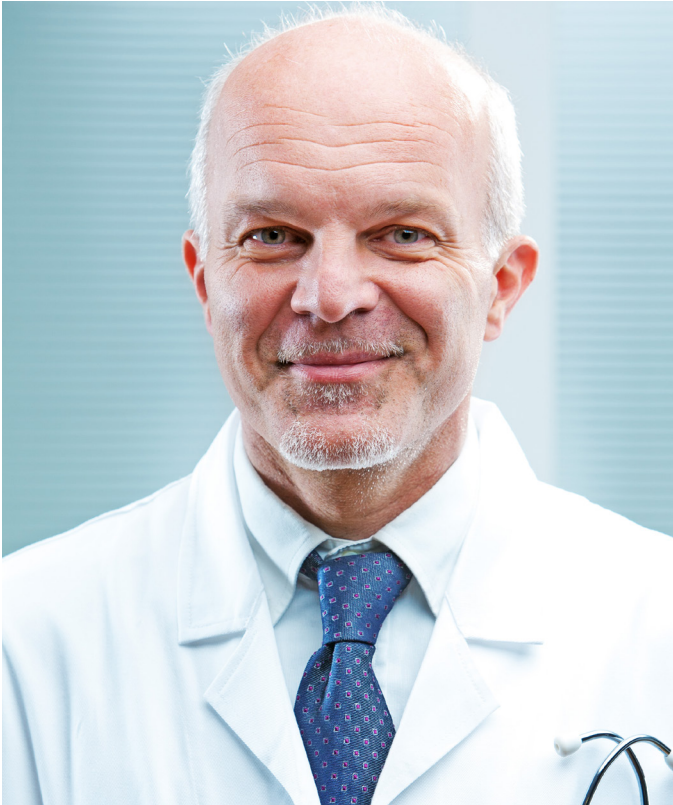


# 2017 Benefits Handbook

## Pinellas County Employee Benefits Summary



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/benefits](http://www.pinellascounty.org/hr/benefits)

**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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*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.*

## Need More Info?

- Visit the Benefits site at [www.pinellascounty.org/hr/benefits](http://www.pinellascounty.org/hr/benefits).
- **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](#).



## You have one month to enroll or make changes.

Understanding the benefits available to you is an important step in choosing the right coverage for you and your family. This guide provides general information on benefits programs that you may be eligible to enroll in. Please visit the Human Resources benefits web page for more detailed information on each plan: [www.pinellascounty.org/hr/benefits](http://www.pinellascounty.org/hr/benefits).

### How Do I Enroll?

1. Enroll in OPUS:
  - All employees must complete their enrollment in [OPUS PIN Employee Self Service](#).
  - If you Opt Out of the health plan, you must designate that election and submit proper proof of valid coverage (see [Opt Out](#)).
2. Your 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.
3. Biweekly health plan premium deductions are listed below:

Biweekly Health Plan Premiums*	
Coverage	2017 Premium
Employee Only	\$8.36
Employee and Spouse	\$107.69
Employee and Child(ren)	\$91.64
Family	\$181.29
* The same premiums apply to both plans (Consumer Driven with HSA and Point of Service). The premium includes medical care, prescription coverage, Employee Assistance Program (EAP), managed mental health, and vision care.	

### When Can I Enroll in Benefits or Make Changes to My Coverage?

- **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:** Current employees have the opportunity to review their benefit elections each fall during the Annual Enrollment period. During this time, you may make changes to your benefit elections, enroll or remove dependents from coverage, and make your flexible spending account (FSA) and annual leave exchange elections for the upcoming plan year of January 1 to December 31.
- **Qualifying Event:** Individuals that have a qualifying event during the plan year are allowed to make corresponding changes to their elections. You have **31 days from the date of the qualifying event** to notify Employee Benefits, make changes to your benefits that relate to the event, and provide appropriate documentation in support of the qualifying event.

Qualifying Event Examples
■ Marriage
■ Birth or adoption of a child
■ Reduction or increase in hours worked
■ Gain or loss of other coverage
■ Loss of dependent eligibility
■ Death





# 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 the end of your enrollment period. Also see [Domestic Partner FAQs](#).
  - **Children** are eligible for coverage as shown below:

Eligibility for Children	
Dependent Children Are Eligible for Coverage	Up to the End of the Calendar Year in Which They Reach Age
Dental	25
Dependent Life Insurance	25
Health Plan	26
Healthcare FSA	26

## 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** payment.
- 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 the these coverages through Pinellas County.
- The Employee Assistance Program (EAP) is available to Opt Out employees.
- Please submit a copy of your healthcare identification card with your County employee number written on it to Employee Benefits by the end of your enrollment period. **If you do not provide proof of alternate coverage, your health plan enrollment election will be considered “Decline” and no payment will be provided.**

## 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:

- **Consumer Driven Plan with a Health Savings Account (HSA)**
- **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 [myuhc.com](http://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 Consumer Driven Health Plan and the Point of Service Health Plan so you can make the best coverage decision for you and your family.

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

## CONSUMER DRIVEN HEALTH PLAN (CDHP) 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 medical care, non-preventive 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 (HSA) that you open with Optum Bank. You may elect to make pre-tax contributions through a payroll deduction to this account.

### CDHP Preventive Care

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

### CDHP 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, including the contribution from Pinellas County, may be used to help pay your deductible and coinsurance costs.

### CDHP 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](#) including many cholesterol and blood pressure medications, among 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.

### CDHP Managed Mental Health Benefits

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

#### 2017 IRS Maximum Contributions

Employee only coverage	\$3,400
All other coverage levels	\$6,750
Age 55+ catch up	Addtl. \$1,000

- The money in your HSA can be used to help pay your health insurance deductible and qualified healthcare, dental, and vision expenses.
- In order to receive or make contributions to an HSA you must not have any non-high deductible coverage through another plan or have coverage under Medicare or Tricare.
- The County contributes **\$400** 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.
- 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.

### Optum Bank Account

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.



## 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 an 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.**

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 equal to 20% of the discounted cost of a 30-day prescription (\$30 minimum/\$60 maximum).
- *Non-preferred name brands* have a member coinsurance 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. For convenience and cost savings, it is recommended that long-term medications be ordered as a 90-day supply. If a 30-day supply is ordered, there will be an additional 50% fee starting on the third fill.
- *Preferred specialty medications* have a member coinsurance 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 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 and substance abuse 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 administered by Davis Vision is included in your health plan premium deduction. Both health plans provide the same coverage. Additional discounts are available when using Davis Vision frames or lenses.

Visit [www.pinellascounty.org/hr/vision](http://www.pinellascounty.org/hr/vision) for complete information. Some highlights of your vision coverage:

- *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
  - 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
- *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



## 2017 Pinellas County Health Plan Comparison Chart

In-Network Benefit	2017 Health Plans	
	Consumer Driven (CDHP)	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
Preventive Rx	\$0	\$15 copay for generic or coinsurance for preferred or non-preferred (see below)
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 HSA 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 including County HSA Contribution of \$400 or \$1,200 (Medical and Rx included)	\$2,600	\$2,800	\$4,800	\$2,600	\$5,200

Biweekly Premiums (Same for Consumer Driven and POS Health Plans)	
Coverage	2017 Biweekly Premium Deduction
Employee only	\$8.36
Employee and Spouse/Domestic Partner	\$107.69
Employee and Child(ren)	\$91.64
Family	\$181.29



## 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.
- The maximum plan year reimbursement is \$1,500 per covered member (includes orthodontics).
- 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.
- 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 DHMO 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 are discounted at 25%.

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 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 five times your base salary or \$250,000, whichever is less. Supplemental life insurance may be purchased in multiples 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 requires approval of an [underwriting form](#).
- During **annual enrollment**, you may purchase up to \$20,000 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 an [underwriting form](#).

- Underwriting forms are returned to [Employee Benefits](#) to be reviewed by The Standard.
- 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.

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

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

### 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.
- Employees may not cover another employee as a dependent on an Optional Life Insurance plan. If both parents work for the County, dependent children may only be covered under Optional Life Insurance by one parent.





## 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 payroll deduction is equal to the full election amount divided by the number of pay periods remaining in the plan year until 12/31/17. 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.

## 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, 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 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.
  - Your full plan year election is available on your effective date.
  - View [WageWorks Eligible Expenses](#) for more information.



# FSA

## 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.
- 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.
- You may use WageWorks "Pay Me Back" or "Pay My Provider" options to pay for your qualifying dependent care expenses.

## 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 is used first for eligible dental and vision expenses.
- Once you meet your health plan annual deductible, you may use your FSA funds for eligible medical expenses. In order to use your funds for medical expenses, you must submit documentation to WageWorks to show that you have met your annual health plan deductible.
- Once your Limited Purpose FSA funds are exhausted, you may use your HSA to pay for eligible dental and vision 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.
- 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 for the Healthcare FSA.



# 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/benefits](http://www.pinellascounty.org/hr/benefits).

## Benefits Partners

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

### 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)

### Vision

#### Davis Vision

(800) 999-5431

[www.davisvision.com](http://www.davisvision.com)