/hr/benefits).
- For questions about your benefits or eligibility, contact Benefits at employee.benefits@pinellascounty.org or (727) 464-4570.
- For questions about using OPUS to enroll, contact the BTS Operations Center Monday to Friday, 7:00 a.m. to 6:00 p.m. at (727) 453-HELP (4357) or email btsoc@pinellascounty.org.

For more information, visit: [www.pinellascounty.org/hr/enrollment](http://www.pinellascounty.org/hr/enrollment).
Health Plan Options

Choose between two health plans, both administered by UnitedHealthcare:

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

Both plans provide 100% coverage for preventive medical care (see [www.pinellascounty.org/hr/preventive](http://www.pinellascounty.org/hr/preventive)) and encourage a commitment to wellness, a core component of the County’s long-term strategy for the group health plan.

Both you and the County save money by using UnitedHealthcare in-network providers and premium care physicians (look for a rating of two blue hearts on the myuhc.com website).

Higher out-of-pocket costs are associated with using out-of-network providers and facilities. This includes separate higher deductibles, coinsurance and out-of-pocket maximums.

Both plans provide access to UnitedHealthcare's customer service and website at [myuhc.com](http://myuhc.com).

Take advantage of the many health management tools and consumer resources available.

View the Health Plan Comparison Chart on page 10 to compare the two plans including the deductibles, copays and premiums.

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**CONSUMER DRIVEN HEALTH PLAN (CDHP) WITH A HEALTH SAVINGS ACCOUNT (HSA)**

This plan offers the greatest opportunity to be involved in your healthcare and manage costs.

- All provider visits and routine and diagnostic services under this plan are applied to the deductible.
- If your deductible is met, you then pay coinsurance for services and prescriptions.
- Pinellas County contributes to your Health Savings Account (HSA) to offset a portion of the expenses. You may elect to make pre-tax contributions through payroll deductions to this account.

**CDHP Preventive Care**

- Preventive services including your annual physical and lab work, are covered at 100% (see [www.pinellascounty.org/hr/preventive](http://www.pinellascounty.org/hr/preventive)).

**CDHP Deductible and Coinsurance**

- Routine and diagnostic services, including lab work, X-rays, MRIs and prescription drugs, are applied to the deductible and coinsurance at a discounted contracted rate.
- The Consumer Driven Plan has a pooled family deductible. This means that routine or diagnostic medical, behavioral health, and prescription drug expenses for all covered family members are applied to the same deductible.
- The individual deductible for the Consumer Driven Plan is $1,400 and the family deductible is $2,800.
- Once the deductible is met, you pay 20% coinsurance when using an in-network provider and for prescriptions.

For more information, visit: [www.pinellascounty.org/hr/health](http://www.pinellascounty.org/hr/health).
- Your deductible and coinsurance count toward your 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.

**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.

<table>
<thead>
<tr>
<th>IRS Maximum Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only coverage</td>
</tr>
<tr>
<td>All other coverage levels</td>
</tr>
<tr>
<td>Age 55+ catch up</td>
</tr>
<tr>
<td>*Includes Pinellas County contribution of $400 or $1,200</td>
</tr>
</tbody>
</table>

- The County contributes $400 for single coverage, or $1,200 if you have elected to cover your spouse and/or child(ren).
- The money in your HSA can be used to help pay your health plan deductible and qualified expenses for medical, dental, prescription, behavioral health and vision.
- In order to receive or make contributions to an HSA, you cannot have coverage through another non high-deductible plan nor coverage under Medicare or Tricare.
- HSA funds are used first to pay healthcare and prescription expenses until the deductible is met. At that time, FSA funds may be used for healthcare expenses.
- Your funds roll over from year to year, so you can pay for expenses now, or save for future healthcare expenses. You may want to think of an HSA as a savings plan for future healthcare expenses.
- 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 using OPUS.
- An HSA account is an individually owned account and belongs to the employee, even when their employment with the County ends.
- HSA funds may be used on a tax-free basis for medical expenses at any age, but contributions may no longer be made once an employee no longer has coverage under the Consumer Driven Health Plan or has signed up for Medicare Part A or Part B.
- The IRS requires that the HSA account holder retains receipts for HSA expenses. The receipts will be required if audited by the IRS.

**CDHP Prescription Coverage**
See page 8.

**CDHP Behavioral Health Benefits**
Behavioral health is covered the same as any other medical expense, subject to the deductible and 20% coinsurance after the deductible is met.

**Health Savings Account (HSA) with Optum Bank**
You must have an open, active HSA account with Optum Bank in order to receive the Pinellas County contribution to your HSA and to make your own pre-tax payroll contributions.
POINTER OF SERVICE (POS) HEALTH PLAN

With this plan, you will pay physician and emergency room copays, and coinsurance after meeting your individual or family deductible.

POS Preventive Care

- Preventive services including an annual physical and lab work are covered at 100% (see www.pinellascounty.org/hr/preventive).

POS Copays, Deductible, Coinsurance

- For routine or diagnostic office visits, a copay is required.
- Routine or diagnostic services, including lab work, X-rays and MRIs, 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, the 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 deductible and 20% coinsurance are applied to your 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.

POS Health Plan Copays (In-Network)

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Medical</td>
<td>$0</td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>$25</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>$25</td>
</tr>
<tr>
<td>Specialist</td>
<td>$35</td>
</tr>
<tr>
<td>Virtual Doctor Visit</td>
<td>$15</td>
</tr>
<tr>
<td>Convenience Care/Urgent Care</td>
<td>$25</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$250</td>
</tr>
</tbody>
</table>

POS Prescription Coverage

See page 8.

POS Behavioral Health Benefits

Behavioral health is covered the same as any other medical expense. For outpatient visits, there is a $25 copay, and inpatient care is handled as a hospitalization, subject to the deductible and 20% coinsurance.

For more information, visit: www.pinellascounty.org/hr/health.
Prescription Coverage
Prescription medication coverage administered by Express Scripts and their specialty pharmacy Accredo is included in your health plan premium deduction. The cost for your prescription medications depends on the health plan you have chosen (CDHP or POS) and the type of medication.

Consumer Driven Health Plan with a Health Savings Account (CDHP) Prescription Coverage
- **Preventive drugs**: The Consumer Driven Plan provides 100% coverage for specified preventive drugs on the Preventive Medications List including many cholesterol and blood pressure medications. In order to be covered at 100%, preventive medications must be filled in 90-day supplies by Walgreens or Express Scripts home delivery.
- **Routine or diagnostic drugs**: There are no copays. Instead, all routine or diagnostic medications are charged at the plan’s discounted rates until the deductible has been met, after which 20% coinsurance is charged until your out-of-pocket maximum is met. Your pharmacy costs are applied to your deductible.

### CDHP Prescriptions

<table>
<thead>
<tr>
<th>Type</th>
<th>Your Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive drugs</td>
<td>No charge*</td>
</tr>
<tr>
<td>Routine or diagnostic drugs</td>
<td>The contracted rate up to the deductible, then 20% coinsurance</td>
</tr>
</tbody>
</table>

* Medications on the list are free of charge for 30-day supplies at the pharmacy of your choice, except Walgreens and Express Scripts home delivery which require 90-day supplies per the Smart90 Program.

Point of Service (POS) Prescription Coverage
- Generic prescriptions have a $15 copayment. Brand drugs are subject to coinsurance within a specified minimum and maximum range as shown:

<table>
<thead>
<tr>
<th>POS Prescriptions (up to 30 Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
</tr>
<tr>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Generic</td>
</tr>
<tr>
<td>Preferred Brand</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
</tr>
<tr>
<td>Preferred Specialty Brand</td>
</tr>
<tr>
<td>Non-Preferred Specialty Brand</td>
</tr>
</tbody>
</table>

Smart90 Walgreens Program for a 90-Day Supply
- The Smart 90 Walgreens Program applies to both health plans.
- Smart 90 requires that prescriptions for long term maintenance medications, such as blood pressure medicine, be filled for 90 days at a Walgreens store or through Express Scripts home delivery or you will pay the full retail cost of the medication unless you find a lower cost alternative.
- For more information, see the FAQs at [www.pinellascounty.org/hr/smart90](http://www.pinellascounty.org/hr/smart90).
The Employee Assistance Program is administered by Optum. EAP benefits are available at no cost for all employees and their eligible dependents.

**Employee Assistance Program (EAP)**

- The EAP offers confidential support for you and your eligible family members to help you manage a variety of life issues.
- Help is available for personal and work-life issues, such as stress, relationship conflicts, job pressures, grief, substance abuse, problems with children, legal or wellness matters, traumatic events, etc.
- Counselors offer support by phone, in-person, and online.
- You are eligible for **up to six EAP visits per issue per year at no cost** for initial assessment counseling and early intervention treatment.
- If you need more than 6 EAP visits, your EAP counselor will work with UnitedHealthcare to transition your care to the behavioral health benefit.
- No ID card is provided.
- To find a provider in the Optum network, visit [provider.liveandworkwell.com](http://provider.liveandworkwell.com).

**Vision Coverage**

Vision coverage is administered by Davis Vision. You must be enrolled in health coverage to receive this benefit.

Some highlights of your vision coverage include:

- **Network Basic Exam:**
  - $10 basic vision exam copay
  - One exam per calendar year
- **Eyeglass Lenses:**
  - $20 copay per calendar year for clear plastic lenses (single, bifocal, trifocal or lenticular prescription)
- **Eyeglass Frames:**
  - $110 allowance and other options
  - 20% discount after the $110 allowance
- **Contact Lenses in Lieu of Eyeglasses:**
  - Free fitting and follow-up care
  - General allowance: $100 and 15% off the balance
- Additional discounts are available when using Davis Vision frames or lenses.
- **Lasik or PRK:**
  - Confirmation from Davis Vision is required before scheduling a procedure
  - Discount of up to 25% off a provider’s customary fee or a one-time lifetime allowance of $562.50 per eye

For more information, visit: [www.pinellascounty.org/hr/eap](http://www.pinellascounty.org/hr/eap).

For more information, visit: [www.pinellascounty.org/hr/vision](http://www.pinellascounty.org/hr/vision).
## Pinellas County Health Plan Comparison Chart

<table>
<thead>
<tr>
<th></th>
<th>Consumer Driven Health Plan with HSA (CDHP)</th>
<th>Point of Service Health Plan (POS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee Only</td>
<td>Employee +1</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$1,400</td>
<td>$2,800</td>
</tr>
<tr>
<td></td>
<td>(pooled deductible for all family members on the plan)</td>
<td></td>
</tr>
<tr>
<td><strong>County HSA Contribution (must have Optum Bank account)</strong></td>
<td>$400</td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (includes medical and Rx; after you spend this amount, the health plan pays 100%)</strong></td>
<td>$3,000</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

### In-Network Benefit*

<table>
<thead>
<tr>
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<th>Consumer Driven Health Plan with HSA (CDHP)</th>
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</thead>
<tbody>
<tr>
<td><strong>Preventive Medical</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Primary Care Physician</strong></td>
<td>20% after deductible</td>
<td>$25 copay</td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
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<td>$25 copay</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>20% after deductible</td>
<td>$35 copay</td>
</tr>
<tr>
<td><strong>Virtual Doctor Visit</strong></td>
<td>$49 then 20% after deductible</td>
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<td><strong>Convenience Care Clinics/Urgent Care</strong></td>
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<td>$25 copay</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>20% after deductible</td>
<td>$250 copay</td>
</tr>
<tr>
<td><strong>Non-Preventive Medical (labs and imaging)</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Preventive Rx</strong></td>
<td>$0 (view the <a href="#">Express Scripts list of preventive medications</a>)</td>
<td>$15 copay for generic or coinsurance for preferred or non-preferred (see below)</td>
</tr>
<tr>
<td><strong>Rx Generic (up to 30 days)</strong></td>
<td>20% after deductible</td>
<td>$15 copay</td>
</tr>
<tr>
<td><strong>Rx Preferred Brand (up to 30 days), italics indicates specialty medications</strong></td>
<td>20% after deductible</td>
<td>20% coinsurance min: $30 ($60), max: $60 ($120)</td>
</tr>
<tr>
<td><strong>Rx Non-Preferred Brand (up to 30 days), italics indicates specialty medications</strong></td>
<td>20% after deductible</td>
<td>40% coinsurance min: $45 ($90), max: $90 ($180)</td>
</tr>
<tr>
<td><strong>Rx (up to 90 days), use Smart90 Program at Walgreens or home delivery</strong></td>
<td>20% after deductible</td>
<td>Cost of 30-day supply (specialty), 2x cost of 30-day (non-specialty)</td>
</tr>
</tbody>
</table>

* Out-of-network benefits are also available. Deductibles, coinsurance and out-of-pocket maximums are higher.

### Biweekly Premiums (Same for Consumer Driven and POS Health Plans)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee only</strong></td>
<td>$11.27</td>
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</tr>
<tr>
<td><strong>Family</strong></td>
<td>$213.17</td>
</tr>
</tbody>
</table>
Dental Coverage

You have a choice of two plans: a Dental Preferred Provider Organization (DPPO) and a Dental Health Maintenance Organization (DHMO). 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 (DPPO)
Highlights of this plan include:
- Coverage provides 100% of the first $150 of covered expenses, and 50% of the next $2,700.
- The maximum plan year benefit is $1,500 per covered member (includes orthodontics).
- You can use any dentist or specialist, or choose a Cigna Radius Network provider at www.cigna.com/hcpdirectory to reduce your costs.
- There are no deductibles or pre-existing condition limitations.
- Coverage provides 3 cleanings and 2 exams per year.

### PPO Biweekly Premiums

<table>
<thead>
<tr>
<th>PPO Biweekly Premiums</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$5.54</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$16.82</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>$22.77</td>
</tr>
</tbody>
</table>

HMO Dental Plan (DHMO)
Highlights of this plan include:
- You do not pay any premiums for yourself or covered dependents.
- **Only in-network benefits are covered.** You are required to choose a dentist from the Cigna DHMO network. Visit [www.cigna.com](http://www.cigna.com) for the most current listing of providers.
- Before scheduling an appointment, contact Cigna Member Services at (800) 244-6224 to select your dentist.
- Preventive services such as annual exam, x-rays, and cleanings are at no cost.
- There is no maximum annual benefit.
- Copays apply based on the procedure and the established fee schedule.
- Specialist services, including pediatric dentists, are discounted at 25%.
- Orthodontics are not included.
- Coverage provides 2 cleanings and up to 4 exams per year as described in the established fee schedule.

### HMO Biweekly Premiums

<table>
<thead>
<tr>
<th>HMO Biweekly Premiums</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$0</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>$0</td>
</tr>
</tbody>
</table>
Wellness Program

Pinellas County is committed to creating a culture of health and well-being in which our employees and their families can improve and/or maintain their overall health. Establishing a culture of wellness helps us stay healthy, which keeps medical costs down for employees and the County. Two full-time staff members manage the program and assist employees as needed.

Wellness Incentives

- The Wellness Incentive Program offers education and activities that help achieve wellness goals while earning reward points or cash. See www.pinellascounty.org/hr/incentive.
- Incentive activities include preventive screenings, healthy eating and physical activity tracking, wellness education classes, and coaching.
- Rally is a UnitedHealthcare online platform to complete the health survey and track wellness incentives:
  - To access Rally, login to myuhc.com and select the Rally link.
  - To learn more, visit www.pinellascounty.org/hr/rally.

Fitness Centers and Gyms

- The Wellness Center in downtown Clearwater is available to all employees at no charge. Group fitness classes are offered daily.
- There are also two satellite mini-fitness centers.
- Employees benefit from other fitness facility discounts. The County partners with local municipal recreation centers and Tampa Bay area gyms through YouDecide.

Wellness Champions

- Wellness Champions volunteer their time to advocate wellness and answer employee questions at their worksite.
- Champions assist with coordinating wellness activities and screenings at their location by posting flyers, tracking attendance, and collecting evaluations.
- To find your Champion or to volunteer as a Wellness Champion, see www.pinellascounty.org/hr/champion.

Other Resources

- The UnitedHealthcare nurse liaison is available for assistance with topics related to UnitedHealthcare (see page 21).
- The To Your Health newsletter provides informative articles, exercise tips, recipes, employee testimonials, class schedules, and more. Look for it each month in your email.

Journey to Health

The road to wellness is rewarding! Use the Wellness Roadmap to start your journey to improved well-being and better health.
Life Insurance

Basic Coverage
- The County provides basic Group Term Life Insurance from Standard Insurance Company 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 annual salary.
- There is a reduction in coverage for members beginning at age of 65 (see below).

| 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) |

- It is important that you name a beneficiary for your life insurance plan. You may change your life insurance beneficiary at any time in OPUS.

Supplemental Coverage
- The maximum supplemental life insurance coverage you may purchase is $250,000. Supplemental life insurance may be purchased in increments of $5,000.
- At initial enrollment, you may elect up to three times your annual salary, not to exceed $250,000, without the need for proof of insurability. Any additional amount over three times your annual salary requires approval of a Medical History Statement.
- During Annual Enrollment, you may purchase up to $20,000 additional coverage without underwriting as long as your total supplemental life coverage does not exceed three times your base salary. Increases in coverage in excess of $20,000, or three times your current base salary, require approval of a Medical History Statement by Standard Insurance Company.

Rates and coverage for life insurance are based on age groups. The premium and/or age reduction is automatically adjusted when you move to a new age group.

<table>
<thead>
<tr>
<th>Supplemental Life Insurance Cost</th>
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<tbody>
<tr>
<td>Age</td>
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<tr>
<td>-----</td>
</tr>
<tr>
<td>&lt;30</td>
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<tr>
<td>30-39</td>
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<tr>
<td>40-49</td>
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<tr>
<td>50-59</td>
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<tr>
<td>60-69</td>
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<tr>
<td>70+</td>
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</table>

Accidental Death & Dismemberment (AD&D)
- An AD&D provision applies to both the employee's County-paid basic coverage and employee-paid supplemental coverage.

Dependent Life Insurance Coverage for Spouse and/or Child(ren)
- Option 1: Spouse $10,000/Child $5,000 at a biweekly rate of $1.66 per family
- Option 2: Spouse $20,000/Child $10,000 at a biweekly rate of $3.18 per family
- The employee is the beneficiary for this coverage.
- AD&D coverage does not apply to spouse/children optional coverage.
- Employees may not cover another employee for dependent life insurance.
- If both parents work for the County, their dependent children may only be covered under dependent life insurance by one parent.

For more information, visit: www.pinellascounty.org/hr/life.
Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow you to contribute pre-tax dollars from your paycheck to pay for qualified expenses that you or your qualified dependents expect to incur, up to the annual Internal Revenue Service (IRS) limit. There are two types of flexible spending accounts: a Healthcare FSA and a Dependent Care (child or adult care) FSA.

**Contributions**

<table>
<thead>
<tr>
<th>IRS Limits</th>
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<tbody>
<tr>
<td><strong>Type of FSA</strong></td>
</tr>
<tr>
<td>Healthcare FSA</td>
</tr>
<tr>
<td>Dependent Care FSA (combined contribution for both spouses)</td>
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</tbody>
</table>

- Your FSA payroll deduction is equal to the full election amount divided by the number of pay periods remaining in the payroll calendar year. For example, if your benefits begin on June 1 and you elect to contribute $400, you will pay $26.67 per pay period ($400 divided by 15 pay periods).
- Your FSA contributions and the expenses you pay from your FSA are never taxed.
- You do not need to be enrolled in the health or dental 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. The FSA funds may be used for dental and vision expenses until the health plan annual deductible is met (see page 15).

**Healthcare FSA**

- Your full plan year election is available on your effective date.
- When you incur a qualified healthcare expense (e.g., medical, dental or vision) 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 the time 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 itemized receipts.

**Eligible Healthcare FSA Expenses Examples**

- Health plan deductible, coinsurance, copays and prescriptions
- 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 from an 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 Healthcare Eligible Expenses for more information.
Limited Purpose FSA

- Employees enrolled in the Consumer Driven Plan may contribute to a Limited Purpose Healthcare FSA in addition to the Health Savings Account.
- The Limited Purpose FSA may only be used for eligible dental and vision expenses until you meet your health plan's annual deductible.
- You must submit documentation to WageWorks to show that you have met your health plan annual deductible. Once you have done so, then you may use your Limited Purpose FSA funds for eligible medical expenses.

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. Carry over funds can’t be used until April 1 of the following year.
- If you don’t enroll in the FSA for two consecutive years, unspent funds will be forfeited at the end of the second year.
  - For example, if Joe has $350 remaining at the end of 2019 and does not enroll for 2020, $350 carries over into 2020.
  - During 2020, Joe uses $100 and does not enroll for 2021. Joe will forfeit $250 because he did not enroll for two consecutive years.

Dependent Care FSA

- This is a pre-tax benefit account used to pay for dependent care services that make it possible for the employee to work.
- Examples are preschool, summer day camp, before and after school programs as well as child and adult daycare. See WageWorks Dependent Care Eligible Expenses.
- 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.
- Funds are not available at the beginning of the year. Funds are deducted from your biweekly paycheck and available for use only after the deduction has been made and credited to your account.
- You may use WageWorks “Pay Me Back” or “Pay My Provider” options to pay for your qualifying dependent care expenses.
- Funds must be used for eligible expenses within the calendar year they are incurred.

FSA Tools

WageWorks offers savings calculators to estimate your potential savings:
- Healthcare FSA Calculator
- Dependent Care FSA Calculator

If your eligible expenses add up to at least $260 per year, you could save up to 30% by participating in an 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 for the Healthcare FSA.
Leave Time
Pinellas County offers generous paid time off to its employees, adding up to over five weeks in the first year. The following is a brief summary of leave time available. For detailed policies and procedures, see Personnel Rule 4: Time Off.

Annual Leave
- Annual leave with pay is provided for vacations, personal business, emergencies, illness, medical/dental appointments, etc.
- Annual leave is earned throughout the year and may be used as accrued.
- Employees earn and accrue annual leave at increasing rates based on tenure. For example, annual leave is accrued at a rate of at least 120 hours per year for new full-time employees, while an employee in their fifth year of service accrues at least 160 hours of annual leave per year.
- Annual leave may be rolled over from one year to the next. There is no limitation on the maximum number of hours accrued.

Compensatory Time
- Compensatory (comp) time may be granted if a classified employee works more than their regularly scheduled hours.
- Comp time is accumulated at a rate of 1.5. For example, a classified employee who works 42 hours in one week will accumulate 3 hours of compensatory time.

Donation of Leave (A Friend in Need)
- This voluntary program allows employees to donate leave time to assist a fellow employee on an approved leave of absence.
- The recipient needs to exhaust all available leave and not receive disability benefits before a donation of leave time may be used.

FMLA
- The Family and Medical Leave Act (FMLA) provides up to 12 weeks of unpaid leave time for certain family or medical reasons.
- To be eligible an employee must have worked for the County at least 12 months and at least 1,250 hours in the prior year.

Funeral Leave
- Employees receive up to 3 days with pay in the event of the death of any person residing in the employee’s household or any member of the employee’s immediate family.

Holidays / Floating Holidays
- Employees receive 9 to 11 paid holidays per year, depending on how the holidays fall on the calendar.
- Employees receive up to 2 paid floating holidays per year. Those with 25 years of continuous service are granted 2 additional floating holidays.
- Unused floating holidays do not carry over to the next year.

Jury Duty & Witness Duty
- A leave of absence with pay shall be granted to an employee to perform jury duty or testify as a witness when legally required unless the employee is the plaintiff or defendant.

Personal Day
- Employees receive up to 2 personal days per year to use without prior approval.
- Unused personal days do not carry over to the next year.
Other Benefits

Retirement
Pinellas County offers group health, dental and life insurance plans to retirees and participates in the Florida Retirement System (FRS). See www.myfrs.com.

- The FRS sends information packets to new employees within three months of hire date.
- Both the County and employees make contributions to fund retirement benefits.
- The County contributes to employees’ retirement plan savings, and employees contribute 3% of their pretax pay.

Employees have a choice of two FRS retirement plans:

- **Pension Plan** - The Pension Plan provides a guaranteed monthly benefit based on a formula that factors in your eight highest years of compensation and your total years of creditable service (or your five highest years if you enrolled in the FRS prior to July 1, 2011). An employee is vested in the FRS Pension Plan upon completing eight years of creditable service (or six years if you enrolled prior to July 1, 2011).

- **Investment Plan** - The retirement benefit is the value in the employee’s account. There is no fixed benefit level. Your future retirement benefit depends on the performance of your investment options. An employee is vested in the FRS Investment Plan upon completion of one year of creditable service.

Deferred Compensation (457)

- Employees may choose to contribute pre-tax dollars to a deferred compensation plan of their choice to augment retirement savings.

Disability Insurance: Short and Long Term

- Disability insurance can replace part of an employee’s income when unable to work due to a non-work related illness or injury.
- **Short term disability** benefits are provided to permanent employees working at least 20 hours per week at no cost. New employees are eligible for six weeks of benefits, with five weeks added each successive year, up to a maximum benefit of 26 weeks.
- **Long term disability** benefits can replace up to 60% of income if an employee has been disabled for at least six months. This coverage is available to classified employees after one year of employment and available immediately to exempt employees.

Rewards Program

- The Rewards Program offers gifts to employees from an online awards catalog with over 12,000 items. Rewards are given to employees for service awards, wellness incentives, and retirement.

Learning and Development

- Employees have access to over 100 in-house courses and may also apply for tuition reimbursement for classes taken on their own time.

Credit Union

- The Pinellas County Credit Union is available to employees and family members.
Health Plan Terminology
The following definitions are for terms used in the Pinellas County health plans. Access links to the health plan descriptions and summaries at www.pinellascounty.org/hr/health.

- **Behavioral Health** - Care for concerns including anxiety, depression, substance abuse, anger management, compulsive gambling, and other issues.

- **Coinsurance** - After you meet your plan deductible the plan pays a percentage of the cost for healthcare services. The coinsurance is the percentage you are responsible for paying. For example, if your plan covers a service at 80%, your coinsurance is 20% of the contracted rate.

- **Consumer Driven Health Plan (CDHP)** - A CDHP is a combination of a high deductible health plan (HDHP) and a health savings account (HSA). The plan is designed to give you greater control over your healthcare decisions and your healthcare dollars.

- **Copayment (Copay)** - A flat dollar amount you are required to pay for visits to your primary care, specialist, or behavioral health provider and the emergency room. Copays do not apply toward your deductible, but they do apply toward your annual out-of-pocket maximum. Copays only apply to the POS health plan.

- **Deductible** - This is the amount you pay out of your own pocket before the plan begins to cover a portion your healthcare expenses. For example, if your deductible is $600 per person, you will pay the first $600 of the contracted rate, regardless of whether your first visit costs that much or it accumulates over the course of several visits. *Note on CDHP: If two or more people are covered, the pooled family deductible must be met before any benefits are paid for any covered family member.

- **Flexible Spending Account (FSA)** - An FSA allows you to set aside pre-tax dollars to pay for qualified healthcare and/or dependent day care expenses. You decide how much money you want to contribute and the funds are deducted from your paycheck. There are no contributions by Pinellas County. The money you set aside can be used to reimburse yourself for a qualified medical, dental and vision and/or dependent day care expenses. You must substantiate all claims with an itemized receipt of the expense.

- **Health Savings Account (HSA)** - An HSA is a tax-free savings account available to individuals enrolled in an IRS-qualified high deductible health plan like the County’s Consumer Driven Health Plan. Contributions may be made by you or by the County. There is no “use it or lose it” provision, and unused funds roll over from one year to the next. Your deposits earn interest and grow over time. This allows you to save money for future expenses or pay for current ones. HSA funds may be used to pay for qualified health, dental and vision expenses for you, your spouse, and dependents.

- **Out-Of-Network** - Providers that are not contracted with any Pinellas County benefit partners’ provider network. When you use an out-of-network provider, services may not be covered at all, or at a reduced reimbursement level. You are responsible for any differences between a provider’s billed charges and the plan’s allowed amount. These charges do not count towards in-network deductibles or out-of-pocket limits.
Out-Of-Pocket Maximum (OOP) - This is the maximum you will pay out of your own pocket for healthcare services. Once you reach the OOP maximum, the plan covers your eligible healthcare services at 100%.

Point of Service (POS) - Under this plan, you have the choice to visit any licensed provider. If you visit a doctor or facility within the plan’s network of providers (in-network), you receive greater coverage. If you visit a doctor or facility outside of the plan’s network (out-of-network), your coverage is reduced, which means you pay more out of your pocket.

Prescription Drug Terminology

Brand Name Drugs with Generic Equivalents - If there is a generic drug available, and either you or your physician requests the brand drug (Dispense as Written), you will pay the brand copay/co-insurance plus the difference in price between the brand and its generic equivalent.

Cumulative Out-of-Pocket Amounts - Under the CDHP plan, Rx deductibles and out-of-pocket maximums are combined with deductibles and out-of-pocket maximums under the medical plan. Under the POS plan, copays and co-insurance amounts are included with other claims to meet your out-of-pocket maximum.

Formulary (or Preferred) Drugs - A list of brand name prescription drugs selected by Express Scripts that offer the greatest overall value. The list is subject to change periodically. A current list is found at www.express-scripts.com.

Generic Drugs - Medications marketed under their active ingredient name instead of a patented brand name. When the brand’s patent expires, the law allows other manufacturers to produce the product – often at lower cost than the original brand. Members pay the lowest cost for generic drugs.

Legend Drug - A drug or medicine which, under federal law, is required to bear the label, “Caution: federal law prohibits dispensing without prescription” or “Rx only.”

Mail Order Home Delivery - Ongoing supplies of maintenance medications may be filled through the Express Scripts mail order pharmacy under the Smart90 program. Home delivery is convenient and allows up to a three-month supply for many medications.

Maintenance Medications - Medications that are taken regularly for the treatment of chronic medical conditions, including asthma, diabetes, heart disease, and high blood pressure.

Non-Formulary Drugs (or Non-Preferred Drugs) - Drugs that are not on Express Scripts’ formulary list. Members pay a higher out-of-pocket cost for non-formulary drugs.

Participating Retail Pharmacies - Local pharmacies contracted to dispense prescriptions at a negotiated discounted rate. A current list of pharmacies is found at www.express-scripts.com. The Plan covers up to a one-month supply for short-term medications (such as antibiotics) and initial prescriptions for maintenance medications plus two refills at participating pharmacies.
Preventive Medications - These medications are used to treat many long term, chronic conditions such as diabetes, high blood pressure and high cholesterol. Drugs on the Express Scripts Preventive Medications List are available at no cost to Consumer Driven Health Plan members.

Prior Authorization - Some medications require a review or pre-authorization to determine if they are eligible for coverage. Your doctor and pharmacist usually know which medications require a review, and you can also access the information at www.express-scripts.com.

Quantity Management - Certain covered medications, such as pain management drugs, have quantity restrictions based on manufacturer and/or clinically approved guidelines and are subject to periodic review and change.

Smart90 Walgreens Program - Prescription savings plan that offers the choice of Express Scripts home delivery or a Walgreens retail store for a 90-day supply of long-term maintenance medications.

Specialty Drugs - Certain medications that are prescribed to treat complex conditions, such as certain inflammatory conditions, multiple sclerosis and cancer. These high cost medications require pre-authorization and are dispensed by Accredo, Express Script's specialty pharmacy. Members pay the highest out-of-pocket cost for specialty drugs.

Step Therapy - Some medications require you to first try a different medication before another (usually more expensive) drug that your doctor prescribed. The program is intended to control costs while treating your condition effectively.
Nurse Liaison

There is a UnitedHealthcare Nurse Liaison available to Pinellas County employees and their family members:

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

Amy connects employees with UnitedHealthcare resources, in addition to providing education and counseling. She works with employees one-on-one and speaks to groups 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, including the HIPAA Notice of Privacy, are posted on the Human Resources website at www.pinellascounty.org/hr/notices.

Benefits Partners

Our benefits partners are your best resource for questions on eligibility, coverage and claims:

**Dental**
Cigna
(800) 244-6224
www.mycigna.com
Mobile app: MyCigna

**Health Savings Account (HSA)**
Optum Bank
(800) 791-9361
www.optumbank.com

**Employee Assistance Program (EAP)**
Optum
(866) 248-4096
www.liveandworkwell.com

**Flexible Spending Account (FSA)**
WageWorks
(877) 924-3967
www.wageworks.com
Mobile app: EZ Receipts

**Life Insurance**
Standard Insurance Company
(855) 290-9479
www.standard.com

**Medical**
UnitedHealthcare
(888) 478-4752
www.myuhc.com
Mobile app: UnitedHealthcare

**Prescription**
Express Scripts
(866) 544-9221
www.expresscripts.com
Mobile app: Express Scripts

**Vision**
Davis Vision
(800) 999-5431
www.davisvision.com
Mobile app: Davis Vision