

Employee Benefits Guide 2026



Leon County Sheriff's Office

WELCOME TO YOUR 2026 BENEFITS GUIDE

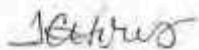
The Leon County Sheriff's Office is committed to providing a competitive and comprehensive benefits program that provides you with several options, enabling you to select the benefits that are best suited for you and your family. We understand the important role that our benefit programs play in the lives of our employees and their families, and we are committed to offering quality benefit options that not only protect your physical and financial health but provide peace of mind when it comes to protecting your lifestyle and planning for the future.

The Benefit Guide is designed to provide basic information to employees on employee benefit plans and programs. Our benefit programs includes medical, dental, vision, life insurance, health care and dependent care flexible spending accounts, long-term disability, wellness initiatives, retirement plans and a variety of voluntary supplemental benefits. Included in the Guide are general summaries of available options that should help to increase your awareness of policies and procedures does not detail all the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute the SPD or Plan Document as defined by the Employee Retirement Income Security Act. If you would like a copy of your Summary Plan Description (SPD) please contact Human Resources.

Choosing the right benefits takes careful planning and detailed information, so please take time to carefully review all the benefit information provided in this Benefit Guide to select the options that are right for you and your family. Keep this booklet for future reference when you have questions about your benefits.

We look forward to serving you in maintaining your best possible health and wellness in the coming year!

Sincerely,



Tiffany Hires
Human Resources Director

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Group Insurance Eligibility

Full-Time Employees

- All regular full-time employees may participate in the Leon County Sheriff's Office benefit programs.

Part-Time Employees

- Part-time employees who are regularly scheduled to work 30 or more hours per week are eligible to participate in medical insurance.
- Part-time employees who are regularly scheduled to work 30 or more hours per week may be offered medical insurance coverage if they have worked on average, at least 30 hours per week during the 12 month look back measurement period as defined by the affordable Care Act (ACA).
- Part-time employees who are regularly scheduled to work 20 hours or more per week may participate in dental, vision, legal insurance, AFLAC, and voluntary life insurance plans.

Dependent Eligibility

In addition to electing coverage for yourself, you can elect to cover your eligible dependents under your medical, dental, vision, voluntary life and AFLAC coverage. Your eligible dependents are defined as:

- A legal spouse (including same sex spouse) or registered domestic partner;
- Your natural child(ren), stepchild(ren), legally adopted child(ren) or eligible foster child(ren) (copy of valid court order), child(ren) for whom legal guardianship has been awarded (copy of valid court order), child(ren) of your domestic partner, a newborn grandchild(ren) of a covered dependent (up to 18 months);
- Overage child(ren) between the ages of 26 & 30 are eligible to enroll in medical coverage only.

Dependent Age Requirements

Medical Coverage: A dependent child(ren) may be covered through the end of the calendar year in which the child(ren) turns age 26. An overage dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, and will be considered a taxable dependent, if the dependent meets the following requirements:

- Unmarried with no dependents;
- A Florida resident, or full-time or part-time student;
- Uninsured;
- Not entitled to Medicare benefits under Title XVIII of Social Security Act, unless the child is handicapped.

Dental Insurance: Your eligible dependents are: (a) your legal spouse; and (b) your dependent child(ren) who are not married and under age 26; and (c) your child(ren) from age 26 until their 26th birthday who are: (i) dependent upon you for support; and (ii) residing with you, or enrolled as a full-time or part-time student at accredited schools.

Vision Insurance: Your eligible dependents are: (a) your legal spouse; or lawful Domestic Partner; and (b) your dependent child (ren) who are not married under age 25, who is your natural or adopted child(ren), step-child(ren) foster child(ren), or child(ren) for whom you are a legal guardian or a child(ren) in your court-ordered temporary or other custody and who is dependent on you for support, living in our household, or is a full-time or part-time student. Coverage for such dependent child(ren) will last until at least the end of the calendar year in which the child(ren) reached the age of 25.

Disabled Dependents Eligibility

Health and Vision Coverage: Your child(ren) who has reached age 25 (Vision) age 26 (Health) and who is primarily dependent upon you for support; and incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap. Proof of the child's incapacity or dependency must be furnished to the carrier for an already enrolled child who reached the age limitation, or when you enroll a disabled child under the plan.

Group Insurance Eligibility (continued)

Taxable (Overage) Dependents

Beginning January 1st of the calendar year in which dependent child(ren) reach age 27 through the end of the calendar year in which the dependent child(ren) reach age 30, imputed income must be reported on the employee's W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child.

Employees enrolled in the Florida Blue Plan covering an overage dependent will have coverage premiums payroll deducted on an after-tax basis bi-weekly (26 pay-checks annually). The value of the overage dependent coverage is **\$2,623.47** per month for each overage dependent enrolled.

Capital Health Plan charges an additional monthly premium of **\$1085.89** for each overage dependent and FL Blue charges an additional monthly premium of **\$996.09**; therefore, no imputed earning value will be added to your taxable gross.

Contact Human Resources for further details if covering any adult dependent child(ren) who will turn age 27 anytime during the upcoming calendar year or for more information.

Please Note: There is no imputed income if adult dependent child(ren) are eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.

Leon County Spouse Health Insurance Program

The Spouse Program provides health insurance for two Leon County Government (Constitutional) employees that are either married to each other or are registered domestic partners. One spouse will serve as primary or the account. To enroll and to continue participation annually, both employees must complete the Spousal Acknowledgement Form and submit to Human Resources during the Annual Open Enrollment Period.

Domestic Partners

Leon County Sheriff Office offers domestic partner benefits (medical, dental, vision, and legal) to a person whom the employee shares a mutual residence within the context of a committed relationship, and who has registered with the Leon County Clerk of Court and completed the Leon County Government/Affidavit of Domestic Partnership form. A certified copy of the Certificate of Registration and a completed Leon County Government/ Affidavit of Domestic Partnership must be provided to the Human Resources within 30 days with the required supporting documentation listed on the Affidavit, for review and approval to be eligible for domestic partner insurance benefits. If approved, coverage is effective the first of the month following the date documentation is received by Human Resources.

If the domestic partner of a current employee works for any Leon County Government or Constitutional Office, there will be no cost for medical insurance; however, there are still tax implications for adding the domestic partner/child(ren).

Per IRS rules, an employee may not receive a tax advantage on any portion of premium attributable to a domestic partnership; therefore, imputed income for the value applicable to the domestic partner coverage for the period of coverage, including the value of the coverage for a domestic partner's child(ren), must be reported on the employee's W-2 and taxed accordingly. Imputed income is the dollar value of insurance coverage attributable to covering the domestic partner (and the

Domestic Partners Who Become Married: Opposite or Same Sex Domestic Partners (IRS Revenue Ruling 2013-17) who become legally married must notify the Human Resources/Benefits Department within thirty (30) days of the marriage and provide supporting documentation or during Open Enrollment.

Separation of Employment

If an employee separates employment from the agency, all insurance coverage(s) will continue through the end of the month in which separation occurred. COBRA continuation of coverage may be available as applicable by law.

Benefits will end at midnight on the last day of the month in which you separate from service. However, you may continue your medical, dental and vision under the Consolidated Omnibus Budget Reconciliation Act (COBRA)

A COBRA notice will be mailed to you with pertinent information for coverage continuation.

Qualifying Life Events and Section 125

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 or the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the employee or qualified dependent(s) experience(s) a Qualifying Life Event and the request to make a change is made within 30 days of the Qualifying Life Event. Changes that are requested due to a "change of mind" cannot be allowed until the next Open Enrollment period.

If an employee experiences a Qualifying Event, **Human Resources must be contacted within 30 days of the event** to make the appropriate changes to the employee's coverage. Valid documentation supporting the change is required.

Examples of Qualifying Events:

- Marriage;
- Birth, adoption or placement for adoption of an eligible child(ren);
- Divorce or legal separation;
- Termination or commencement of your spouse's coverage in general when coverage is maintained through the spouse's plan;
- Shift from part-time to full-time status (or vice versa) by you and your spouse;
- Death of spouse or dependent;
- When a dependent satisfies or ceased to satisfy eligibility requirements;
- A residence or worksite change that impacts your health care coverage; or
- Gain or loss of eligibility for Medicaid, a Children's Health Insurance Program (CHIP) or for a premium assistance subsidy under these programs (60-day special election period)

Remember

Contact Human Resources within 30 days

of your Qualifying Life Event to complete the required paperwork .

No Section 125 Plan deductions (no pre-tax deductions) VS Section 125 Plan deductions (Pre-tax deductions)

SECTION 125 PLAN



The one on the left is without pretax of Health, Dental, Vision

The one on the right is with pretax of Health, Dental, Vision

It shows that if benefits are pre-taxed, they are deducted before the employee is taxed on his or her gross earnings of \$2000.00. This lowers the overall tax bracket they fall in for filing at the end of the year with IRS. Pre-taxing means more take home earnings each bi-weekly. As in the example by pre-taxing deductions instead of a net of \$1,057.00 the employee is bringing home net earnings of \$1,165.00 an increase of \$108.00.

*Amounts vary based on each employee's salary and deductions but in all cases there is an increase of net earnings for the employee.

LEON COUNTY SHERIFF'S OFFICE 2026 BENEFITS SUMMARY

For more information, please contact Human Resources at 850-606-3356.

BENEFIT	WHO IS ELIGIBLE	WHEN EFFECTIVE	WHO PAYS	RATES AND/OR BENEFITS EXPLANATION																						
MEDICAL INSURANCE <i>CHP & BCBS</i> <i>(1st Pay Period)</i>	Full Time Employees, Spouse or Domestic Partners of employee and any dependent of employee through the end of year they turn 26 or if dependent child is incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap. Dependent children over 26 but under 30, can remain on plan for an additional monthly premium.	1 st day of the month following date of employment	LCSO & Employee	Monthly Employee rates (1 st pay period) **Value Base Program: Capital Health Plan & Florida Blue (BCBS): Single: \$119.53 2-Person: \$307.98 Family: \$524.69 Standard Deduction: Capital Health Plan & Florida Blue (BCBS): Single: \$129.90 2-Person: \$359.30 Family: \$590.28 *Option to decline medical coverage and receive \$138.46 bi-weekly **VBP-Must participate in Wellness Program to qualify																						
DENTAL INSURANCE <i>Guardian PPO</i> <i>(2nd pay period)</i>	Full Time Employees, Spouse of employee and the dependents of employee until their 26th birthday.	1 st day of the month following 30 days of employment	Employee	Monthly Employee rates (2 nd pay period) *2026 rates under negotiation - TBA in Dec 2025* Option 1: High Plan (*2025 rates are reflected) Single: \$34.53 2-Person: \$74.83 Family: \$127.84 Option 2: Low Plan (*2025 rates are reflected) Single: \$25.83 2-Person: \$56.14 Family: \$93.98																						
VISION INSURANCE <i>Superior PPO</i> <i>(2nd pay period)</i>	Full Time Employees, Spouse or Domestic Partners of employee and dependents of employee through the end of the year they turn 25. Dependent children over the age of 25 can remain on the plan if incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.	1 st day of the month following 30 days of employment	Employee	Monthly Employee rates (2 nd pay period) Single: \$6.56 2-Person: \$9.94 Family: \$ 17.49																						
EMPLOYEE LIFE INSURANCE <i>Standard Life</i> <i>(2nd pay period)</i>	Full Time Employees	Date of Hire	*LCSO (1x annual salary) Employee (2x/3x annual salary)	Monthly Employee rates (2 nd pay period) *Coverage in the amount of annual salary rounded to the nearest thousand. Option to purchase additional coverage. Rates based on age/salary. <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Age Band</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>34 and Under</td><td>\$0.13/\$1,000</td></tr> <tr><td>35-39</td><td>\$0.15/\$1,000</td></tr> <tr><td>40-44</td><td>\$0.19/\$1,000</td></tr> <tr><td>45-49</td><td>\$0.27/\$1,000</td></tr> <tr><td>50-54</td><td>\$0.38/\$1,000</td></tr> <tr><td>55-59</td><td>\$0.59/\$1,000</td></tr> <tr><td>60-64</td><td>\$0.76/\$1,000</td></tr> <tr><td>65-69</td><td>\$1.26/\$1,000</td></tr> <tr><td>70-74</td><td>\$2.20/\$1,000</td></tr> <tr><td>75+</td><td>\$8.36/\$1,000</td></tr> </tbody> </table> **There is an aggregate cap for double or triple life. It is limited to \$280,000 of the total benefit. ***When a participant reaches the age of 65 the coverage is reduced to 65% of the total purchased.	Age Band	Rate	34 and Under	\$0.13/\$1,000	35-39	\$0.15/\$1,000	40-44	\$0.19/\$1,000	45-49	\$0.27/\$1,000	50-54	\$0.38/\$1,000	55-59	\$0.59/\$1,000	60-64	\$0.76/\$1,000	65-69	\$1.26/\$1,000	70-74	\$2.20/\$1,000	75+	\$8.36/\$1,000
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SPOUSE/DEPENDENT LIFE INSURANCE <i>Standard Life</i> <i>(1st pay period)</i>	Spouse or Domestic Partners of employee and *unmarried dependents of employee until their 21 st birthday or unmarried and full time student until their 25 th birthday.	1st day of month Following employees' date of hire or approval of application for coverage.	Employee	Monthly Employee rates (1 st pay period) Option 1: \$3.05 Spouse \$10,000 **Dependents \$2,500 Option 2: \$4.16 Spouse \$20,000 **Dependents \$5,000																						

BENEFIT	WHO IS ELIGIBLE	WHEN EFFECTIVE	WHO PAYS	RATES AND/OR BENEFITS EXPLANATION																																				
VOLUNTARY LONG TERM DISABILITY INSURANCE <i>Standard LTD</i> (All pay periods)	Full Time Employees	Date of Hire	Employee	Long Term Disability is designed to replace a portion of your income when you're disabled for an extended period of time due to a qualifying disability. Provides 60% of your eligible earnings, up to a maximum benefit of \$10,000 per month. Rates based on age/salary. <table border="1"> <thead> <tr> <th>Your age (as of July 1)</th> <th>90 day Rates</th> <th>180 day Rates</th> </tr> </thead> <tbody> <tr> <td>30 and Under</td> <td>\$0.15</td> <td>\$0.08</td> </tr> <tr> <td>30-34</td> <td>\$0.24</td> <td>\$0.17</td> </tr> <tr> <td>35-39</td> <td>\$0.41</td> <td>\$0.30</td> </tr> <tr> <td>40-44</td> <td>\$0.59</td> <td>\$0.45</td> </tr> <tr> <td>45-49</td> <td>\$0.86</td> <td>\$0.66</td> </tr> <tr> <td>50-54</td> <td>\$1.30</td> <td>\$0.99</td> </tr> <tr> <td>55-59</td> <td>\$1.77</td> <td>\$1.34</td> </tr> <tr> <td>60-64</td> <td>\$1.79</td> <td>\$1.31</td> </tr> <tr> <td>65-69</td> <td>\$1.66</td> <td>\$1.16</td> </tr> <tr> <td>70-74</td> <td>\$2.95</td> <td>\$1.87</td> </tr> <tr> <td>75+</td> <td>\$3.61</td> <td>\$2.73</td> </tr> </tbody> </table>	Your age (as of July 1)	90 day Rates	180 day Rates	30 and Under	\$0.15	\$0.08	30-34	\$0.24	\$0.17	35-39	\$0.41	\$0.30	40-44	\$0.59	\$0.45	45-49	\$0.86	\$0.66	50-54	\$1.30	\$0.99	55-59	\$1.77	\$1.34	60-64	\$1.79	\$1.31	65-69	\$1.66	\$1.16	70-74	\$2.95	\$1.87	75+	\$3.61	\$2.73
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SUPPLEMENTAL COVERAGES LIFE & ACCIDENTAL DEATH INSURANCE (All Pay Periods) AFLAC Colonial Life Liberty National/Globe Life	Full Time Employees, Spouse or Domestic Partners of employee and the dependent of employee through the end of the year they turn 26. Or dependent child of employee that is incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.	1st day of the month following date of application	Employee	Provides insurance for Cancer, Intensive Care, Accident, Short-Term Disability and Hospital Indemnity.																																				
LIFE INSURANCE (1st & 2nd Pay Period) Boston Mutual New York Life (All Pay Periods) Capital Life Reliance Life	Full Time Employees, Spouse or Domestic Partners of employee and the dependent of employee through the end of the year they turn 26. Or dependent child of employee that is incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.	1st day of the month following date of application	Employee	Provides portable supplemental term life and whole life insurance plans.																																				
RETIREMENT PLANNING <i>Florida Retirement System</i> (All pay periods)	Full Time Employees and Part-Time Employees	Date of Hire	LCSSO & Employee	The Florida Retirement System (FRS) offers two retirement options for employees: Option 1: Pension Plan This plan provides a monthly benefit to you when you retire. The monthly benefit is calculated based on your years of FRS service, percentage value, and average final compensation. Option 2: Investment Plan This plan lets you choose how your money is invested and how you want to receive payments. Contributions are transferred to the FRS Trust Fund for investment by the State Board of Administration to pay benefits to members and beneficiaries.																																				
<i>John Hancock-Deferred Compensation</i> (All pay periods)	Full Time Employees	1st day of the month following date of application	Employee	Provides availability to save for retirement through tax deferred or ROTH contributions.																																				

BENEFIT	WHO IS ELIGIBLE	WHEN EFFECTIVE	WHO PAYS	RATES AND/OR BENEFITS EXPLANATION
LEGAL PLANS (1st & 2nd Pay Period)				Provides access to professional, legal representation. Bi-weekly rates (1st & 2nd Pay Period)
Pre-Paid Legal	Full Time Employees, Spouse or Domestic Partners of employee and any dependent of employee until they turn 21 or if full time student until they turn 23.	1st day of the month following date of application	Employee	Legal Plan Only: \$14.96 ID Theft Only: \$12.96 ID Theft & Legal Plan: \$24.92
FDSA & Legal Plan: (Personal Membership)	Dependent children can remain on the plan regardless of age if incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap. ID Theft dependents can be covered until they turn 26 if living at home or if they are a full time student.		Employee	FDSA & Legal Plan: \$12.50
FDSA & Legal Plan: (Professional Membership)	Only Full Time Sworn Employees & Reserves (except high 12)		*LC/CSO/ **Employee	FDSA & Legal *Agency Pays Fees **ID Theft: \$5.00
FLEXIBLE SPENDING Through AFLAC				
HealthEquity (All Pay-Periods)	Full Time Employees	1st day of the month following date of application	Employee	Provides employees the benefits of pre-taxed deduction to be placed in a flexible spending account for un-reimbursed medical and/or child care expenses.
WELLNESS AND FINANCIAL PLANNING BENEFITS				
Blackrock Pre-Paid College Advantage 529 Plan (All pay periods)	Full Time Employees	1st day of the month following date of application	Employee	Provides available to save for college through tax deferred contributions.
Employee Assistance (EAP)				
Drake Gunning, LCW Anew Life Counseling & Consulting Group, LLC Southeastern Behavioral Health	Full Time and Part Time Employees	Date of Hire	Employer	Provides confidential counseling assessment and referral for personal and/or work performance problems. Provides employees with assistance in solving problems with personal challenges, family challenges and work related issues.
Employee Innovations				
Loyalty Credit Union <i>Formally T.L.F.C.U.</i>	Full Time and Part Time Employees	Date of Hire	Employer	Enjoy a wide range of financial services by joining the Loyalty Credit Union (Formally T.L.F.C.U)
COMPENSATION BENEFITS				
Tuition Assistance	Full Time, permanent-status, non-probationary employees who have received "Meets Standards" or above on their last evaluation.	Date of Hire	Employer	Provides tuition reimbursement to employees. Tuition reimbursement will be paid on a per-credit-hour basis based upon the Florida State University tuition rate for bachelor's and graduate level courses and Tallahassee Community College for associates level courses for three credit hours per semester. Reimbursement is limited to nine credit hours per calendar year.
Workers Compensation	Full Time and Part-time Employees	Date of Hire	Employer	Provides examination, treatment and lost-time compensation for job related injuries and exposures.
Specialized Training Incentives	Full Time Sworn Employees	Date of Hire	Employer	Provides incentive pay for employees who are appointed to specialized training/teams.
Educational/Training Incentives	Full Time Sworn Employees	Date of Hire	Employer	Provides incentive pay for college degrees and advanced training. College Degree: Associates of Arts: \$13.85 bi-weekly/\$360 Annually Bachelor of Science: \$36.92 bi-weekly/\$960 Annually Advanced Training: 80 hour Block- \$9.23 bi-weekly/\$240 Annually Maximum Amount : Monthly \$130 Annually \$1,560

BENEFIT	WHO IS ELIGIBLE	WHEN EFFECTIVE	WHO PAYS	RATES AND/OR BENEFITS EXPLANATION
<u>LEAVE BENEFITS</u>				
Annual Leave	Full Time Employees	Date of Hire	Employer	<p>Provides employee time off with pay. Hours accrued bi-weekly are based on years of service.</p> <p>Accrual of 3.75 hours bi-weekly for the first five (5) years of service Accrual of 4.75 hours bi-weekly upon completion of five (5) years of service Accrual of 5.75 hours bi-weekly upon completion of ten (10) years of service Accrual of 6.50 hours bi-weekly upon completion of fifteen (15) years of service Accrual of 7.50 hours bi-weekly upon completion of twenty (20) years of service</p> <p>Senior Management Service Members receive 240 hours upon hire and on October 1st each year thereafter.</p> <p>Salaried Exempt Members receive 195 hours upon hire and on October 1st each year thereafter.</p> <p>Effective 12/20/2023, DROP (Deferred Retirement Options Program) participants enter the program on or after 12/20/2023 shall continue to accrue annual leave at the same rate as prior to entering DROP. Participants entering the program shall be limited to an <u>annual leave balance of 240 hours.</u></p>
Sick Leave	Full Time Employees	Date of Hire	Employer	<p>Provides employee with time off with pay for illness/injury. Accrual of 3.75 hours bi-weekly with unlimited accumulation. Transfer up to 480 hours of sick leave will be accepted by the Sheriff's Office only if earned while the employee was employed by another Leon County Government entity.</p> <p>Senior Management Service Members receive 120 hours of sick leave upon hire and on October 1st each year thereafter.</p> <p>Salaried Exempt Members received 104 hours of sick leave upon hire and on October 1st each year thereafter.</p>
Bereavement Leave	Full Time Employees	Date of Hire	Employer	<p>Provides employee up to 24 hours of leave with pay for death of immediate family member. Leave will not be charged against annual, sick or other leave.</p>
Military Leave	Full Time Employees	Date of Hire	Employer	<p>Provides employee with 240 hours of paid leave per calendar year for reserve duty. In addition, employees are eligible for paid leave of absence of 30 days per fiscal year if they are called to active duty. Employees whose workday consists of a shift measured in hours, each such 11.5 hours shift or less shall equal 1 working day of leave.</p>
Personal Holiday	Full Time Employees	Upon completion of 12 months of service and each anniversary date thereafter	Employer	<p>Provides employees with (24) twenty-four hours of leave with pay to be used for any reason.</p>

Medical Plans



Leon County Sheriff's Office offers two different medical plans to eligible employees. Capital Health Plan is an HMO which includes in-network coverage only and features co-pays for all covered services. The Florida Blue Plan is a PPO plan which includes in AND out-of-network coverage however remaining in network is the best way to keep your medical costs low. The Florida Blue Plan features co-pays for most covered services however some services will require you to pay up to the deductibles amount and coinsurance. Please see the subsequent pages of this guide for detailed summaries of both plans.



Monthly Medical Rates		
Coverage Level	Standard Rate	Value Based Rates
Employee	\$129.90	\$119.53
Employee +1	\$359.30	\$307.98
Family	\$590.28	\$524.69



Remember

Overage Dependent Coverage:

You can cover your over-age dependent between the ages of 26 to 30 on either plan. The cost to add a dependent on CHP is an additional **\$1,085.89** per month. The cost to add a dependent on FL Blue is an additional **\$996.09 per month.**

Opt-Out Program:

You can also opt out of medical insurance if you can provide proof of coverage elsewhere. You can receive \$138.46 per pay for opting out which is taxable income to you.

Spousal Program:

If a husband and wife both work for Leon County, they are not eligible for the opt-out program. Proof of coverage is required within 30 day of employment in order to participate.



Medical Plan Options

Benefits	Capital Health Plan Big Bend Choice	Florida Blue BlueOptions 03559	
	HMO Network	PPO Network	Out-of-Network
Annual Deductible	None	\$500 Individual \$1,500 Family	\$750 Individual \$2,250 Family
Coinsurance	0%	20%	40%
Annual Out of Pocket Maximum	\$2,000 Individual	\$2,500 Individual	\$5,000 Individual
Preventive Care	Plan pays 100%	Plan Pays 100%	40% Coinsurance
Physician Office Visit	\$10 copay	\$20 copay	DED + 40%
Specialist Office Visit	\$40 copay	\$40 copay	DED + 40%
Outpatient Surgery (at Ambulatory Surgery Center)	\$100 copay	\$100 copay	Plan pays 60% AD
Outpatient Hospital Facility Services	\$250 copay	Opt 1: \$200 copay	DED + 40%
Inpatient Hospitalization	\$300 copay	Opt 1: \$600 copay	DED + 40%
Emergency Room Visit	\$300 copay	\$100 copay	\$100 copay
Urgent Care	\$25 copay <u>Amwell Telehealth:</u> \$15 copay	\$45 copay	DED + \$45 copay
Lab	Plan pays 100%	\$0	DED + 40%
Advanced Imaging	\$100 copay	\$150 copay	DED + 40%
Prescription Drugs (30 & 90 days)			
Generic	\$7 / \$21	\$10 / \$25	50% coinsurance
Preferred Brand Name	\$30 / \$90	\$30 / \$75	
No-Preferred	\$50 / \$150	\$50 / \$125	

Florida Blue's Other Services and Tools

All employees and their family members enrolled in Florida Blue and covered under Florida Blue health plans receive additional services and tools for being a Florida Blue member.

KNOW BEFORE YOU GO

Quality and cost are important factors when making health care decisions. As a member, you can compare quality and cost before you receive medical care or buy prescriptions. Get cost estimates based on your plan benefits and see treatment options that may save you money. Costs vary depending on where you go for treatment. And prescription prices vary based on the brand you buy and where you buy them.



Log in at floridablue.com. Use the drug pricing and medical services cost estimator tools work for you.



Call 800-352-2583 or drop by a Florida Blue Center.

Visit floridablue.com for locations

BLUE365 DISCOUNT PROGRAM

Take Advantage of Health-Related Discounts! Member discounts are offered through Blue365, a national discount program, for additional health-related products and services that are NOT part of your insurance benefits. You have access to savings on items that you may purchase directly from independent vendors. Get free stuff and save up to 50%! Through our national discount program, you can save on a variety of products and services from names and brands you'll recognize.

Log in to floridablue.com for details about:

- Hearing aid discounts
- Fitness centers
- Weight management programs
- Vision care discounts
- Lasik surgery savings
- Contact lens mail order
- Family and elder care
- And more!

CARE CONSULTANTS

Did you know that if you're planning a medical procedure or dealing with a health condition, such as diabetes, or COPD, you can get personalized help from a nurse?

Our Care Consultants are experts when it comes to connecting you with a dedicated nurse, explaining quality care and treatment options, and helping you save money along the way.

Our Care Consultants and nurses are waiting to help you. Call 877-789-2583, or stop in a Florida Blue Center. Go to floridablue.com for locations.

FLORIDABLUE.COM

Wherever you go, whenever you need it, you have access to your Florida Blue personal health care information. As a member, you can log in anytime and find everything you need to know about your health plan, plus free tools and resources.

If you haven't already registered—it's easy!

Just visit floridablue.com. All you need is your member number (located on your member ID card). You'll have access to all the information you need to take control of your health—right at your fingertips

- Review your plan benefits and find out where you stand with your deductible.
- Compare and estimate your costs for office visits, imaging services and surgeries so you know before you go.
- Compare drug prices with the Pharmacy Shopping Tool.
- Create a Personal Health Record so your doctor visits and lab results are all in one secure place.
- Print a temporary TD card or request a new TD card.
- Take your Personal Health Assessment to get a clear picture of your health status and create action plans that work with your personal needs and life-style.
- Get access to health-related member discounts such as gym memberships, weight loss programs, vision and hearing care.



A faster, easier way to see a doctor
with mobile or web access **24/7/365**.



DOWNLOAD NOW!

Search the App store or Google Play
for **Amwell**

Step 1: Enroll to create your account

Step 2: Enter Service Key **CHP**

Step 3: Select the doctor you'd like to see



capitalhealth.com/amwell



The doctor is always in - midnight or midday - we're
available **24/7/365**, using your phone, tablet or computer.

You can use Amwell when:

- You need to see a doctor, but they are not available
- Your doctor's office is closed
- You feel too sick to leave the house
- You need care for your child(ren)
- You're traveling and need a doctor

For only **\$15***, you can use Amwell for common health issues, such as:

- | | | | |
|--------------|-----------------|-------------|----------------|
| • Cold/Flu | • Ear Infection | • Sinusitis | • UTI |
| • Fever/Rash | • Bronchitis | • Pink Eye | • Strep Throat |

*The \$15.00 copayment may vary depending on your plan type. Not a covered benefit for State of Florida members.



Web Sign Up!

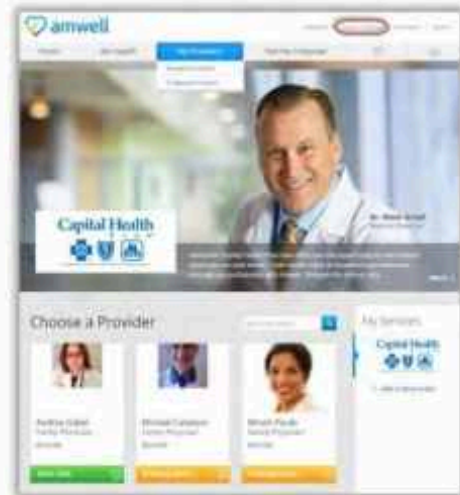
1. To Sign Up for Amwell, Visit: www.chp.amwell.com
2. Click "Sign Up" at the bottom of the screen. Fill out your name, email, create a password and click the green "sign up" button.



3. Fill out your location, birthday, gender, and click "Continue".

4. Enter your health insurance information to keep your patient account up to date. Then, enter "CHP" (not case sensitive) in the Service Key field and click "Finish".

5. When you are ready to have a visit, **be sure to update the location to where you are at the time of the visit** (go to top of page and click "Location" to update). Choose a provider and enter necessary fields.



6. Enter the information required. Your insurance information will be populated (as long it was entered during the time of enrollment), click "Continue", then enter your payment information.

7. You will connect with Enhanced Video and see the provider in high definition.

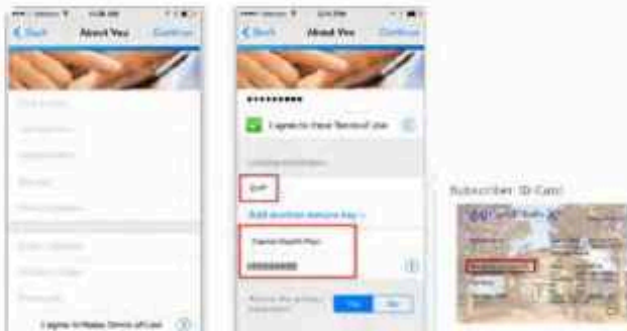


Mobile Sign Up!

1. Search the App Store or Google Play for "Amwell". Download the [Amwell](#) app.



2. Click "Sign Up for Amwell" at the bottom of the screen. Fill out your personal information, your email, create a password, and enter "CHP" for your Service Key under "optional information" as well as your insurance information.



3. When you are ready to have a visit, **be sure to update your location** by going to the "More" option at the bottom of the screen then "My Location" and update your current location.



4. 5. Go back to homepage and choose a provider, then enter the necessary payment information.



5. Enter your visit information and begin your visit!



For all support questions please call [855-818-DOCS \(3627\)](tel:855-818-DOCS) or email us at support@americanwell.com

You Don't Have to Leave Home to See the Doctor

Virtual Visits Deliver Care Anytime, Anywhere



Sometimes it's not easy to get to the doctor's office when a health issue pops up. Try a virtual visit, and see the doctor anytime, from anywhere.

Virtual visits let you speak securely by online video with your family doctor, specialist or mental health therapist. Your cost share is as little as \$0!

Many Florida Blue doctors and therapists now offer virtual visits. If yours doesn't or if they aren't available, you can schedule a virtual visit using Teladoc, the nation's largest virtual health care company. Just sign up on the Teladoc website or app and speak with a U.S. board-certified doctor within minutes. Or schedule an appointment with one of Teladoc's licensed behavioral health therapists. Your cost share is still as little as \$0!

Medical

Primary Care	Specialists
Try a virtual visit with a primary care doctor when you have a non-emergency illness like:	Consider a virtual visit for follow-up care from your:
Flu	Cardiologist
Rashes	Dermatologist
Sinus infections	Gastroenterologist
Cough	Endocrinologist
Sore throat	Neurologist
Other minor issues	Or other specialists

It's easy

- ✓ Call your in-network doctor and ask if they offer virtual visits. They already know you and have access to your medical records.
- ✓ If your primary care doctor doesn't offer virtual visits or if you need care after hours, Teladoc offers primary care 24/7. Teladoc also offers specialist care for dermatology and mental health.
 - Register by downloading the Teladoc mobile app, visit [Teladoc.com](https://www.teladoc.com) or call 800-TELADOC (835-2362).
 - Fill out your medical history.
 - Request a visit. State the reason for your visit and your preferred time.
 - Enter the virtual waiting room for your appointment.

During a virtual visit, you can be diagnosed, treated and prescribed medication. If you use Teladoc, details of your visit can be shared with your family doctor at your request.

Mental Health Care

Use a virtual visit with a mental health doctor or therapist to help you find peace of mind when you're experiencing:

- Anxiety
- Depression
- Substance abuse
- Grief
- Family issues
- Eating disorders

It's easy

- ✔ Call your Florida Blue network mental health doctor or therapist and ask if they offer virtual visits. If they do, you can schedule an appointment right away!
- ✔ If your doctor doesn't offer virtual visits or if you need care after hours, Teladoc offers mental health visits from 9 a.m.- 9 p.m.
 - Register by downloading the Teladoc mobile app, visit [Teladoc.com](https://www.teladoc.com) or call 800-TELADOC (835-2362).
 - Fill out your medical history.
 - Select your therapist from a list of providers. Fill out an emotional health questionnaire and choose your preferred dates and times.
 - A Teladoc therapist will schedule an appointment and confirm it with you.

Your Cost Share as Low as \$0

In-network	
Family doctor Mental health doctor or therapist	As low as \$0¹
Specialist	Same cost share as an office visit
Teladoc	
General medicine doctor Mental health therapist	As low as \$0¹
Dermatology	Same cost-share as a specialist visit

¹\$0 cost share does not apply to Health Savings Account (HSA) plans. Please refer to your health policy for specific benefits for virtual visits.

Florida Blue and Florida Blue HMO are Independent Licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Teladoc doesn't offer a crisis hotline. Appointments must be scheduled.

Teladoc is an independent company contracted by Florida Blue to provide physician visits via phone or online video to members with non-emergent medical issues. Teladoc is only available in the U.S. Teladoc® is a trademark of Teladoc, Inc.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770).

104125 1021R

Getting started with Teladoc

Cómo afiliarse a Teladoc



Teladoc® gives you 24/7/365 access to U.S. board-certified doctors by web, phone or mobile app. It is a convenient and affordable option for quality medical care. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

1. REGISTER

3 easy ways: download the mobile app, visit the Teladoc website or call the number below.

2. PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3. REQUEST A VISIT

That's it! A Teladoc doctor is now just a call or click away.

Teladoc® le da acceso 24 horas, 7 días a la semana todos los días del año a una lista de médicos especialistas certificados de Estados Unidos a través de su teléfono. Configure su cuenta ahora para que cuando necesite la atención inmediata, un médico de Teladoc esté a sólo una llamada de distancia.

1. REGÍSTRESE

Llame al teléfono que figura a continuación y un representante lo ayudará a registrar su cuenta.

2. PROPORCIONE SUS ANTECEDENTES MÉDICOS

Sus antecedentes médicos proporcionan a los médicos de Teladoc la información que necesitan para realizar un diagnóstico seguro.

3. SOLICITE UNA CONSULTA

¡Eso es! Un médico de Teladoc está a sólo un llamado de distancia.

Talk to a doctor anytime!
¡Hable con un médico en cualquier momento!

 Teladoc.com
 1-800-Teladoc (835-2362)

Available on the iPhone
App Store

GET IT ON
Google Play

Teladoc is an independent company contracted by Florida Blue to provide physician visits via phone or online video to members with non-emergent medical issues. Teladoc is only available in the U.S. Teladoc® is a trademark of Teladoc, Inc. Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are independent licensees of the Blue Cross and Blue Shield Association. We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, visit floridablue.com/diversidad. ACEVEDO® is a registered service mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. © 2018 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulations and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-intravenous drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physician reserves the right to deny care for potential misuse of services. © 2018 Teladoc, Inc. Todos los derechos reservados. Teladoc y el logotipo de Teladoc son marcas de Teladoc, Inc. y no pueden ser utilizados sin permiso por escrito. Teladoc no garantiza el maltrato de atención primaria. Teladoc no garantiza que sea recetado un escrito. Teladoc opera sujeto a la regulación estatal y pueden no estar disponibles en ciertos estados. Teladoc no prescribe sustancias controladas DEA, los drogas no intravenosas y algunos otros medicamentos que pueden ser perjudiciales debido a su potencial de abuso. Médicos Teladoc reservamos el derecho de negar la atención por el mal uso potencial de los servicios.



Health & Fitness Reimbursement

Live Well and Receive Up to \$150 a Year!

Capital Health Plan members can receive up to \$150 per calendar year (per household) for membership at a qualified health and fitness facilities.

Reimbursement Requirements

- You must be a Capital Health Plan member for at least four consecutive months in the calendar year
- **AND** You must be a participating member of the health and fitness program for at least four consecutive months in the calendar year
- **OR** You must be enrolled in either Weight Watchers or TOPS (Take Off Pounds Sensibly) for at least four consecutive months in the calendar year

For more information about the TOPS program, please call 800-932-8677 or visit www.TOPs.org.

Fitness reimbursement requests may only be filed once per calendar year and **must be filed after May 1st of the current year and by March 31 of the following year**. You must be a current member of CHP at the time CHP receives your request for reimbursement. All reimbursements will be made to the subscriber (the person who holds the CHP policy).

The Fitness Reimbursement Program reimburses you for payments you have made (up to a maximum of \$150) during the calendar year toward health and fitness center membership for yourself or your covered dependents. **The maximum fitness reimbursement for you and any covered dependents (in other words per household) is \$150 per calendar year.**

Facilities and/or programs that don't qualify for reimbursement include country or social clubs, spas, gymnastics centers, tennis facilities, sports teams or leagues, personal trainers, uniforms/clothing and exercise/ fitness equipment.

Please Check with you physician before starting your exercise program

To obtain your reimbursement just send the following items to Capital Health Plan, Attn: Claims Department at P.O. Box 15349 Tallahassee, FL 32317-5349

- 1) A Signed and dated Fitness Reimbursement Form
- 2) All Applicable receipts, credit card records, cancelled checks, and/or pay stubs that show payment to an approved health or fitness club
- 3) A copy of the health club agreement or contract, showing the name and address of the health club and name of contractee, including beginning and ending dates of membership or class.

You can only file one Fitness Benefit claim form for any calendar year. Thus, to be reimbursed for two or more qualifying expenses, each expense must be included on the same claim form.

Questions? Call Capital Health Plan Member Services at (850) 383-3311.

Medical Insurance Opt-Out Program

Leon County Sheriff's Office offers health insurance coverage to benefits eligible employees. However, the IRS allows employees to opt-out of employer-sponsored medical coverage only, in exchange for taxable cash when they provide certification of having minimum essential coverage under the Affordable Care Act (ACA). Individual plans or medical plans offered under the federal marketplace or state exchange do not qualify for participation in the Opt-Out Program. Opting out includes yourself and your eligible tax dependents, and you must acknowledge that you and all tax dependents are enrolled in other group health plan coverage.

If you opt-out, you will receive an Opt-Out dollar amount of \$138.46 bi-weekly throughout the current year. The total amount is \$3,600 annually and is considered taxable income.

If you elect to opt-out, you must acknowledge that you are waiving group medical coverage by completing the Medical Opt-Out form and provide proof of other coverage within 30 days of your initial benefits eligibility period, or during the designated Open Enrollment period.

Employees are unable to elect or opt-out of any medical plan outside of their initial benefits eligibility period or the Annual "Open Enrollment" period unless there is a Qualifying Life Event. (see Qualifying Life Event).

You will have thirty (30) days within the Qualifying Life Event date to contact Human Resources and submit valid documentation supporting the change in status.

Please Note:

- Two married or domestic partners that are both Leon County Government (Constitutional Office) employees and participate in the Spousal Insurance Program are not eligible to participate in the Opt-Out program.
- An employee listed as a covered dependent on the medical insurance of their parents who is also a Leon County Government (Constitutional Office) employee is not eligible to participate in the Opt-Out program.

Guardian Dental Plans

In order to provide the best options for employees Guardian offers the choice of two dental plans.

- **High Plan Option:** In Network benefits pay higher coinsurance than Out-of-Network benefits. In and Out-of-Network benefits are paid based on the negotiated fee schedule. If you utilize an Out-of-Network provider you will pay a higher coinsurance and may be subject to balance billing.
- **Low Plan Option:** In-Network benefits and Out-of-Network benefits are paid at the same coinsurance however In and Out-of-Network benefits are paid based on the same fee schedule. If you utilize Out-of-Network providers on this plan you may be subject to balance billing.

Benefits	Option 1: High Plan	Option 2: Low Plan
	In-Network/Out-of-Network	In-Network/Out-of-Network
Annual Maximum Benefit	\$1,500	\$1,000
Deductible Amount (Limit of 3)	\$50/\$100	\$50/\$100
Deductible Applies	Basic and Major Services	Basic and Major Services
Preventive Services		
Routine Exams	100%/100%	100%/100%
Cleanings		
X-rays		
Basic Services		
Fillings	90%/80%	80%/50%
Extractions—Simple & Complex		
Root Canal & Periodontics		
Major Services		
Crowns & Crown Repair	60%/50%	50%/25%
Full and Partial Dentures		
Bridges		
Orthodontia (Child Only)	50%/50%	50%/25%
Lifetime Maximum	\$1,000	\$1,000

Monthly Dental Rates		
Coverage Level	Option 1: High Plan	Option 2: Low Plan
2025 rates are reflected		
Employee	\$34.53	\$25.83
Employee + 1	\$74.83	\$56.14
Family	\$127.84	\$93.98

2026 rates under negotiation - TBA in Dec 2025





Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options



**Dental
insurance**

Taking care of teeth and overall health

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

- 1 Read through this information.
- 2 Find out more about your benefits.
- 3 Talk to your employer if you need help or have any questions.



Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2021.

You will receive these benefits if you meet the conditions listed in the policy.



Your dental coverage

Option 1 or 2: HIGH PLAN or LOW PLAN plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: HIGH PLAN		Option 2: LOW PLAN	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$100	\$50	\$100
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	None
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	100%
Basic Care	90%	80%	80%	50%
Major Care	60%	50%	50%	25%
Orthodontia	50%	50%	50%	25%
Annual Maximum Benefit	\$1500		\$1000	
Maximum Rollover	Yes		Yes	
Rollover Threshold	\$700		\$500	
Rollover Amount	\$350		\$250	
Rollover In-network Amount	\$500		\$350	
Rollover Account Limit	\$1250		\$1000	
Lifetime Orthodontia Maximum	\$1000		\$1000	
Dependent Age Limits	26 *		26 *	

***Family coverage** for spouse and children if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.



Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: HIGH PLAN		Option 2: LOW PLAN	
		<i>Plan pays (on average)</i>		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	90%	80%	80%	50%
	Fillings‡	90%	80%	80%	50%
	Perio Surgery	90%	80%	80%	50%
	Periodontal Maintenance	90%	80%	80%	50%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%	80%	50%
	Root Canal	90%	80%	80%	50%
	Scaling & Root Planing (per quadrant)	90%	80%	80%	50%
	Simple Extractions	90%	80%	80%	50%
	Surgical Extractions	90%	80%	80%	50%
Major Care	Bridges and Dentures	60%	50%	50%	25%
	Dental Implants	60%	50%	50%	25%
	Inlays, Onlays, Veneers**	60%	50%	50%	25%
	Single Crowns	60%	50%	50%	25%
Orthodontia	Orthodontia	50%	50%	50%	25%
	Limits:	Child(ren)		Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al.
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,000 Maximum claims reimbursement	\$500 Claims amount that determines rollover eligibility	\$250 Additional dollars added to a plan's annual maximum for future years	\$350 Additional dollars added if only in-network providers were used during the benefit year	\$1,000 The limit that cannot be exceeded within the maximum rollover account



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2023 The Guardian Life Insurance Company of America.

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,500 Maximum claims reimbursement	\$700 Claims amount that determines rollover eligibility	\$350 Additional dollars added to a plan's annual maximum for future years	\$500 Additional dollars added if only in-network providers were used during the benefit year	\$1,250 The limit that cannot be exceeded within the maximum rollover account



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

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Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

Dental insurance



Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notice50> to read more.

My Guardian Dental

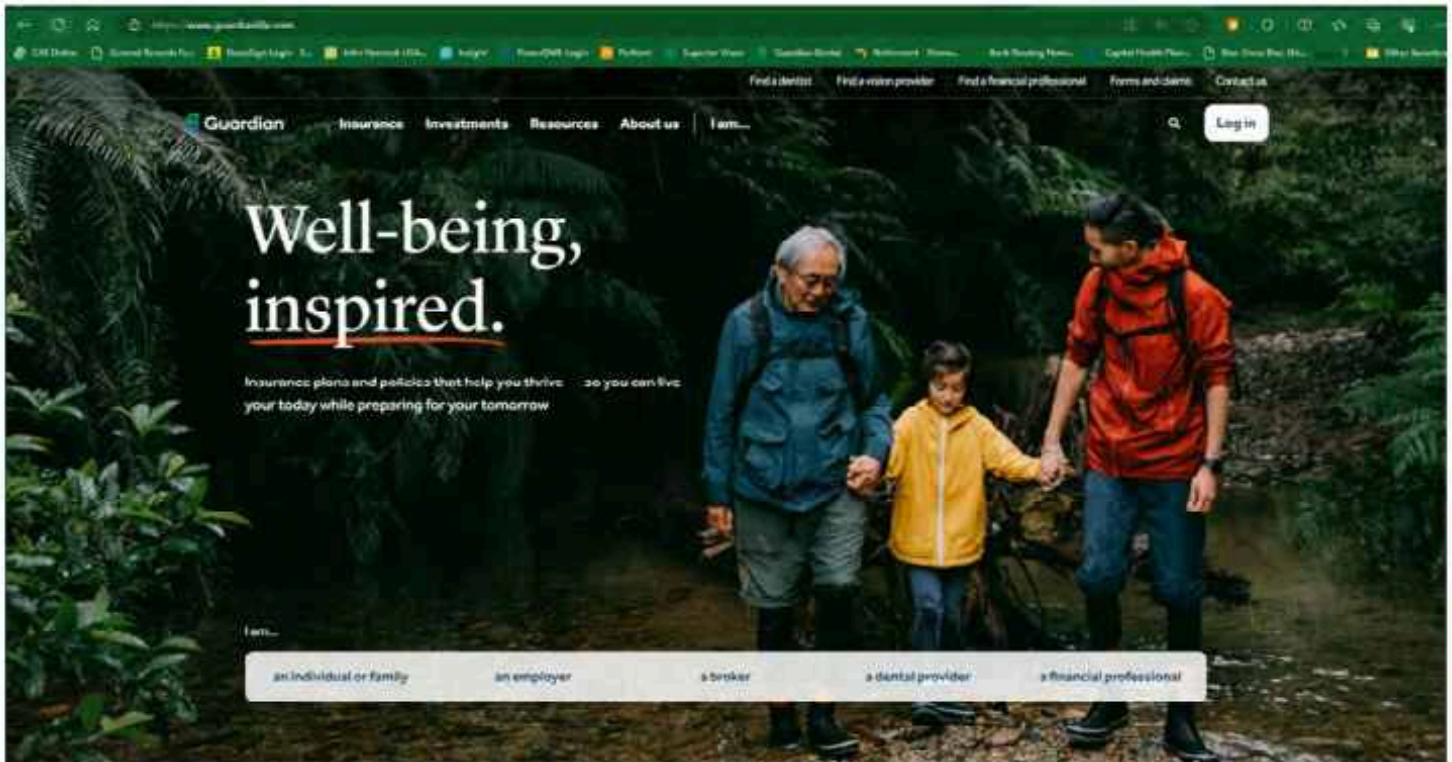
Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

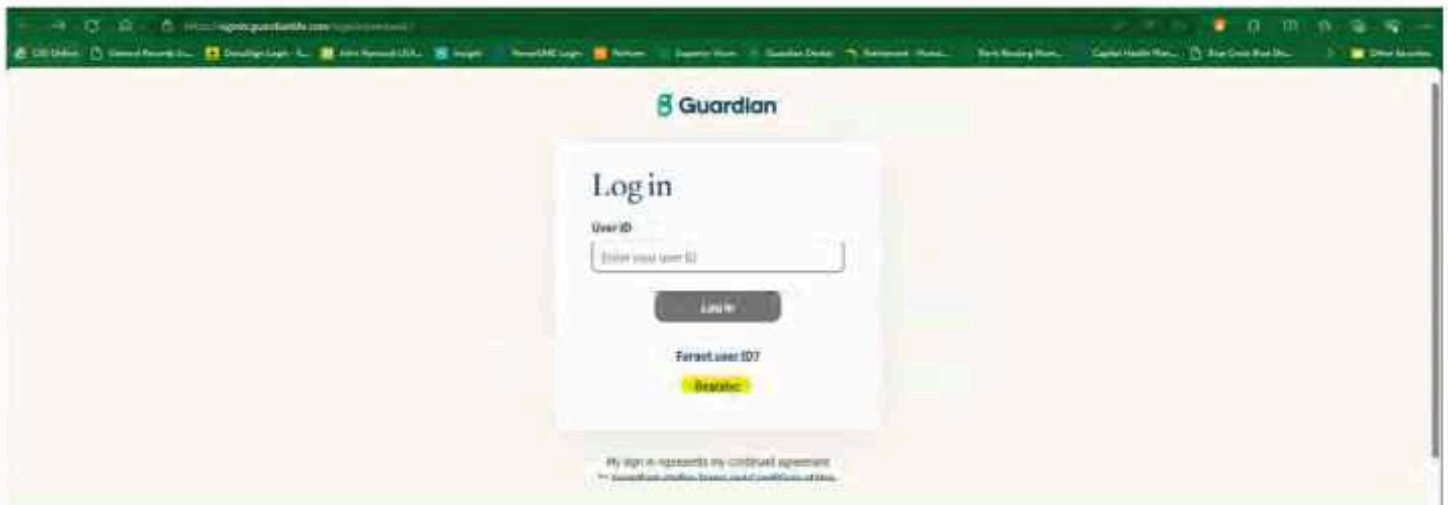
Find A Dentist:

Visit www.Guardianlife.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Step 1-Log on to the My Guardian website. Click on the [Log In](#) button.

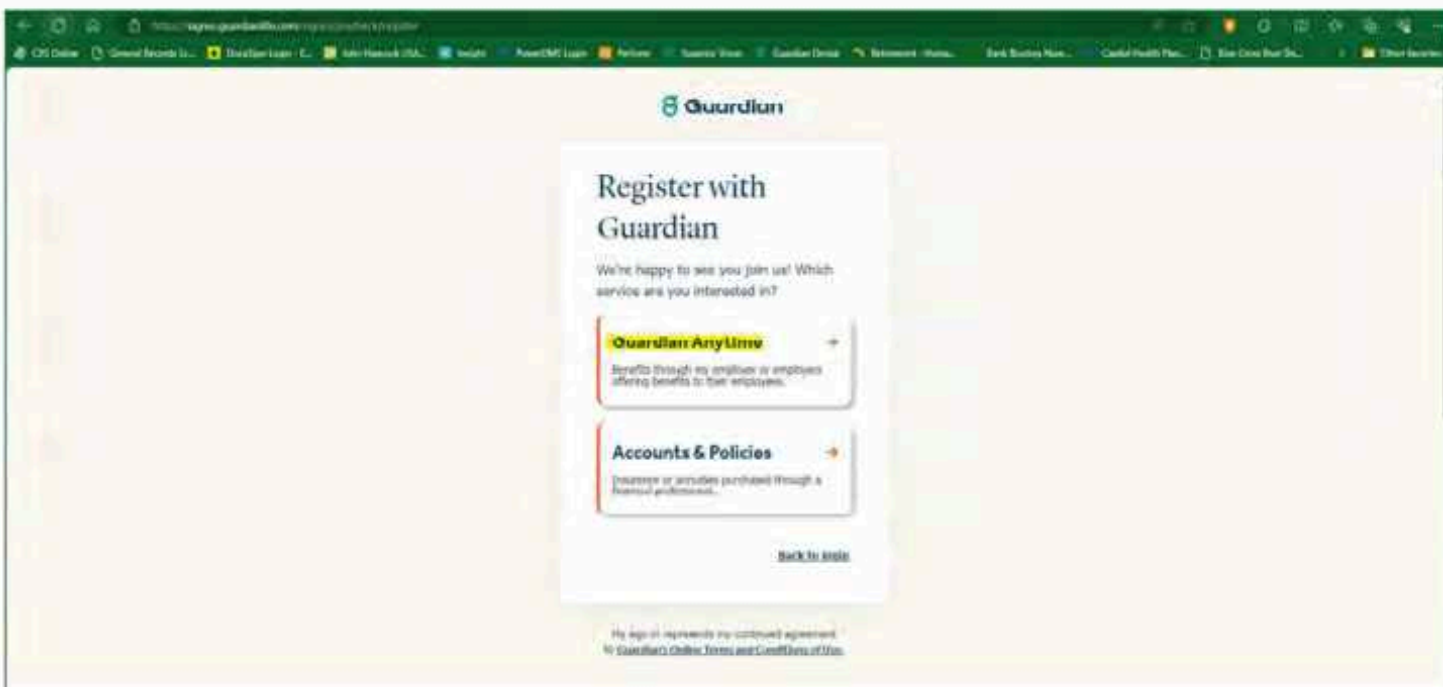


Step 2-New Users will need to create an account by clicking on the [Register](#) link. Returning users should enter their User ID they created the account with then click the [Log In](#) button.

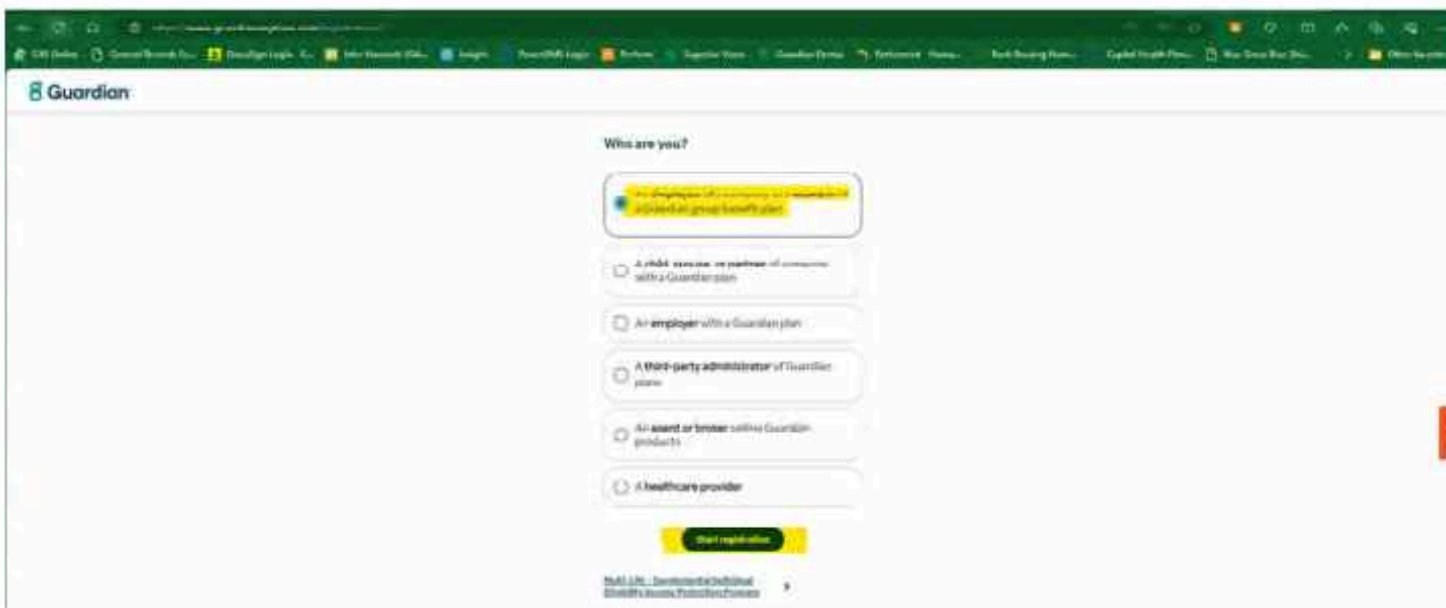


Looking for something else?

Step 3-On the registration page choose the **Guardian Anytime** button.



Step 4-Choose **An employee of a company or a member of a Guardian group benefit plan** then click the **Start Registration** button.



Step 5- Accept the Terms and Conditions by clicking on the **I Accept** button.



Step 6-Complete the Employee registration by entering the requested information then click the **Find Plans.**

Employee registration

Help us verify your identity.

First name

Last name

User email

County

Zip code

I'm not a robot

Back Find plans

Step 7- Complete the requested information then click the **next** button.

Employee registration

Tell us how to contact you.

Preferred email address

Mobile number

Next

Step 8- Complete the requested information and depict how you want to receive information from My Guardian then click the **Submit registration** button.

Employee registration

Create a user ID and password. We recommend using your email address.

Password

Create username

Go paperless!

Yes, I prefer to receive my documents electronically. I understand I can change this setting at any time, so I prefer to get paper copies. (Some information may require a hard copy, if that's the case.)

No, I prefer to receive my documents on paper.

Submit registration

Vision Insurance Plan

Caring for your eyes is very important part of your overall health and wellness. Leon County Sheriff's Office offers vision insurance through Superior Vision.

The vision plan provides you with the freedom to use an eye doctor of your choice or access the Superior Vision network of providers. If you use a provider participating in the network, your out-of-pocket expenses will be reduced. If you use a non-network provider, in-network benefits and discounts will not apply and benefits will be paid according to a set benefit reimbursement schedule.

Benefits	In-Network Coverage	Out -of-Network Reimbursement
Eye Exams	\$10 copay	
Eyeglass Lenses and Frames		
Single Standard Lenses	Covered-in-full	Up to \$28
Bifocal Standard Lenses	Covered-in-full	Up to \$40
Trifocal Standard Lenses	Covered-in-full	Up to \$53
Progressives Standard Lenses	See description	Up to \$53
Polycarbonate for dependent children	Covered-in-full	Not Covered
Frames/Contact	\$120 allowance	
Materials	\$25 copay	

Lens Add-Ons

Anti-Scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid/gradient	\$15/\$18
Polycarbonate lenses (adults)	\$40
Blue light filtering	\$15
Digital signal vision	\$30
Progressive lenses (standard/premium/ultra/ultimate)	\$55/\$110/\$150/\$225
Anti-reflective coating (standard/premium/ultra/ultimate)	\$50/\$70/\$85/\$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67/1.75)	\$80/\$120

Benefits through Superior Frequency

Eye Exam	Once every 12 months
Eyeglass lenses/Frames	Once every 12 months
Contact Lenses/Contact lens fitting	Once every 12 months

Monthly Vision Rates

Coverage Level	
Employee	\$6.56
Employee + 1	\$9.94
Family	\$17.49



LASIK Discounts

Multiple discounts on laser vision correction procedures.



Hearing Aid Discounts

Though Your Hearing Network you have access to discount on hearing services, devices, and accessories.



Free Mobile App - available through Android and Apple devices. Download and create an account, check you eligibility and benefits, find providers, and view your member ID Card.

For more information visit www.superiorvision.com

Creating and logging in to your member account

Superiorvision.com gives you quick access to your vision benefits information. Member account information is shared by all covered family dependents—family members may log in as the primary member.



Step 1

From the home page of superiorvision.com, select "Members" from the navigation.

Step 2

From the Members page, click the "Member Login" button.



Step 3

If you have already set up your account, enter your username and password, if not, click "Create a new account".

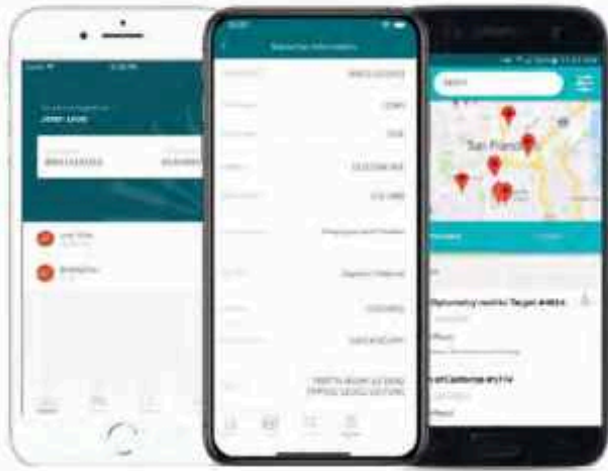
Step 4

From the Create Your New Account page, the primary account member can set up an account with their own username and password and have immediate access to the secure Member area of the website.

What can I do in my member account?

Use your member account to easily locate an in-network provider, view your benefits and eligibility, print your ID card, download forms, and more.

Say hello to our
mobile app



Download the Superior Vision mobile app



Create an account

Use the app to create a new account or sign in using existing superiorvision.com credentials.



Check your eligibility & benefits

Quickly check your current or future eligibility status. You can also review benefits for dependents.



Find an eye care professional

Easily find an eye care professional based on your current location, city / ZIP code or search by name.



View your member ID card

Easily display your member ID number. Email and print options are also available.

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Additional Benefits

Supplemental Life Insurance

Any employee working 30 or more hours per week may be eligible to enroll in additional life insurance with AFLAC, Boston Mutual Life, Capital Life, Colonial Life, Liberty National Life, New York Life and Reliance Life. New hires are eligible the 1st day of the month following date of hire. The waiting period for current employees is the 1st day of the month following Evidence of Insurability approval by the issuing company. Dependent coverage is also available.

**Contact information for representatives for all supplemental life insurance companies in the above mentioned is provided on the benefit representative contact list included in this benefit guide.*

Flexible Spending Accounts

You can choose to participate in the program which allows you to pay for certain health care and dependent care expense through payroll deduction with pre-tax dollar. The IRS limits annual contributions for health care expense to \$3,400 and dependent care expenses to \$7,500 annually if "married filing joint tax returns" or "single head of household" or \$3,750 for "married filing separately."

FDSA-Legal

For only \$12.96 per pay period, Legal give you the ability to talk to an attorney on any personal matter without worrying about high hourly cost. From real estate to speeding tickets to will preparation and beyond, Legal is there to help with any personal legal matter. This plan also has an option to include identity theft protection.

Deferred Compensation Plans

You can save money for retirement through payroll deduction with pre-tax dollars or by enrolling in a Roth account with our Deferred Compensation Plan through The Vedder Group.

Contact our John Hancock representative for more information. Scott Vedder for more information at 850-316-4933 or by email scott@veddergroup.com.

Florida Retirement System

Automatic participation in the Florida Retirement System. A 3% employee contribution is required. You can choose to participate in the Pension Plan or the Investment Plan.

Visit www.myfrs.com for more information.

AFLAC

AFLAC offers a wide range of supplemental plans that can reduce the financial impact of an injury or illness. AFLAC pays benefits directly to the you regardless of other insurance you may have. You can use the payments to cover out of pocket cost or to simply pay other bills. The plans available to you include:

- Cancer
- Hospital Intensive Care
- Hospital Confinement Indemnity
- Term Life Insurance
- Specified Health Event
- Short-Term Disability
- Accident/Sickness/Disability

Contact your AFLAC representative for more information. David Springer at (850)509-6980 or by email david_springer@us.aflac.com.

Colonial Life

With Colonial supplemental benefits you are paid regardless of any other insurance you may have with other insurance companies. Benefits are paid directly to you unless you specify otherwise. If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Rates do not increase with age. The plans available to you include:

- Cancer
- Term Life Insurance
- Whole Life Insurance
- Universal Life Insurance
- Short-Term Disability
- Accident

Contact your Colonial representative for more information. Tatiana MacDougall at (904) 755-2373 or by email tatiana.macdougall@coloniallifesales.com.

Other Available Benefits

- Tuition Assistance
- Employee Assistance Program
- Annual & Sick leave Accruals
- 3 Personal Days at the onset of the new fiscal year

Plan COMPARISON CHART



Comparing the Plans: Investment Plan and Pension Plan

For complete plan details, refer to the Summary Plan Descriptions on MyFRS.com.

	Investment Plan	Pension Plan
This is a ...	401(k)-type investment plan. It is designed primarily for employees who want greater control over their retirement plan and who want flexibility in how their benefit is paid at retirement.	Traditional retirement pension plan. It is designed for employees who are not comfortable with choosing investments and managing their own portfolio, and who want a guaranteed monthly retirement benefit.
You qualify for a benefit after ...	1 year of service. Once you complete 1 year of service, you own all contributions and earnings in your account. If you leave FRS employment sooner, you own your employee contributions and any earnings on your contributions.	8 years of service. Once you complete 8 years of service, you qualify for a benefit which is payable when you reach retirement age as defined by the plan. If you leave FRS employment sooner, you own your employee contributions.
Plan investment choices are made by ...	You. You are responsible for choosing investments from a diversified set of funds and for managing your account.	The State. The State is responsible for managing the Pension Plan Trust Fund.
Your benefit is ...	Based on your account balance. Your account balance is based on your and your employer's contributions, the performance of your investments, and account fees and expenses.	Based on a formula. Your benefit is guaranteed and is based on a formula using your salary, years of service, FRS membership class, and age.
When you retire, your benefit can be paid to you as ...	A lump sum, a rollover, an annuity, a customized payment schedule, or any combination of these.	Monthly payments for your lifetime. You will have options that provide continuing payments to your qualified beneficiary after your death.
Who contributes to the plan?	Both plans require you to contribute 3% of your salary, beginning with your first paycheck. You cannot change the amount you contribute. Your employer also contributes a fixed percentage of your gross salary to the plan you choose. Contribution rates are set by the Florida Legislature.	

Have Questions?

Get answers from an experienced, unbiased financial planner. There is no charge to you.

MyFRS Financial Guidance Line • 1-866-446-9377, Option 1 (TRS 711)

8:00 a.m. to 6:00 p.m. ET, Monday through Friday, except holidays.

Plan COMPARISON CHART

Additional Plan Features

	Investment Plan	Pension Plan
What happens if I work long enough to qualify for a benefit, but leave and go to work for another FRS-participating employer? You remain enrolled and contributions will continue to be made to your account.	You remain enrolled and your benefit will continue to grow.
	... an employer that doesn't participate in the FRS? You will have the option of leaving your money in the plan or taking a distribution.	Your benefit will be frozen until you either begin receiving monthly retirement benefits or return to an FRS-participating employer.
Is there a survivor benefit if I die in the line of duty?	Yes.	Yes.
Will my benefit payments be adjusted to reflect increases in the cost of living?	Only if you purchase a fixed annuity that offers it.	No.
Would I be eligible to participate in the Deferred Retirement Option Program (DROP)?	No.	Yes, as of your normal retirement date.
Would I receive the Health Insurance Subsidy (HIS) to help me pay for health insurance in retirement?	Yes, if you satisfy the service requirements.	Yes, if you satisfy the service requirements.
Are there any benefits if I become permanently disabled?	Yes.	Yes.
Once I'm enrolled in one plan, can I switch to the other? While you are actively working for an FRS-participating employer, regardless of the plan you choose, you may switch plans once by using your 2 nd Election. Reemployed retirees in the Investment Plan as of July 1, 2017 or after are not eligible to use a 2 nd Election.	Yes. If you are actively working, earning salary and service credit, you can switch from the Investment Plan to the Pension Plan. You will have to buy into the Pension Plan, using the money in your Investment Plan account. If your balance doesn't cover the cost, you will have to make up the difference out of your own pocket.	Yes. If you are actively working, earning salary and service credit, you can switch from the Pension Plan to the Investment Plan. You may either leave your Pension Plan benefit in place (if you have at least 8 years of service) or transfer it into the Investment Plan. Transferred amount is subject to the Pension Plan's vesting requirements.

This publication is a summary of the retirement options available to new FRS-covered employees and is written in non-technical terms. It is not intended to include every program detail. Complete details can be found in Chapter 121, Florida Statutes, the rules of the State Board of Administration of Florida in Title 19, and the Department of Management Services in Title 60, Florida Administrative Code. In case of a conflict between the information in this publication and the statutes and rules, the provisions of the statutes and rules will control. Before you make an election or select any investment funds, you should review the Fund Profiles, the Investment Fund Summary, and the Annual Fee Disclosure Statement posted in the "Investment Funds" section on MyFRS.com.



Accessing John Hancock

Track your progress towards retirement at any time

Take control of your retirement with John Hancock. We have the tools, tips and resources to help you make informed retirement planning decisions.



Our website provides your:

- Account balance
- Personalized retirement planner
- Progress towards your retirement goal
- Personal rate of return
- Investment options and performance
- Account activity and transactions
- Quarterly statements for up to 2 years



You will be able to:

- Build your retirement goal
- Determine your risk tolerance
- Test your retirement fitness and receive personalized education
- Find tips and tools on how to help save more for retirement
- Make changes to your contribution amount or investment options*
- Update your personal information



johnhancock.com/myplan

Need help registering?

Follow these easy steps to get started now.

Before registering online click **Account Security**, located at the bottom of the login page and learn safeguards to properly set up a secure online account and profile.

Go to johnhancock.com/myplan and click on **Register Now**.

1	Tell us about yourself.	Enter your Last name, Social Security number and date of birth. Click Continue . Next, you'll need your Contract Number.
2	Create your username and password.	You'll also enter your email address and mobile phone number. Click Continue .
3	Choose your challenge questions and answers.	These will be used to help verify your identity should you forget your password. Click Continue .

Confirm your information and you're registered.

If you're joining for the first time, click **Enroll Now**. For future visits, you will need your username and password to access your account. If you ever forget it, you can click on **Forgot your Username or Password?** from the log-in page.

Want to manage your account over the phone?

Call us at **1-800-395-1113** (or **1-800-363-0530** for Spanish) to set up your account on our Interactive Voice Response (IVR) system.

Have other retirement accounts?

Call **1-877-525-7655** to speak to a Consolidation representative to see if combining your accounts is right for you.¹

Changing jobs or retiring?

Call our Rollover Education Specialists at **1-888-695-4472** to review your options and help you make the choice that reflects your financial needs.²



¹If available to your plan, changes made to your account after the close of the New York Stock Exchange (normally weekdays at 4 pm. (ET)) will take effect at the end of the next market day. Exchanges are subject to our short-term trading guidelines. In addition, some fund companies charge redemption fees for fund shares sold within a specified period of time. For more information, go to "Manage > Investments" on our website or select the "investment change option" on our toll-free phone service.

²1. As other options are available, you are encouraged to review your options to determine if combining your retirement accounts is suitable for you.

²2. There are advantages and disadvantages to all rollover options; you are encouraged to review your options to determine if staying in a retirement plan, rolling over to an IRA, or another option is best for you.

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NOT FDIC INSURED. MAY LOSE VALUE. NOT BANK GUARANTEED.

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GT-P 13914-GE 09/19-40218

First visit?

Registering is easy! You will need your contract number

136444

Joining your plan for the first time? You will also need your enrollment access number

375030



Your future is important and planning for your retirement is part of it. **Take control and register today.**

ROTH(k) vs. TRADITIONAL 401(k)/457
(30 Yr. Old Retiring@Age 60)

	ROTH(k) 401 (K)	TRAD 457
STARTING BALANCE	\$0	\$0
ANNUAL CONTRIB.	\$3,150/yr.	\$3,150/yr.
ANNUAL TAX SAVINGS	\$0	\$378/yr. <i>(assumes 12% tax bracket)</i>
TOTAL TAX SAVINGS	\$0	\$11,340 <i>(phantom savings)</i>
PRE-RETIRE R.O.R.	7%	7%
EARNINGS	TAX-FREE	TAX-FREE
BALANCE AT AGE60	\$318,380	\$318,380

(AT AGE 60, TAKE LEVEL WITHDRAWALS FOR 20 YEARS UNTIL BALANCE IS \$0)

POST-RETIRE R.O.R.	5%	5%
ANNUAL INCOME FOR 20 YEARS	\$24,331/yr.	\$24,331/yr.
TAXES PAID ANNUALLY	\$0	-\$2,920/yr. <i>(assumes 12% tax bracket)</i>
TTL INC. REC'D	\$486,620	\$428,220 <i>(\$58,400 lost in taxes)</i>

LEON COUNTY SHERIFF'S OFFICE 457 DEFERRED COMPENSATION

1. DEFERRED COMPENSATION IS AN OPPORTUNITY TO SUPPLEMENT FRS PENSION, DROP AND SOCIAL SECURITY WITH SIGNIFICANT TAX ADVANTAGES
2. ALL DEFERRED COMPENSATION CONTRIBUTIONS ARE 100% EMPLOYEE FUNDED -THERE ARE *NO* EMPLOYER MATCHING/CONTRIBUTIONS.
3. CONTRIBUTE FROM YOUR PAYCHECK UP TO \$23,500/YR. (2024 LIMIT OR \$31,000/YR. (IF AGE 50 OR OVER)
4. EMPLOYEES HAVE THE OPTION TO INVEST WITH EITHER PRE-TAX CONTRIBUTIONS (SEE ATTACHED) AND/OR ROTH CONTRIBUTIONS (SEE ATTACHED)
5. EMPLOYEE CHOOSES HOW/WHERE TO INVEST THEIR MONEY IN STOCKS/BONDS (40 AVAILABLE OPTIONS)
6. ALL EMPLOYEES HAVE A PERSONAL ONLINE ACCOUNT TO FOLLOW AND MAKE CHANGES TO INVESTMENTS ON-LINE
7. SCOTT VEDDER AND LORI HALLIGAN ARE LOCAL INDEPENDENT FINANCIAL ADVISORS TO HELP YOU ENROLL, MAKE INVESTMENT CHOICES, AND ASSIST WITH FINANCIAL PLANNING BEYOND DEFERRED COMPENSATION AT NO COST TO THE EMPLOYEE
8. RETIREMENT PLANS FROM PREVIOUS EMPLOYERS MAY BE ELIGIBLE TO ROLL OVER TO THE EMPLOYEE'S DEFERRED COMPENSATION ACCOUNT
9. EMPLOYEEES CAN OFTEN LEAVE THE MONEY IN THE PLAN AFTER RETIREMENT. THE DEFERRED COMPENSATION ACCOUNT HAS UNIQUE TAX EXCEPTIONS FOR LAW ENFORCEMENT THAT ALLOW FOR RETIREMENT DISTRBUTIONS TO BE WITHDRAWN PRIOR TO AGE 59.5 WITHOUT PENALTIES.
(*NOTE THAT AN EMPLOYEE MUST RETIRE AFTER AGE 50 TO BE ELIGIBLE FOR THE ABOVE EXCEPTION)

Plan for tomorrow

TAKE CONTROL OF YOUR FUTURE TODAY



WHAT IS A 401(k) PLAN?

POTENTIAL TAX SAVINGS

AUTOMATIC PAYROLL DEDUCTIONS

THE POWER OF COMPOUNDED EARNINGS

IT'S NEVER TOO LATE TO START

WHY MAKE A PLAN FOR RETIREMENT?

WHO IS JOHN HANCOCK?

Welcome

A financially secure retirement doesn't happen by accident—it takes planning. Joining and contributing to your employer's qualified retirement plan is one of the most effective ways to prepare for your future.

Whether you were enrolled in a retirement plan with a previous employer or you're just starting fresh, participating is important. It's never too early—or too late—to start saving for your future.

What is a 401(k) plan?



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A 401(k) plan is an employer-sponsored, qualified retirement plan that allows participants to choose to make payroll contributions. These contributions are deducted from your paycheck each pay period. When you contribute pre-tax money to your 401(k) account, the tax is deferred until the money is withdrawn.

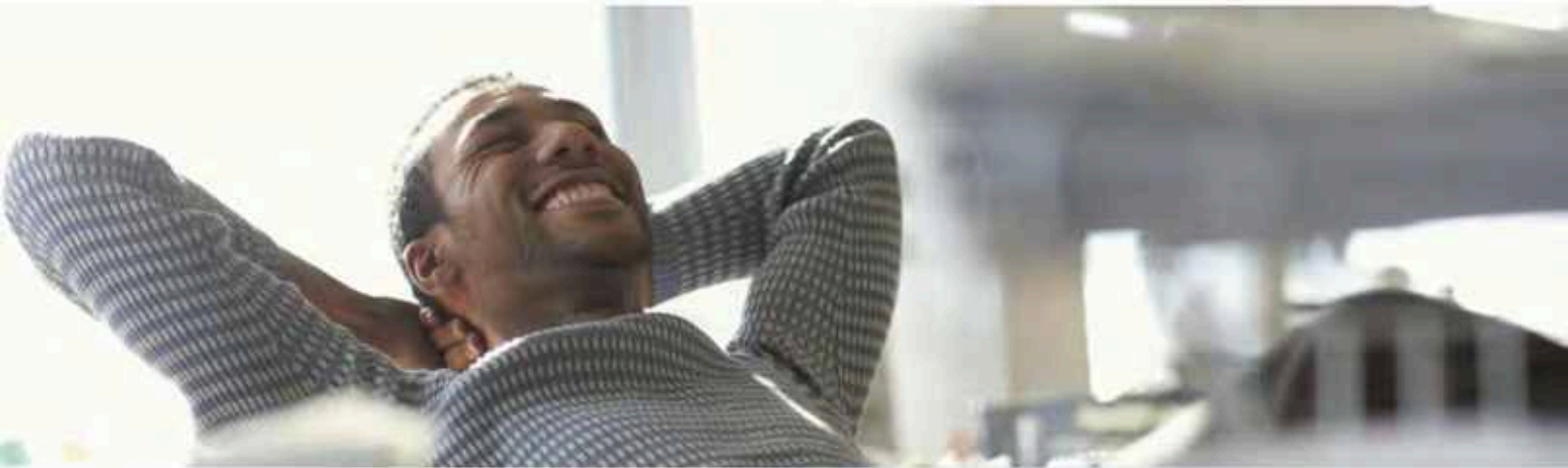
Offering significant tax advantages, flexibility of investment and other attractive features (such as employer match, if applicable), 401(k) plans play an extremely important role in the retirement plans of America's workforce.

Note that the plan your employer is offering may not be a 401(k) plan. For a complete list of qualified retirement plans, visit the [IRS.gov website](https://www.irs.gov).

Did you know?

The 401(k) plan takes its name from section 401(k) of the Internal Revenue Code. Congress enacted this section of the code in the Revenue Act of 1978.

Potential tax savings



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WHY MAKE A PLAN FOR RETIREMENT?

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Perhaps the biggest advantage of the 401(k) plan is tax deferral. Pre-tax wages contributed to your 401(k) plan account are not subject to federal income tax at the time of the contribution.

Taxes can slow the growth of your retirement savings. With a 401(k) plan, any savings grow without being taxed until the funds are withdrawn. Since you may be in a lower tax bracket when you retire, you may end up paying less in taxes when the money is withdrawn than if you were taxed on the funds today.

Automatic payroll deductions



WHAT IS A 401(k) PLAN?

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WHY MAKE A PLAN FOR RETIREMENT?

WHO IS JOHN HANCOCK?

Paying yourself first is an effective way to help achieve your savings goals.

With automatic payroll deductions, your contributions are automatically deducted from your paycheck each pay period and deposited into your retirement account. There's no scheduling required. It's an easy, convenient way to save—and it works!

You choose how much to contribute and you have the flexibility to change it at any time.

The power of compounded earnings



Hypothetical mathematical illustration only. This example is not intended to represent investment advice. Talk to your financial representative about how this situation may relate to your own. This hypothetical example is for illustrative purposes only. There is no guarantee that the results shown will be achieved or maintained over any time period. This example assumes no withdrawals, does not take into account fees associated with investing which, if included, would reduce the account balance, and assumes reinvestment of earnings. Taxes are due upon withdrawal.

You do not have to pay taxes on your contributions (or on the investment income those contributions generate) while they are held within your 401(k) account. This means your contributions and earnings are allowed to grow tax-deferred. This tax-deferred growth of your principal and investment earnings is known as compound earnings.

Here's an example of how compound earnings work.

If Leslie and John saved \$500 a month for 30 years, and earned an average tax-deferred annual return of 5%, they would end up with \$407,688! Their contributions would total \$180,000. All the rest—\$227,688—would be compounded earnings!

As you can see from this illustration, compound earnings can really add up over time!

Dollar cost averaging can help you get there sooner.*

By making regular contributions to your retirement account over time, you can take advantage of something called "dollar cost averaging". By contributing the same amount each month, you're buying units/shares at different prices and in different quantities. When markets go down, you can buy more units/shares at a lower price and vice versa. Over time, this can help lower the average price per units/shares of the funds you're investing.

* Dollar cost averaging does not assure profit or protect against loss in declining markets. Systematic investing involves continuous investment in securities regardless of price level fluctuation. Participants should consider their financial ability to continue making purchases through periods of low price levels.

Did you know?

Dollar cost averaging only works if you contribute to your account on a regular basis. Automatic payroll deductions can help keep your contributions consistent.

WHAT IS A 401(k) PLAN?

POTENTIAL TAX SAVINGS

AUTOMATIC PAYROLL DEDUCTIONS

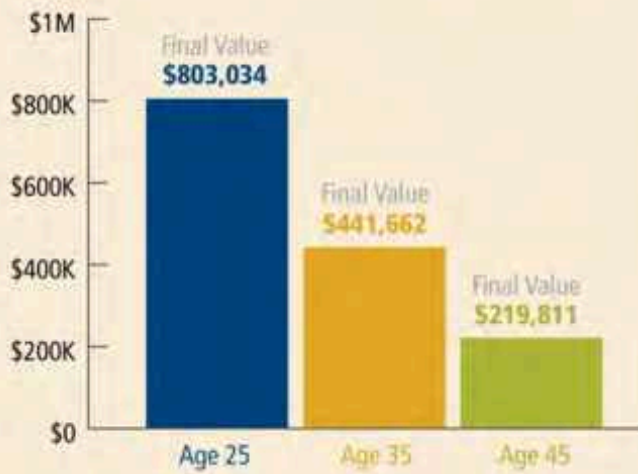
THE POWER OF COMPOUNDED EARNINGS

IT'S NEVER TOO LATE TO START

WHY MAKE A PLAN FOR RETIREMENT?

WHO IS JOHN HANCOCK?

It's never too late to start



This chart is for illustrative purposes only and is not meant to portray actual investments. There is no guarantee that the results shown will be achieved or maintained over any time period.

Starting early can have a significant impact on the growth of your retirement savings. At the same time, it's never too late to start.

Your savings will need to last the rest of your life. And since Americans are living longer than ever, it's important to start saving for retirement at your earliest opportunity.

If you are a mature investor, you will need to carefully assess your current savings, monthly earnings, and retirement lifestyle goals before making a decision. If you have concerns about being able to meet your retirement income goals, discuss your situation with an investment advisor. They can give you valuable advice before you make an investment decision.

This chart shows an annual investment of \$6,500 from the ages of 25, 35, and 45 until the age of 65. It assumes a steady return of 5%.

WHAT IS A 401(k) PLAN?

POTENTIAL TAX SAVINGS

AUTOMATIC PAYROLL DEDUCTIONS

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Why make a plan for retirement?



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WHY MAKE A PLAN FOR RETIREMENT?

WHO IS JOHN HANCOCK?

Imagine your life in retirement. What do you see? What activities and pursuits will you enjoy? Maybe you'll do more of the things you enjoy now, such as traveling, sports, or visiting with family. Perhaps you'll start volunteering for a charity or take up a new hobby.

Many experts believe you'll need to replace 60% to 80% of your current annual income (adjusted for inflation) in retirement. While everyone hopes for a financially secure retirement, it won't happen by itself. It will require a bit of foresight and planning.

A plan for retirement can help you get on track toward achieving your goals for your future. Contributing to your 401(k) can be an important part of that plan.

Once enrolled with John Hancock, we suggest that you log onto the participant website, set a goal, and receive a personalized retirement income estimate. Once enrolled and actively participating, you have access to tools and resources to help you create this important plan for you and your family.

Who is John Hancock?



WHAT IS A 401(k) PLAN?

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WHY MAKE A PLAN FOR RETIREMENT?

WHO IS JOHN HANCOCK?

For more than a century, John Hancock has offered American families a proven track record of leadership and financial strength. Among life insurance companies, mutual fund companies, and banks, we are one of the largest providers of qualified retirement plans across all plan sizes. We've helped millions of Americans prepare for their financial futures and we're here to support you every step of the way as you plan for your retirement.

For more information about John Hancock, visit www.johnhancock.com.

John Hancock Life Insurance Company (U.S.A.), John Hancock Life Insurance Company of New York, and John Hancock Retirement Plan Services LLC are collectively referred to as John Hancock. The content of this document is for general information only and is believed to be accurate and reliable as of posting date but may be subject to change. John Hancock does not provide investment, tax, or legal advice. Please consult your own independent advisor as to any investment, tax, or legal statements made herein.

John Hancock Retirement Plan Services, LLC, Boston, MA 02210.
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Everyone deserves legal protection.

At LegalShield, we've been offering legal plans to our members for 40 years, creating a world where everyone can access legal protection—and everyone can afford it. Unexpected legal questions arise every day and with LegalShield on your side, you'll have access to a top-quality law firm 24/7, for covered situations. From real estate to divorce advice, speeding tickets to will preparation, and beyond, we're here to help you with any legal matter—no matter how traumatic or how trivial it may seem. Because our dedicated law firms are prepaid, their sole focus is on serving you, rather than billing you.

Our Promise to You

As one of the first companies in the United States to provide legal expense plans to consumers, we now provide legal services to over 1.4 million families across the U.S. and Canada—representing approximately 4 million people. And with over 700 employees dedicated to serving you, our promise remains the same: to provide outstanding legal coverage by quality law firms at an affordable price.

Why LegalShield

For less than \$20 a month, LegalShield gives you the ability to talk to an attorney on any matter without worrying about high hourly costs. That's why, under the protection of LegalShield, you and your family can live your lives worry free.

Some of the services you will receive include the following:

- Unlimited personal or business advice
- Letters and phone calls on your behalf
- Legal document review
- Trial defense hours*
- Video law library
- Forms service center

Even better, you don't have to worry about figuring out which attorney to use—we'll do that for you. Our experienced attorneys focus specifically on our members and provide 24/7 access for emergencies.

For more information contact:

Rebecca Smith & Kenn Terry

800-729-7998 or 904-262-2311

rjsmith@smithterry.com

* Trial defense hours are provided at a reduced rate in New York and Washington.



LegalShield Standard Plan

Your LegalShield provider law firm will be there to offer advice or assistance on a variety of issues. Below is a brief sampling of the areas that the LegalShield Standard Legal Plan offers.

Family Matters

- Adoption
- Alimony
- Child Custody
- Child Support
- Child Visitation Rights
- Conservatorship
- Divorce
- Domestic Violence Protection
- Guardianship
- Insanity/Infirmity
- Juvenile Court Proceedings
- Name Change
- Parental Responsibilities
- Prenuptial Agreements
- School Administrative Hearing

Auto

- Drivers License Restoration
- Drivers License Revocation
- Drivers License Suspension
- Minor Traffic Ticket
- Motor Vehicular Homicide Defense

Estate Issues

- Codicils
- Health Care Power of Attorney
- Irrevocable Trust
- Living Will
- Revocable Trust
- Standard/Complex Wills

Financial

- Affidavits
- Bankruptcy
- Civil Damage Claims Defense
- Consumer Credit
- Consumer Protection
- Contracts/Financial Disputes
- Debt Collection
- Durable/Financial Power of Attorney
- Estate Administration/Closing
- Inheritance Rights Protection
- Installment Sale Contracts
- IRS Audit Protection
- IRS Collection Defense
- Lease Contracts
- Medical Disputes
- Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Social Security Disputes
- Veterans Benefits Disputes

Home

- Building Code Disputes
- Contractor Disputes
- Deeds and Mortgage
- Evictions
- Foreclosure
- Neighbor Disputes/Easements
- Primary Residence Refinancing
- Purchase/Sale of House
- Real Estate Contracts/Financial Disputes
- Secondary Residence Coverage
- Security Deposits
- Smalls Claims Assistance
- Zoning Variances

Your Plan Covers:

- **The member**
- **The member's spouse**
- **Never-married dependent children under age 21 living at home**
- **Dependent children under age 18 for whom the member is legal guardian**
- **Full-time college students up to age 23; never married, dependent children**
- **Physically or mentally challenged children living at home**

Legal services may vary by state.

25% off additional legal services
If you are in need of additional legal services, you may continue to use your provider law firm for legal situations that extend beyond plan coverage. The additional services are 25% off the law firm's standard hourly rates. Your provider law firm will let you know when the 25% discount applies and will go over these fees with you.

Please note: Class actions, interventions, or amicus curiae filings in which you are a party or potential party are not covered by the LegalShield membership.

Marketed by: Pre-Paid Legal Services, Inc. and subsidiaries; Pre-Paid Legal CasualtySM, Inc.; Pre-Paid Legal Access, Inc.; In FL: Pre-Paid Legal Services, Inc. of Florida; In VA: Legal Service Plans of Virginia, Inc.; and PPL Legal Care of Canada Corporation

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For detailed information about the areas in which we provide advice or assistance, go to <http://www.legalshield.com/info/standardplan>.

SWORN EMPLOYEE ONLY



Post Office Box 12519
Tallahassee, Florida 32317-2519
Telephone: 1 (844) 890-0412
FAX: (850) 878-8665
www.fldeputysheriffs.org

Sheriff Walt McNeil provides sworn LE and Correction your membership as a great employee benefit and it remains in effect as long as you are employed by the Leon County Sheriff's Office. As part of this membership, you have enjoyed the following benefits, now upgraded, with many additional enhancements:

- 1.) Accidental Death & Dismemberment – your annual salary paid to your beneficiary survivors or a schedule of benefits paid to you based on the severity of your injuries. These benefits now include "loss of use" *i.e.* of hand, foot, eye, etc. vs. total loss and no more exclusions for accidents involving alcohol or ATV use.
- 2.) A \$50,000 scholarship fund for surviving children (*household income limits apply*)
- 3.) Statewide and local training and networking opportunities
- 4.) Access to the Lend-A-Hand fund for deputies suffering from personal tragedies and hardships
- 5.) Legislative representation for bills and issues affecting our law-enforcement industry
- 6.) Assistance filing state and federal claims for your survivors in the event of your on-duty death.
- 7.) Provide after death, in-casket transportation to home town or family burial site.

Effective immediately, Sheriff McNeil is now also providing at no cost to you, an additional enhancement for all sworn officers – professional legal representation for incidences including use of force and vehicle crashes involving serious injuries and for investigations including Internal Affairs and FDLE. If you need immediate representation, call our 24/7 toll free number (844-890-0412), tell the hotline specialist "this is an emergency call" and you will immediately speak directly with our attorneys. Our attorneys can be on-scene with you typically, within two hours or less. Please take a moment and save the FDSA 24/7 Legal Hotline number in your mobile phone right now. You may also use the same number for legal assistance for non-emergency needs.

We are very pleased to have you as one of our now nearly 14,000 members which represent over one-third of all deputies throughout our State. If you have any questions, would like additional information, or become aware of any Florida deputy in need, please call our office number 844-890-0412 or email me directly at kdean@fldeputysheriffs.org

Sincerely,

A. Keith Dean, CPA
Executive Director



JOIN NOW

www.fldeputysheriffs.org

1-844-890-0412

SPECIAL NOTE: This brochure is not a complete listing of coverage, terms, conditions and limitations, and does not modify, commit, expand or limit coverage. Refer to certificates and contract for complete coverage description.



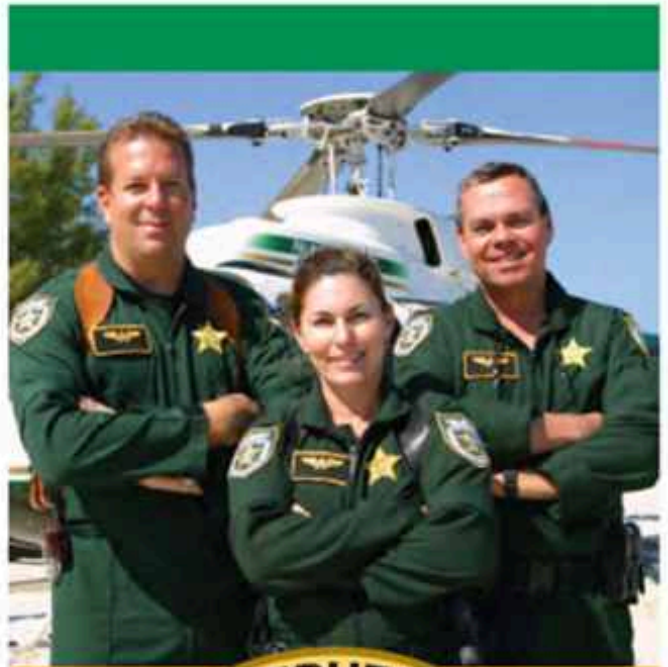
Florida Deputy
Sheriffs Association

P. O. Box 12519

Tallahassee, FL 32317-2519

www.fldeputysheriffs.org

Revised 8/15/16



**Benefiting law-enforcement,
correctional officers and
others affiliated with the
Florida Sheriffs' Offices**

www.fldeputysheriffs.org

1-844-890-0412



The Florida Deputy Sheriffs Association was created in 2008 from the Florida Sheriffs Association Law Enforcement Membership to establish a forum for the law enforcement, corrections and support personnel of the Florida Sheriffs.

- Membership is available to all certified and non-certified personnel of Sheriffs' Offices
- FDSA provides insurance benefits and services to deputies and staff that may not otherwise be available to Sheriff's Office personnel
- Established to meet the Sheriffs' goals to provide a better environment for deputies and staff members

Membership includes:

- A membership card, decal and subscription to the All Points Bulletin publication
- Accidental Death & Dismemberment plus Survivor Benefits
- Legal Benefits which provide protection, including coverage for administrative and termination hearings and on-scene representation (Enhanced Membership)
- Optional additional benefits available at reduced cost (Enhanced Membership)

Membership means a package of security

With an FDSA membership, not only will you be joining your fellow deputies and law enforcement professionals, you also will receive valuable security for yourself and your family.

Basic Membership Benefits (\$25 annually)

ACCIDENTAL DEATH & DISMEMBERMENT

This plan pays: **Level 1*** members, one times your annual salary for accidental death; **Level 2*** members, one times your annual salary for accidental death. **Level 3*** members are eligible for a \$20,000 accidental death benefit. The plan pays a schedule of benefits for dismemberment.

SURVIVOR BENEFITS

Child Care - Up to \$3,000 per year
 Education - Up to \$2,500 per child
 - Up to \$3,000 for spouse
(Survivor Benefits are up to 4 years)

- * **Level 1** - All current Sheriffs in good standing with the Florida Sheriffs Association; all full-time Florida Certified Deputy Sheriffs and Correctional Officers currently employed by a Florida Sheriff's office.
- * **Level 2** - All other employees currently employed by a Florida Sheriff's office.
- * **Level 3** - "Associate Members" - Former Sheriffs, retirees and volunteers (verification required). *Level 3 members are eligible for **Basic Membership only.***

LIFE BRIDGE

If you meet the eligibility requirement, a free term life policy with a death benefit of \$50,000 paid into a trust administered by Mass Mutual to cover education expenses of your dependent children.

Enhanced Membership

(\$25 monthly)

(Payroll Deduction, ACH, Credit Card)

Please visit the Web site for more information on payment options: www.fldeputysheriffs.org

Enhanced Membership Includes Basic Membership benefits *plus*:

- CONTINUING PROFESSIONAL EDUCATION
- ACCIDENT COVERAGE
 - \$5,000 benefit for accidental death
 - Includes \$250 per week accidental, non-occupational Injury disability coverage
 - Pays up to 26 weeks following disability
 - Pays difference between salary at time of injury and replacement salary after disability, up to \$250 per week

- IN HOUSE, GENERAL COUNSEL

LEGAL BENEFITS

Enhanced Membership comes with personal, family, and job-related coverage from our in-house general counsel:

- Toll-free phone consultations with our attorney for business, personal and job-related matters (1-844-890-0412)
- Phone calls and letters on your behalf provided by an attorney
- Review of contracts and documents
- Wills and Living Wills for you and your covered family members
- Administrative and Termination Hearing Representation
- Telephone consultation with attorney and on-scene representation for use of force shootings and motor vehicle accidents involving serious injury 24 hours a day, 7 days a week (for certified Law Enforcement and Correctional Officers only)
- Complimentary consultation and reduced rates for family law including child support and child custody law.
- And much more! It's like having an attorney on retainer 24/7!



- Extraordinary benefits available with membership
- Costs only \$25 per year for Basic Membership or \$25 per month for Enhanced Membership with full benefits
- Membership provides valuable security for you and your family



**Serving Our
Law Enforcement
Family**



OPTIONAL BENEFITS FOR ENHANCED MEMBERS

Identity Theft Plan can be added to your FDSA Enhanced Membership for \$10 per month which covers you and your spouse/significant other.

The need for ID Theft Protection & Response is real. Identity theft is one of the fastest growing crimes in the nation. Identity theft has been the number one complaint to the FTC for 15 consecutive years.

- An Identity is stolen every 3 seconds.
- The FBI claims 9.9 million Americans have been ID Theft victims, experiencing losses in excess of \$47 billion. (Gartner Group)
- In the last five years, more than 25 million people worldwide have been victims of ID Theft.

Identity Theft Plan includes continuous credit monitoring with alert notifications. Suspicious activity will be brought to your attention providing you with early detection related to:

- Suspicious accounts opened in your name.
- Derogatory notations that have been added to your credit report
- Inquiries made against your credit report
- A change of address that has been requested.

Proactive searches of applicable local and national databases will be made on your behalf to look for information you may not be aware of including:

- Criminal activity in your name
- Federal crime watch list
- Department of Motor Vehicle search
- Unknown addresses affiliated with your name
- Banking activity reported as fraudulent

Identity Investigation and Restoration

If you are a victim of ID theft, a licensed fraud investigator is trained to evaluate the incident and what steps need to be taken to resolve the theft, including but not limited to:

- Placing fraud alerts, freezing credit and filing disputes, and affidavits on the member's behalf
- Continuous 24/7 "Identity Monitoring", with fraud alerts for suspicious or credit file activity as well as national databases.
- Unlimited access to highly trained Licensed Fraud Investigators to assist in restoring your identity.
- Unlimited phone consultation with Licensed Fraud Investigator to assist in restoring the identity into a pre-theft status.
- \$5M Service Guarantee
- Lost Purse or Lost Wallet Benefits

Simply put, you can't get better Identity Theft Protection anywhere.

Personnel shown in brochure photos are for illustration purposes only. There is no implied endorsement by them of the association. Photos courtesy of Thurgeland Marketing and Consulting.



Tuition Reimbursement Program



Tuition Reimbursement Program

What is the Tuition Assistance Program?

The Leon County Sheriff's Office is committed to investing in our employees' professional growth. Each semester, eligible employees may take courses and have a portion of the tuition cost reimbursed. You may take undergraduate courses and graduate level courses. Tuition reimbursement will be made only for courses taken at an accredited college or university. Courses eligible for reimbursement are those that will:

- Improve ability to perform current job duties and promote personal career enhancement.
- Develop or improve skill, ability, or knowledge within current occupational field, or
- Provide cross-training to meet the agency needs.

After you complete your probationary period, you are eligible to participate in the Tuition Assistance Program if you:

- Receive a "meets standards" or above on your last evaluation.
- Are not on disciplinary probation.

Procedure for requesting reimbursement:

- Complete and submit a Tuition Assistance Application (located on the Intranet). To Human Resources via chain of command, at or prior to the beginning of the academic semester.
- Register for course(s), pay fees, attend classes.
- Provide grade report, (letter grade of "C" or better) and payment receipt to Human Resources.

Human Resources will review the tuition reimbursement form, grades and payment receipt then forward the documents to Fiscal for payment.

How is the reimbursement calculated?

- Tuition reimbursement will be paid on a per-credit-hour basis based on the Florida State University tuition rate for bachelor's and graduate level courses and Tallahassee State College for associates level courses.
- Eligible members may be reimbursed for up to three credit hours per semester for actual tuition and fees incurred. Reimbursement is limited to nine credit hours per calendar year.
- Reimbursement for CLEP exams will count towards the maximum reimbursement.



Please note that Tuition Assistance Program reimbursements over maximum exclusion amount of \$5,250 in a calendar year (January–December) are also taxable. Per the IRC 127(a)(20): The maximum exclusion from gross income is \$5,250 per year. Payments made to the employee that exceed the maximum exclusion are not excluded from gross income. These payments must be included in taxable income subject to all applicable federal taxes.

Flexible Spending Accounts

Leon County Sheriff's Office offers a Flexible Spending Account (FSA) administered through HealthEquity/WageWorks. An FSA allows employees to use pre-tax money for qualified medical, dental, vision, and other eligible expenses as approved by the IRS.

The annual FSA Plan Year is January 1st through December 31st.

Determine how much you anticipate spending on qualified expenses throughout the year and fund your FSA for that amount through semi-monthly pre-tax payroll deductions. You can then use those funds to pay for eligible expenses using a debit card at the time of service or by submitting a receipt after-the-fact. With Health Equity's health care FSAs, the entire elected amount is available to you on the first day of the health plan year. You don't have to wait for your payroll contributions to accumulate before paying expenses with your FSA.

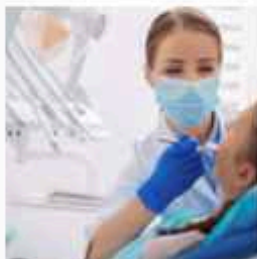
Health Care FSA – Used to pay for qualified medical, dental, and vision expenses incurred by you and your dependents during the plan year. See box for examples of eligible expense.



- Annual maximum contribution is \$3,400.
 - You have access to your full annual contribution at any time during the plan year.
 - You cannot change your annual contribution amount during the plan year, so be conservative in determining the amount you decide to contribute.
 - Deadline to incur claims for the plan year is **December 31st**.
 - Deadline to submit claims is **March 31st of the next year**.
- ⇒ You can *rollover* \$680 into the following year to use remaining unused funds towards claims incurred through March 31st.

Health Care FSA Eligible Expenses

- Medical plan co-pays and deductibles.
- Dental and orthodontia expenses.
- Vision care expenses including Lasik, glasses and contact lenses.
- Over-the-counter medicine or drugs, (even if purchased without a prescription)
- Tobacco cessation programs and related drugs with doctor's prescription.
- Infertility treatment.
- Menstrual care products.
- Psychology and psychoanalysis medical expenses.



 **FSA store.com**
Everything Flex Spending.

Visit www.irs.gov for a full list of eligible expenses and exclusions.

Dependent Care FSA



Dependent Care FSA may be used to pay for eligible expenses related to the care and supervision of your child(ren) under the age of 13, or elder care expenses incurred during the plan year, to allow you and/or your spouse (if married) to work or go to school full-time.

The IRS limits annual contributions to \$7,500 annually if “married filing joint tax returns” or “single head of household”, or \$3,750 for “married filing separately.”

You **ONLY** have access to funds as they are deducted each pay period.

Deadline to incur claims for this plan year is **December 31st**.



Dependent Care

Partial List Eligible Expenses

- After school care
- Baby-sitting fees
- Day Care services
- Elder Care services
- In-home care/au pair services
- Nursery and preschool
- Summer Day Camp

You may request reimbursement by:

- Using your HealthEquity/WageWorks Healthcare card.
- Fax: 1-855-291-0625
- Online at www.healthequity.com/wageworks.com
- Deadline to incur claims for this plan year is **December 31st**.
- Deadline to submit claims is **March 31st of the next year**.

⇒ *Please note with this plan, dependent care expenses are paid upfront and reimbursement is issued to the participant upon claim submission (with proof of payment).*



Visit www.irs.gov for a full list of eligible expenses and exclusions.

QUICKSTART GUIDE

Your Flexible Spending Account



At-a-Glance

Your FSA:
The Essentials

Managing Your Account

Using Your FSA Dollars

Register online now!

If you haven't registered online yet, please do so today. To register, just visit www.healthequity.com/wageworks, select "LOG IN/REGISTER" and then "Employee Registration." You'll need to answer a few simple questions and create a username and password.

Questions?

HealthEquity makes it easy for you to get the help you need now. Please call us at 866.242.3458 or visit the Support Center at www.healthequity.com/wageworks where you will find answers to frequently asked questions, important forms, videos and other useful resources.

Download the EZ Receipts® mobile app!

Use your mobile device to file claims and take care of your account paperwork from anywhere. Go to www.healthequity.com/wageworks to learn more.

Welcome to HealthEquity. Start Saving. Here's How.

Welcome to your healthcare and/or dependent care flexible spending account (FSA) sponsored by your employer and brought to you by HealthEquity.

Your FSA is a great way to save on hundreds of eligible expenses like prescriptions, copayments, over-the-counter (OTC) items, and child and elder care.

Your FSA: The Essentials

Your FSA is governed by IRS regulations that detail who is eligible to use the account and where and how the money in it is to be used. Your FSA was designed to be simple. To keep it that way, it's important to comply with the IRS regulations that govern the program. The following guidelines will help you avoid any inconvenience.

- **Make sure account funds are only spent on expenses for those who are eligible.** Typically, those eligible are you, your spouse and your eligible dependents.
- **Know what expenses are eligible.** Log in to your account at www.healthequity.com/wageworks for a complete list of eligible healthcare expenses. Generally, eligible healthcare expenses include services and products that are medically necessary to treat a specific condition. Dependent care expenses typically include care provided for your qualifying child (under age 13) or other qualifying dependent so you can work.
- **Keep your receipts.** Save receipts that describe exactly what you paid for. Make sure the amount and service date—not the payment date—are included.
- **Over-the-counter (OTC) medications, drugs and menstrual care products.** You can use your HealthEquity® Visa® Healthcare Card (Card) for OTC medications and drugs, including menstrual care products. Alternatively, you can pay for the item out of pocket and use Pay Me Back to submit your claim to HealthEquity for reimbursement. Pay Me Back claims can be submitted online, or with your smartphone or mobile device. (FSA plans vary by employer, and these changes do not necessarily change the benefits under your employer's plan.)
- **Watch where you shop.** If using a HealthEquity Healthcare Card, shop only at general merchandise stores or pharmacies that have an IRS-approved inventory system in place. Visit www.sigis.com for the most updated list of approved merchants. The healthcare Card will not work at a non-certified merchant.
- **Verify all healthcare Card transactions.** If a transaction is not automatically verified at checkout or by a third-party system, you will be notified by email or upon login to your account. Failure to verify an outstanding transaction may result in healthcare Card suspension.
- **Register for an online account at www.healthequity.com/wageworks.** When you register online and provide a current email, you ensure that you will have 24/7 access to your account and will be automatically signed up to receive important updates and alerts. You also must have an account to use the mobile app and take advantage of features like Submit Receipt or Claim and healthcare Card usage requests.
- **Keep track of your FSA balance.** Plan ahead to make sure you spend the full amount of your balance.

QUICKSTART GUIDE

Managing Your Account

You can manage and check up on your account through HealthEquity online or over the phone. The "Claims and Activity" page online details all your account activity and will even alert you if any healthcare Card transactions are in need of verification.

For the latest information, visit www.healthequity.com/wageworks and log in to your account 24/7. In addition to reviewing your most recent FSA activity, you can:

- Update your account preferences and personal information.
- View your transactions and account history.
- Schedule payments to healthcare and dependent care providers.
- Check the complete list of eligible expenses for your FSA program.
- Order additional HealthEquity Healthcare Cards for your family.
- Download the EZ Receipts app to file claims and healthcare Card use paperwork.

Using Your FSA Dollars

When you pay for an eligible healthcare and dependent care expense, you want to put your FSA to work right away. HealthEquity gives you several options to use your money the way you choose.

Using your HealthEquity Healthcare Card

Use your HealthEquity Healthcare Card (Card) instead of cash or credit at healthcare providers and pharmacies for eligible services, goods and prescriptions. You can also use the healthcare Card at general merchants and drug stores that have an industry standard (IIAS) checkout system that can automatically verify if the item is eligible for purchase with your account.

- Go to www.sigis.com to review a list of eligible merchants, like drug stores, supermarkets and warehouse stores, that accept the healthcare Card.
- When you swipe your healthcare Card at the checkout, choose "credit" (even though it isn't a credit card).
- Consider paying for items or services on the day you receive them. If your health plan covers a portion of the cost, make sure you know what amount you need to pay before using the healthcare Card, by presenting your health plan member ID card first, so the merchant can identify your copay or coinsurance amount and ensure the service is claimed to your healthcare, dental, or vision insurance plan.
- Save your receipts or digital copies. You will need them for tax purposes. Plus, even when your healthcare Card is approved, a detailed receipt may still be requested.
- If you've lost or can't produce a receipt for an expense, your options may range from submitting a substitute receipt to paying back the plan for the amount of the transaction.
- If you use your healthcare Card at an eye doctor's or dentist's office, we will most likely ask you to submit an Explanation of Benefits (EOB) or other documentation for verification. Failure to do so may result in your healthcare Card being suspended.
- If you lose your healthcare Card, please call HealthEquity immediately and order a new one. You will be responsible for any charges until you report the lost healthcare Card.

Using your Mobile Device

With the EZ Receipts mobile app, you can file and manage your reimbursement claims and healthcare Card usage paperwork on the spot, with a click of your mobile device camera, from anywhere.

To use EZ Receipts:

- Download at www.healthequity.com/wageworks/aboutmobile.
- Log in to your account.
- Choose the type of receipt from the simple menu.
- Enter some basic information about the claim or healthcare Card transaction.
- Use your mobile device camera to capture the documentation.
- Submit the image and details to HealthEquity.

Paying online

You can pay many of your eligible healthcare and dependent care expenses directly from your FSA with no need to fill out paper forms.* It's quick, easy, secure and available online at any time.

To pay a provider:

- Log in to your FSA at www.healthequity.com/wageworks.
- Select "Submit Receipt or Claim."
- Request "Pay My Provider" from the menu and follow the instructions.
- Make sure to provide an invoice or appropriate documentation. When you're done, HealthEquity will schedule the checks to be sent in accordance with the payment guidelines. If you pay for eligible, recurring expenses, follow the online instructions to set up automatic payments.

* You must, however, provide documentation. For more information about the documentation requirements and payment guidelines, visit www.healthequity.com/wageworks.

Filing a claim

You also can file a claim online to request reimbursement for your eligible healthcare and dependent care expenses.

- Go to www.healthequity.com/wageworks, log in to your account and select "Submit Receipt or Claim."
- Select "Pay Me Back."
- Fill in all the information requested on the form and submit.
- Scan or take a photo of your receipts, EOBs and other supporting documentation.
- Attach supporting documentation to your claim by using the upload utility.
- Make sure your documentation includes the five following pieces of information required by the IRS:
 - Date of service or purchase
 - Detailed description
 - Provider or merchant name
 - Patient name
 - Patient portion or amount owed

Most claims are processed within one to two business days after they are received, and payments are sent shortly thereafter.

If you prefer to submit a paper claim by fax or mail, download a Pay Me Back claim form at www.healthequity.com/wageworks and follow the instructions for submission.

Life Insurance



Term Life and AD&D

Term life and Accidental & Dismemberment Insurance (AD&D) is offered through The Standard. All full-time employees of the Leon County Sheriff's Office receive a Term Life and AD&D insurance benefit of 1 times their salary effective the 1st day of the month following date of hire. This benefit is provided at no cost to you.

Supplemental Life and AD&D Insurance

All full-time employees of the agency are eligible to apply for additional life insurance 1x (double) or 2x (triple) their basic annual salary. *Option to purchase additional coverage rates are based on age/salary. The waiting period for new hires is the 1st day of the month following receipt of application and must be submitted within 30 days of date of hire. The waiting period for current employees is the 1st day of the month following Evidence of Insurability approval.

*Supplement Life and AD&D Rates

(based on age/salary)

Age Band	Rate
34 and Under	\$.13/\$1,000
35-39	\$.15/\$1,000
40-44	\$.19/\$1,000
45-49	\$.27/\$1,000
50-54	\$.38/\$1,000
55-59	\$.59/\$1,000
60-64	\$.76/\$1,000
65-69	\$1.26/\$1,000
70-74	\$2.20/\$1,000
75+	\$8.36/\$1,000

Life Insurance Coverage Value

Who pays	Coverage Tier	Value
LCSO (1x annual salary)	1x Annual Salary	1x Annual Salary rounded to the nearest thousand; plan maximum coverage
LCSO (1x annual salary) *Employee (1x annual salary)	2x Annual Salary	2x Annual Salary rounded to the nearest thousand (Double Annual Salary); plan maximum coverage amount is \$280,000.
LCSO (1x annual salary) *Employee (2x annual salary)	3x Annual Salary	3x Annual Salary rounded to the nearest thousand (Triple Annual Salary); plan maximum coverage amount is \$280,000.

Dependent Life Insurance

You can also elect to cover your spouse and/or child(ren) with supplemental term life insurance coverage. The two election options available are:

	Spouse Value	Child(ren) Value	Monthly Rate
Option 1	\$20,000	\$5,000	\$4.16
Option 2	\$10,000	\$2,500	\$3.05

Important Reminders:

- The maximum coverage amount is \$120,000 for basic life insurance and \$280,000 for supplemental life insurance.
- Dependent Life Insurance amount cannot exceed 50% of the employee's Basic and Supplemental Life Value.
- Coverage amounts reduce to 65% at age 65, rounded to the nearest \$1,000.
- If two married/domestic partners are both employed with LCSO they cannot elect coverage for the other as a dependent.
- Children of parents that are both employed with LCSO can only be covered as dependents by one parent.



Scan the QR Code below to see the Aflac Insurance Plans

Aflac helps with expenses
health insurance doesn't cover,
so you can care about
everything else.



Or, visit your benefits page at:
www.aflacrollment.com/LeonCountySheriffsOffice/0V7115239895



Aflac's family of insurers American Family Life Assurance Company of Columbus and/or American Family Life Assurance Company of New York, and/or Continental American Insurance Company (CAIC) and/or Continental American Life Insurance Company.

Aflac | WWHO | 1932 Wyrnton Road | Columbus, GA 31999

Aflac New York | 22 Corporate Woods Boulevard, Suite 2 | Albany, NY 12211

Continental American Insurance Company | Columbia, SC

Z2300116QR

EXP 1/25

SHORT TERM DISABILITY

Do you have enough savings to pay your bills if you were disabled and not able to work? You may replace up to 60% of your gross salary, up to \$6,500 monthly.

Features

Elimination Period Options:

- 0 Days Accident / 7 Days Sickness
- 7 Days Accident / 7 Days Sickness
- 0 Days Accident / 14 Days Sickness
- 14 Days Accident / 14 Days Sickness
- 0 Days Accident/ 30 Days Sickness
- 30 Days Accident/ 30 Days Sickness

Benefit Duration Options – 3 , 6, 12 or 24 Months

Includes accident and physical or psychological illness disability coverage

Off Job Coverage Only or On/Off Job Coverage

Optional \$50 Wellness Rider

First Day Hospital Confinement Benefit waives Elimination period upon hospital confinement

Semi-Monthly Premium

Age	\$1,000 Monthly Benefit	\$1,500 Monthly Benefit	\$2,000 Monthly Benefit	\$2,500 Monthly Benefit
17 - 49	\$9.15	\$13.73	\$18.30	\$22.88
50 - 64	\$11.45	\$17.18	\$22.90	\$28.63
65 - 74	\$14.65	\$21.98	\$29.30	\$36.63

Rates are based on AAA Risk Category, 3 months coverage, Off job only coverage, with 14/14 elimination period and First Day Hospital Coverage in FL.

Plan is subject to a 12/12 pre-existing condition clause. Limitations and Exclusions apply, please see the policy for complete details.

ACCIDENT

Pays you and your covered dependents benefits for injuries received in accidents on or off the job. These payments can help offset expenses incurred such as time off work, medical and non-medical expenses resulting from an accident.

Guaranteed Issue to age 79.

Major Benefits

- \$2,000 Hospital Admission Payment
Paid each time insured is admitted to hospital as result of accident
- \$300 per day Hospital Confinement
Paid for up to 365 days while confined in hospital as result of accident
- \$50 Optional Health Screening Rider
Paid annually for 1 covered person per calendar year upon completion of annual physical exam with 1 qualified screening test. Benefit begins following a 30 day waiting period from effective date of coverage.
- \$75 - \$7,500 for Fractures or Dislocations
Payment varies depending on injury and treatment received.
- \$75,000 Accidental Death Benefit
for principal insured & Spouse (payment reduced for covered children)
- \$100,000 Catastrophic Accident Benefit
for principal insured & Spouse (payment reduced for covered children)

Many Other Benefits Per Accident:

- Ambulance \$500 per trip
- Emergency Room Treatment \$200 per accident
- Initial Doctors Office Visit \$120 per accident
- Follow up Treatment \$120 per treatment up to 3 visits per accident

Semi-Monthly Premium

Employee Only	\$9.88
Employee + Spouse	\$13.25
Employee + Child(ren)	\$15.88
Employee, Spouse, Child(ren)	\$19.25

Premiums above are for Plan 1 with Health Screening Benefit in FL. Other options available. Limitations & Exclusions apply, see policy for details.

CANCER

Almost everyone knows someone affected by cancer, and has seen its devastating financial effects. A few facts that most people don't know, should be considered:

- 1 out of 2 men and 1 out of 3 women will get cancer during their lifetime.
- 63% of all costs associated with cancer are **NOT** covered by health insurance

This policy helps offset the out-of-pocket medical and indirect non-medical expenses related to cancer that most medical plans may not cover. From lost income and travel expenses, to experimental treatment and specialty hospitals, this coverage also provides benefits for specified cancer-screening tests.

Major Benefits

- \$10,000 Initial Diagnosis payment
Paid upon the diagnosis of an Internal Cancer
- \$150 per day while hospitalized (Days 1 - 30)
- \$300 per day while hospitalized (Days 31+)
- \$250 per day Experimental Treatment (up to \$12,500 lifetime)
- \$500 per week for Chemo & Radiation Treatment
- \$100 Wellness Benefit (paid annually to each covered member of the family upon completion of a cancer or wellness screening)

Many Other Benefits:

Transportation	up to \$1,000 per trip
Hospice	\$50 / day
Blood/Plasma	\$150 / day
Surgical Procedures	up to \$3000 / procedure

Semi-Monthly Premium	
Employee Only	\$16.38
Employee + Spouse	\$32.75
Employee + Child(ren)	\$17.03
Employee & Family	\$33.40

Premiums above are for Cancer Assist Level 2 Plan, with \$10,000 initial diagnosis benefit in FL. Other options available. Benefits begin following a 30 day waiting period from the effective date of coverage. Limitations & Exclusions apply, see policy for complete details.

CRITICAL ILLNESS

Colonial Life's individual Specified Critical Illness 1.0 insurance provides you and your family a lump sum benefit to maintain financial security during a period of a critical illness.

Face amounts for the employee range from \$5,000 to \$75,000 in \$1,000 increments. Spouse benefits are 50% of the employee's face amount. Dependent child(ren) benefits are 25% of the employee's face amount.

Major Benefits

Covered Illnesses Include:

- Heart Attack (*Myocardial Infarction*), Stroke, Coma
- Major Organ Failure
- End Stage Renal (*Kidney*) Failure
- Permanent Paralysis due to a Covered Accident
- Blindness
- Occupational Infectious HIV or Hepatitis B, C or D

Subsequent Diagnosis: *employees can use more than once (reductions in benefits may apply)*

Wellness (Health Screening): *\$50 payable once per year per covered person*

Semi-Monthly Premium				
Age	EE Only	EE + SP	EE + CH	EE + FM
17 - 24	\$1.53	\$2.30	\$1.58	\$2.40
25 - 29	\$1.78	\$2.70	\$1.83	\$2.75
30 - 34	\$2.23	\$3.35	\$2.28	\$3.45
35 - 39	\$2.98	\$4.50	\$3.08	\$4.55
40 - 44	\$4.03	\$6.00	\$4.08	\$6.05
45 - 49	\$5.28	\$8.00	\$5.38	\$8.05
50 - 54	\$6.93	\$10.60	\$6.98	\$10.70
55 - 59	\$8.63	\$13.35	\$8.68	\$13.40
60 - 64	\$10.73	\$16.70	\$10.78	\$16.75
65 - 70	\$12.93	\$19.55	\$13.03	\$19.60

Premiums above are based on \$10,000 face amount, non-tobacco rates, for Critical Illness, Wellness and Subsequent Diagnosis in FL. Other options are available. Plan is subject to a pre-existing condition clause. Limitations and Exclusions apply, please reference the policy for complete details.

WHOLE LIFE with optional Chronic Care Rider

Colonial Life's Whole Life plan is a guaranteed paid-up policy to age 70 or 100. This life insurance plan accumulates cash value, based on a guaranteed rate of return of 3.75%.

Rates are guaranteed to never change.

Employees can purchase individually owned life insurance that is theirs to keep, even if they change jobs or retire. Permanent life coverage is available for yourself or spouse.

The employee may purchase the Chronic Care Rider, which allows the face amount of the policy to be used in the event the insured is unable to perform two of the six Activities of Daily Living (ADLs)

Guaranteed Issue coverage is available for employees to age 79.

Semi-Monthly Premium			
Age	\$10,000	\$20,000	\$30,000
25	\$4.68	\$9.36	\$14.04
30	\$5.33	\$10.66	\$15.99
35	\$6.39	\$12.77	\$19.16
40	\$7.92	\$15.84	\$23.75
45	\$10.16	\$20.33	\$30.49
50	\$12.85	\$25.69	\$38.54
55	\$16.67	\$33.34	\$50.01
60	\$22.16	\$44.31	\$66.47
65	\$30.08	\$60.14	\$90.21

Rates above are for non-tobacco users, paid up at age 100 policy in FL. Tobacco user rates are higher.

Rates above are illustrative. Your rates will be based on your exact age and tobacco status. Rates are available for ages up to age 79. Some policies may require a medical exam to obtain coverage.

Limitations and Exclusions apply, please see the policy for complete details.

TERM LIFE with optional Chronic Care Rider

Colonial Life's Term Life plans may be purchased for 10, 20 or 30 year terms. Term insurance is the most affordable form of life insurance.

Employees can purchase individually owned life insurance coverage that is theirs to keep, even if they change jobs or retire. Term Life policies may be purchased for yourself, spouse or child.

The employee may purchase the Chronic Care Rider, which allows the face amount of the policy to be used in the event the insured is unable to perform two of the six Activities of Daily Living (ADLs)

Semi-Monthly Premium			
Age	\$50,000	\$75,000	\$100,000
25	\$5.81	\$7.72	\$9.63
30	\$5.92	\$7.88	\$9.83
35	\$6.58	\$8.88	\$11.18
40	\$8.69	\$12.03	\$15.38
45	\$12.15	\$17.23	\$22.29
50	\$17.40	\$25.10	\$32.79
55	\$25.32	\$36.97	\$48.62
60	\$39.02	\$57.53	\$76.04
65	\$65.02	\$96.53	\$128.04

Rates above are for non-tobacco users, 20 year term life policy with Chronic Care Rider. Tobacco user rates are higher. Rates above are illustrative. Your rates will be based on your exact age and tobacco status. Rates are available for ages up to age 79. Some policies may require a medical exam to obtain coverage.

Limitations and Exclusions apply, please see the policy for complete details.

MEDICAL BRIDGE

A hospital stay can result in high out of pocket expenses at a time when you can least afford them. Medical Bridge pays a flat amount for the following medical procedures.

Major Benefits

- **\$1000 Hospital Admission Payment**
Paid once per calendar year per covered person when admitted to hospital as the result of a covered accident or sickness.
- **\$100 Daily Hospital Confinement Payment**
Paid up to 365 days per covered person per calendar year.
- **\$500 or \$1,000 for Outpatient Surgery**
Paid based on Tier coverage level up to \$1,500 per covered person per calendar year.
- **\$100 Ground Ambulance, \$1,000 Air Ambulance**
Paid once per calendar year per covered person.
- **\$100 Emergency Room Benefit**
Paid twice per calendar year per covered person.
- **\$250 or \$500 Advanced Diagnostic Procedures**
Paid based on Tier coverage level up to \$500 per calendar year per covered person for tests such as MRI or CAT scan.
- **\$25 Doctor's Office Visit**
Paid up to 3 visits per calendar year for employee only coverage or 5 visits if dependents coverage is selected.
- **\$25 X-ray Benefit**
Paid twice per calendar year per covered person.
- **\$100 Wellness Testing Benefit**
Paid once per calendar year per covered person for a qualified health screening test.

Semi-Monthly Premium

Age	EE Only	EE + SP	EE + CH	EE + FM
17 - 49	\$20.85	\$39.01	\$29.36	\$47.50
50 - 59	\$26.14	\$49.10	\$34.63	\$57.61
60 - 64	\$33.76	\$63.53	\$42.25	\$72.03
65 - 75	\$42.58	\$80.36	\$51.09	\$88.86

Based on IMB Plan 3 coverage in FL. Plan is subject to a 12/12 pre-existing condition clause. Limitations & Exclusions apply, see the policy for complete details.

Filing a Wellness Claim

Each calendar year, covered individuals with wellness benefits are encouraged to get wellness screenings. If your test was performed in the last 36 months, you do not have to provide any documents concerning your test to file a claim.

The easiest way to file any claim is by registering and creating an account at coloniallife.com. You only need to know the type of wellness test performed, the date of the test and the phone number of the provider of the test.

You may also call 1-800-325-4368. Follow the voice prompts to file a wellness claim through the Automated Voice Response System.

You may file by fax by writing your name, address, social security number and/or policy/certificate number on the bill from your wellness test and indicate "Wellness Test." Fax this to us at 1-800-880-9325

You may also send the same information by mail to: P.O. Box 100195, Columbia SC 29202.

Most wellness claims are paid the same day they are submitted.

If your Wellness Screening test was more than 36 months ago, you must upload, fax or mail us a copy of the bill or statement from your doctor indicating the type of procedure performed, the charge incurred and the date of service. Please write your full name, social security number, and current address on the bill.

Colonial Life for Policyholders Portal

A faster, simpler way to manage your benefits

THE PORTAL OFFERS YOU:

- Faster service than calling/emailing
- Confirmation when a claim has been submitted
- Simplified bill payment and management
- Answers to frequently asked questions and live chat assistance if you don't see what you are looking for.

LEARN MORE

Find out how simple your claims and benefits experience can be by learning more about the Colonial Life for Policyholders portal. Just visit ColonialLife.com to see what this online account administration platform can do for you.

Colonial Life for Policyholders is an online portal created with you in mind. It's the most convenient and efficient way to file a claim and manage your benefits.

Here's what you can do on Colonial Life for Policyholders:



File claims with a simple, guided form



Set up direct deposit for approved payments



View claim status or policy details anytime



Opt for instant alerts by email or text



Update your personal info & preferences

BECOME A MEMBER TODAY:

- 1 Go to ColonialLife.com/access to register.
- 2 Click "create an account", fill out the required information and click **Submit**.
- 3 Enjoy faster service and improved benefits awareness.

NEED TO FILE A CLAIM?

Filing online means never waiting for mail or dealing with fax machines and complex paper forms. Our guided question wizard walks you through the process and checks for missing information that could cause delays. Opting for direct deposit can also get approved payments to you up to a week faster than paper check.

AFTER YOU FILE:

Check your claim status by logging into your account at ColonialLife.com/access. You can also sign up for text or email alerts so you know instantly if status changes or more information is needed. For your convenience, you can login anytime with a mobile device to photograph and upload documents with your camera.



Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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Whole Life Insurance ...



What is whole life insurance?

Whole life insurance is more than just life insurance at an affordable price. It combines the guaranteed premiums, coverage, and values that have always been so attractive in whole life insurance with the advantages of cash accumulation at current interest rates.

With whole life coverage you choose the amount of insurance or the amount of premium that best suits your needs and budget.

Our Whole Life workplace insurance is an endowment at age 95 life insurance policy, which means the face value would be paid to the insured, if living, at age 95.

Providing peace of mind for you and your family ...



* The actual cash value may be decreased by loans or withdrawals.

With Boston Mutual's Whole Life coverage...

- ✓ **Family coverage available.** You don't have to apply in order to cover your spouse, children, and grandchildren.
- ✓ **Guaranteed premium.** As long as you pay your premiums, the cost of your life insurance policy can never go up.
- ✓ **Guaranteed cash value.** The cash value illustrated at the time of purchase, when you reach age 65, is guaranteed as long as your coverage stays in force.*
- ✓ **Guaranteed portability.** Even if your employment changes, you can keep this coverage and pay us directly for the premiums.
- ✓ **Guaranteed additional purchase.** If you buy a minimum amount of coverage, you guarantee yourself the right to purchase any remaining portion of the guarantee issue limit at future approved enrollments (subject to product and payroll deduction availability).

There are 106 million Americans, representing 41 percent of the adult population, who acknowledge they are living with a life insurance coverage gap.

2022 Insurance Barometer Study, LIMRA and Life Happens

Scan here to learn more about our Whole Life insurance



Did you know? ...

- ✓ **If you have a family**, whole life insurance enables you to build a cash reserve for yourself, your spouse, your children, and grandchildren. It's a sound way to protect your family without exceeding your present budget.
- ✓ **If you're single with no dependents**, the flexibility of the whole life plan allows you to expand your coverage to meet future responsibilities.
- ✓ **If you are nearing retirement**, obligations and responsibilities have probably come and gone in the past few years. Now you can think about your future. Your whole life plan can be continued after retirement at the same premium.

What's the right coverage for you? ...

We know it's not easy to figure out which insurance fits your needs. Whole life insurance provides protection and financial security that can ensure your family is taken care of when the unexpected happens.

Speak with a representative to talk about what might work for you and your family.



FAMILY MATTERS. NO MATTER WHAT.®

ABOUT BOSTON MUTUAL LIFE INSURANCE COMPANY

Founded as a progressive life insurance company in 1891, Boston Mutual Life Insurance Company is a national carrier that provides insurance solutions designed for working Americans and their families, as well as enrollment and billing options at the workplace. With offices based in Canton, Massachusetts, and Omaha, Nebraska, as a mutual company, Boston Mutual Life is dedicated to acting in the best interests of its policyholders, producers, employees, and its communities. For more information, please visit www.bostonmutual.com or contact your Boston Mutual Life representative. Follow the company on Facebook ([/BostonMutualLifeIns](https://www.facebook.com/BostonMutualLifeIns)) or LinkedIn ([/company/boston-mutual-life-insurance](https://www.linkedin.com/company/boston-mutual-life-insurance)).

120 Royall Street, Canton, MA 02021 | 18135 Burke Street - Suite 120, Omaha, NE 68022 | www.bostonmutual.com



Reliance Standard Term Life Insurance

VOLUNTARY GROUP TERM LIFE INSURANCE

This plan offers you and your dependents an excellent opportunity to purchase affordable group term life insurance on a payroll deduction basis. The important plan features including high limits, guaranteed acceptance, conversion, portability rights and Living Benefit Rider are summarized below. Please review it carefully and make your selection.

ELIGIBILITY:

All active full-time employees who are working a minimum of 30 hours per week are eligible to participate. Employees are not eligible and cannot enroll until their date of hire. Insurance is also available for a spouse under age 70 of an eligible employee. Unmarried eligible dependent children from 14 days to 20 years of age and to age 26 if a full-time student may be insured if the employee or spouse is insured. Spouse insurance terminates at age 75; dependent children's at age 20, or 26 if a full-time student.

BENEFITS:

You and your spouse may select an amount of insurance from minimum, of \$10,000, in increments of \$10,000. The maximum amount available to employees up to age 75, and to their spouses under age 70, is \$500,000. The maximum amount available to employees age 75 and older is a percentage of \$500,000 shown below.

Eligible dependent children age 14 days to 6 months may be covered for \$1,000 and for your choice of \$2,500, \$5,000, \$7,500 or \$10,000 for 6 months to age 26.

Reduction: If this insurance is purchased prior to age 75, the amount of insurance will be reduced in accordance with the table below on the anniversary date coinciding with or next following your last birthday.

At Age	Reduction To % Of Your Pre-Age 75 Amount Of Insurance
75	60%
80	35%
85	27.5%
90	20%
95	7.5%
100	5%

Neither you nor your spouse may hold more than a total of \$500,000 of group term insurance with Reliance Standard Life Insurance Company (hereinafter "RSL") under the master policy. Insurance over that amount will be void and the premiums refunded.

GUARANTEED ISSUE:

During an approved enrollment period, you must be an eligible employee who is actively performing all the regular duties of your occupation to enroll. You must complete, sign and return the application to your employer during the enrollment period. As long as you have not: been previously declined for insurance coverage by RSL; had your coverage postposed; had your application withdrawn; or voluntarily terminated your insurance with RSL, medical evidence will not be required: if you are newly eligible and apply (within 31 days of becoming eligible), for an amount of insurance up to \$50,000 if you are under age 60 when you apply, or \$10,000 if you are between age 60 and 70 when you apply; if you were previously eligible and are now applying for initial or additional coverage of \$10,000, as long as your new total amount of insurance is not greater than \$50,000 if you are under 60 when you apply, or \$110,000 if you are between age 60 and 70 when you apply; if you report a life event change that occurred since the last enrollment (such as marriage, birth or specific changes of employment status) and apply with 31 days of the life event, for an amount of insurance up to \$50,000 if you are under age 60 when you apply, or \$10,000 if you are between age 60 and 70 when you apply.

Your spouse under age 60 is eligible for \$10,000 of guaranteed issue coverage provided you apply for at least \$50,000 of coverage. Your spouse must apply within 31 days of becoming eligible, and if employed, must be actively performing all the regular duties of his/her occupation; if not employed, must be engaged in normal activities for a person of like age and sex. No medical evidence is required on dependent children.

EFFECTIVE DATE:

Coverage for amounts up to the guaranteed issue limit will begin on the date the application is signed, provided applicable premium is paid. Applications for insurance amounts over the guaranteed issue limits (for employees under age 70 and spouses under age 60), and amounts for employees age 70 and over and spouses age 60 but less than 70, and applications made beyond the first 31 days of becoming eligible are subject to medical evidence submitted to and approved by RSL. Insurance will become effective on the date each applicant is approved, provided applicable premiums paid. Dependent children coverage will begin on the date application is signed, provided you or your spouse are insured for this coverage and your dependent children are not confined in a hospital or at home. Non-guaranteed issue amounts are not effective until approved by RSL. Payroll deduction of premiums for non-guaranteed issue coverage prior to such approval does not mean coverage effective. If coverage is not approved, the premium that has been collected will be returned.

Reliance Standard Term Life Insurance (continued)

LIVING BENEFIT

This benefit is designed to offset the high cost of medical care if you, your insured spouse or insured dependent children should become terminally ill. It provides an advance payment of 50% of the death benefit to a maximum of \$250,000.

Coverage must be in-force for 60 days prior to being diagnosed as terminally ill. An insured will be considered as terminally ill if he/she suffers from a physical condition which is certified by a physician to be expected to result in death within 12 months. In the event of death, the death benefit payable to the beneficiary will be reduced by the amount of any living benefit payment that was made. This benefit is payable on time only for any insured covered under the benefit. In no event will the amount of the living benefit plus the death benefit payable exceed the amount that would be payable if no living benefit was available.

DISABILITY WAIVER OF PREMIUM:

All premiums due during your disability will be waived for you and your dependents if you become totally disabled prior to age 60 and disability lasts for six consecutive months. Premiums will be refunded back to the date disability began. Your coverage will remain in force without any premium payments as long as your disability continues, you are under age 70 and you are not retired. This benefit is not available to disabilities resulting from intentionally self-inflicted injury or war (declared or undeclared).

EXCLUSIONS AND LIMITATIONS:

Death by suicide is not covered during the first two years insurance is in force. Insurance coverage is incontestable after it has been in force two years during the insured's lifetime, except for non-payment of premium.

PORTABILITY:

If you terminate employment after your coverage has started, you may elect within 31 days of termination of eligibility, to continue your group term life insurance. Premiums will be billed directly to you on a quarterly, semi-annual or annual basis as you choose and will be based on the prevailing rate charged to all insureds who choose to continue coverage under the Portability provision. Insurance for your spouse terminates at age 75.

CONVERSION:

If premiums are not waived due to a total disability, you may convert your insurance to an individual permanent life insurance policy with RSL within 31 days of termination of coverage. You may also convert if you are no longer a member of an eligible class, or if your employer no longer participates in the group insurance trust. Under these circumstances, your spouse 70 and your insured dependent children may also convert. For each insured child who attains the maximum age for eligibility, up to five times their current amount of life insurance coverage may be converted.

TERMINATION:

RSL may not terminate insurance coverage unless: premium is not paid when due; or insurance coverage is converted to an individual plan of insurance; or the maximum age is attained; or the Master Policy terminates. In addition to the above, insurance coverage on dependents may also be terminated when the dependent is no longer eligible.

BENEFICIARY DESIGNATION:

You can designate your own beneficiary and you may change the designation (except an irrevocable designation) as your circumstances change. You will be the beneficiary for dependent coverage unless another person is designated.

Contact your *Reliance Life Insurance representative* for more information:

Lois Goode
Richard Smith & Associates, Inc.,
6688 Chevy Way

RELIANCE STANDARD
LIFE INSURANCE COMPANY



GROUP BENEFITS SOLUTIONS

Whole Life Insurance that provides a lifetime of protection and value. New York Life Insurance allows you to purchase a permanent whole life insurance policy at your workplace through a special arrangement with you employer.



New your Life Employee's Whole Life is issued by New York Life Insurance Company.

This program is not intended to be subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Employee does not contribute to or endorse the program. Employee participation is completely voluntary.

- 1 Policy remains in force as long as premiums are paid when due.*
- 2 Loans against your policy accrue interest and decrease the death benefit and available cash surrender value of the policy by the amount of the outstanding loan and interest.*
- 3 Dividends are not guaranteed.*

Benefits that make a difference.

Portable

Take it with you throughout your career. It's your policy. It's not tied to any specific employer or group plan.

Permanent

You own the policy. It remains with you regardless of where you work or even if you retire—as long as the premiums are paid when due.

Flexible

You can increase your coverage and customize your protection with a range of riders for added security and benefits.

Family friendly

Your spouse, children, and grandchildren (from 15 days old up to 25 years old) may also be eligible for coverage.

Convenient

Your premiums will be deducted based on an arrangement with your employer.

Cash Value

Your permanent policy builds cash value, which you can access to help pay for unexpected emergencies or any other reasons.

No medical exam

There are limited or no health questions.

Professional service and support

We've been protecting policy owners since 1845, in good times and bad. And our nationwide network of agents is one of the most experienced and well regarded in the business.

Choose from a wide variety of ways to customize your Employee's Whole Life policy:



The **Accidental Death Benefit** rider provides an additional death benefit if the insured dies as a result of an accident prior to age 70. Available for purchase.



The **Select Paid Up** option allows you to customize a shorter period of paying premiums from 15 to 52 years based on age eligibility.



The **Chronic Care Rider**^{4,5} allows the policy owner to leverage a portion of the base life insurance coverage to help mitigate the costs associated with chronic care needs. Available for purchase.



If you, the insured, become totally disabled, the **Disability Waiver of Premium Rider** can ensure your policy remains in force, and that your cash value continues to accumulate. Available for purchase.



The **Living Benefits**⁶ Rider gives the policy owner access to a portion of the policy's eligible death benefit should the insured be diagnosed with a terminal illness with a life expectancy of 12 months or less.⁶ Included at no additional cost but must be applied for.⁷



At the time of the insured's death, the **Spouse's Paid-Up Insurance Purchase Option**⁸ gives the spouse/beneficiary the right to purchase a new paid-up life insurance policy on his or her life without evidence of insurability. Automatically included at no additional cost.

In Oregon, the Employee's Whole Life form number is ICC17-217-52F. The rider form numbers are as follows: Accidental Death Benefit: ICC17-217-201R; Chronic Care Rider: ICC17-217-486R; Disability Waiver of Premium: ICC17-217-227R; Living Benefits: ICC17-217-497R; and Spouse's Paid-Up Insurance Purchase Option: ICC17-217-375R.

Please see a New York Life agent for additional information and any policy/rider limitations and restrictions that may apply.

* If you leave your job for any reason, you will be billed directly instead of paying through automatic payroll deduction.

² The Living Benefits Rider will be available on all policies regardless of the amount of coverage elected.

³ State variations exist. There is a cost to exercise this rider.

⁴ Accessing cash value will reduce the available cash surrender value and death benefit.

⁵ Not available in California.

⁶ Receipt of accelerated death benefits may affect eligibility for public assistance programs and may have income tax consequences. You should consult your tax advisor regarding your circumstances.

⁷ This is a life insurance rider providing for an accelerated payment of the base policy face amount in the event that you are certified chronically ill as described in the policy.

⁸ In New York, this rider is called Rider Insured's Paid-Up Insurance Purchase Option.

For more information, or to schedule an appointment, contact New York Life agents:

Sherwood L. Brown

cell: 850-264-4752

sbrown18@fl.newyorklife.com

Terrinica "Terri" Moss

cell: 850-591-2291

tmoss@fl.newyorklife.com

2623 Centennial Blvd., Suite 205 Tallahassee, FL 32308-0601

Voluntary Long Term Disability



Voluntary Long Term Disability

The Voluntary Long Term Disability (LTD) plan through The Standard is designed to provide a monthly benefit in the event you cannot work because of a covered disability. The cost of the LTD coverage is based on your age and income.

Eligibility

To become insured, you must be:

A regular full-time employee of Leon County Sheriff's Office or its entities participating in this plan, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees and independent contractors. Actively working at least the minimum number of hours specified in the contract and a citizen or resident of the United States or Canada.

Amount of Coverage

The maximum monthly benefit is 60% of salary to a maximum of \$10,000 a month. A health statement may be required.

Benefit Waiting Period

You have a choice to either 90 or 180 days. If your claim for LTD benefits are approved by The Standard, benefits become payable after you have been continuously disabled for either 90 or 180 days, depending on which benefit waiting period you choose, you remain continuously disabled. Benefits are not payable during the benefit waiting period.

Pre-existing Condition Exclusion

A general description of the pre-existing condition exclusion is included in the Voluntary LTD Employee Brochure. For employees currently on the plan, credit for time served will be awarded towards the pre-existing condition limitation. Also, for employees currently on the plan, a new pre-existing condition limitation period will apply for all maximum benefits over \$6,000. If you have questions please check with your human re-sources representative.

Pre-existing Condition Period: Three (3) mth period just before your insurance becomes effective. Exclusion Period: Twelve (12) mths.

Own Occupation Period

For the plans' definition of disability, as described in your brochure, the own occupation period is the first 24 months for which LTD benefits are paid. The Any Occupation Period begins at the end of the Own Occupation Period and continues until the end of the maximum benefit period.

Maximum Benefit Period

If you become disabled before age 62, LTD benefits may continue during disability until you reach the Social Security age. If you become disabled before age 62, LTD benefits may continue during disability until you reach the Social Security Normal Retirement Age (SSNRA). If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins.

Age	Maximum Period
62	To SSNRA or 3 years 6 months, whichever longer
63	To SSNRA or 3 years, whichever is longer
64	To SSNRA or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Voluntary Long Term Disability Continued



When Benefits End

- LTD benefits end automatically on the earliest of:
- The date you are no longer disabled;
- The date your maximum benefit period ends;
- The date you die;
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of temporary recovery; The date you fail to provide proof of continued disability and entitlement to benefits.

Rates Based on Age and \$100 of Pay

Age Band	90 Day Rate	180 Day Rate
Under 30	\$ 0.15	\$ 0.08
30-34	\$ 0.24	\$ 0.17
35-39	\$ 0.41	\$ 0.30
40-44	\$ 0.59	\$ 0.45
45-49	\$ 0.86	\$ 0.66
50-54	\$ 1.30	\$ 0.99
55-59	\$ 1.77	\$ 1.34
60-64	\$ 1.79	\$ 1.31
65-69	\$ 1.66	\$ 1.16
70-74	\$ 2.95	\$ 1.87
75+	\$ 3.61	\$ 2.73



Program: A consultation, assessment, referral, and counseling service for individuals experiencing personal or job-related concerns.

Purpose: The Sheriff's Office recognizes that individual concerns have the potential to impact job performance. The EAP is offered both as an enhanced benefit for individuals and as a proactive management tool.

Scope: The EAP is available to all employees and their immediate family members.

Services: An initial consultation, up to eight sessions, is provided at no cost. The initial consultation will be used to assess concerns and make treatment service recommendations. The subsequent sessions may be used for ongoing support and therapeutic services. The program provides support for the following concerns, including but not limited to: Job Stress, Depression, Grief, Substance Abuse, Emotional or Marital Concerns and Financial Issues.

Confidentiality: Information is protected under professional confidentiality guidelines.

Cost: There is no charge for up to eight sessions. Additional services may be covered with health insurance benefits. When necessary, efforts may be made to acquire services at reduced rates.

Leave: Employees may be granted up to eight hours of administrative leave to participate in the EAP. The employee must ensure documentation is provided to their supervisor or the Director of Human Resources for the use of administrative leave. No verification is required if employees elect to use sick or annual leave. Leave for initial consultations of management (formal) referred employees does not require use of leave as these appointments are conducted on work time.

FOR CONFIDENTIAL ASSISTANCE CALL:

Anew Life Counseling and Consulting Group, LLC

(850) 508-4624

www.anewlifecgroup.com

1266 Cedar Center Drive Tallahassee, FL 32301

*In-network with CHP and BCBS

Southeastern Behavioral Health

(850) 296-3665

www.sebhfl.com

3303 Thomasville Rd, Ste 102, Tallahassee, FL 32308

*Does not accept health insurance

Restoring Resilience Counseling, LLC

(850) 270-3452

<https://shari-lindquist.clientsecure.me/>

267 John Knox Rd, Ste 101, Tallahassee, FL 32303

*Does not accept health insurance

For questions or guidance, please contact the LCSO Wellness Coordinator at 850-380-8690.



Our Philosophy and Approach



ABOUT

DRAKE

GUNNING

Drake Gunning is the founder and CEO of Anew Life Counseling and Consulting which was established in 2019. He has been working in mental health field since 2006. He started his career as a Mental Health Assistant, working overnight, while attending Florida A&M University during the day to obtain his B.S degree in Psychology. In this position he had opportunity to work firsthand with clients who were in crisis by ensuring their needs were met during such a challenging time and keeping them safe. He has worked various inpatient units such as detox, crisis stabilization units, and forensics. Even though every unit brought about a different experience, Drake still saw one thing everyone had in common- they deserved to have an

After graduating with his degree in psychology, Drake was then promoted to an outpatient Case Manager position which allowed him to be of service to clients who are living in the community. Drake genuinely enjoyed the opportunity to assist clients by helping them meet their basic needs. Drake also had the opportunity to see how an environment can have an impact on someone's mental health and emotional status. Three years later, Drake was promoted to be a supervisor of a Psychosocial Rehabilitation Program (PSR).

While a supervisor, he worked on obtaining his master's degree in Clinical Social Work from Florida State University. He then became a mental health therapist before being promoted to Assistant Program Director of a mental health agency. While in the administrative role of Assistant Program Director, Drake continued to provide therapy services to clients.

His thirteen years of experience has allowed him to work with various age groups, ethnicities, and populations. Drake has dedicated his life's work to the mental health field and has used his compassion for people as fuel to develop various ways to provide comprehensive, evidenced-base, therapeutic services. His 'Anew' model is aimed to help individuals who genuinely want help to cope with the past and present while working forward to a brighter and healthier future.

OUR APPROACH

Growth, Clarity, & a New Beginning

At 'Anew Life' we understand that life is challenging and full of unexpected events for any and everyone. These events can leave deep emotional scars, painful memories, and setbacks if not appropriately addressed. The emotions can cause a person to act, live, and think in ways they usually wouldn't. Anew Life wants to help that individual, couple, or family set a fresh course for their life. To achieve this goal, we continuously make it our priority to provide a therapeutic environment that is centered around growth, clarity, and a new beginning. After all, we all have needed a fresh start in our lives at one time or another!

Our counseling group provides therapeutic services that will encourage you to grow, gain clarity, and set a fresh course for your life. We have trained staff to provide effective therapeutic services to those who are experiencing challenges such as mental health disorders, traumatic experiences, poor anger management, anxiety, or a crisis- to name a few.

Mission:

Anew Life Counseling and Consulting Group mission is to provide personalized therapeutic services that promote growth, clarity, and anew beginning. We believe that everyone should have a chance to write a fresh

Vision:

It is the vision of Anew Life to provide a therapeutic service that encourages our clients to grow, gain clarity, and set a fresh course for their life. Our trained staff will effectively render therapeutic services to families, individuals, couples, and groups who are experiencing challenges such as mental health disorders, traumatic experiences, poor anger management, anxiety, or a crisis- to name a few. We believe it is a privilege to be able to serve those who are in need!



Contact Information

CALL US TODAY (850) 508-4624

Phone: (850) 508-4624 Email: info@anewlifeccggroup.com Address: 1266 Cedar Center Dr, Tallahassee, FL 32301

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SERVICES

Finding the Right Service to Meet Your Needs

Assessment Process

We conduct thorough assessments and evaluations for mental health diagnosis. The request can be made by the individual, parent, court, lawyer, or an agency.



Family Therapy

During family therapy the therapist creates an atmosphere for family members to openly discuss their issues without feeling like the therapist is taking sides. While using evidenced based techniques, the overall goal is to resolve family issues and promote family cohesiveness.



Group Counseling

During group counseling the members will be participating in a non-judgmental environment where everyone has a voice. Our group therapist has experience working with groups and can ensure a fun and safe atmosphere for the members of the group. Are groups consist of evidenced based group therapy modalities which include group activities.



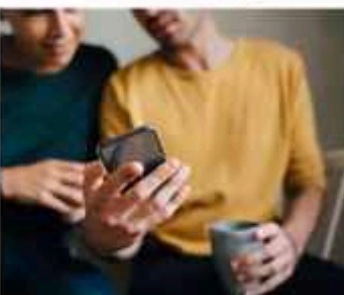
Marital Therapy

Anew Life offers both marital and couples therapy. Our goal is helping all parties involved to resolve their issues with one another while being able to heal from any past or present hurt and anger.



Individual Therapy

This includes individualized therapeutic approaches to better help the individual resolve past issues, trauma, stress, or regain focus to better their lives. The session typically last 45 to 60 minutes.



Teletherapy

Anew Life offers HIPPA compliant Teletherapy Services to allow the option of enjoying counseling services in a convenient and safe social distancing manner. Please feel free to make this request at the time of referral!



~ABOUT OUR PRACTICE~

Informed by 20+ years experience in private practice, schools, hospitals, child welfare, and as university trainers, we incorporate a collaborative and integrated model of care. Using a strengths-based approach, we work closely with clients to enhance day-to-day functioning and overall success. Our goal is to increase the likelihood clients will meet their personal goals and improve their relationships. In a private and comforting environment in Tallahassee, we work with our clients to address many issues that may be disrupting one's ability to live optimally. We use empirically-supported assessment methods and interventions to provide the highest quality care to our clients and their families.

For a complimentary 15 minute video or phone consultation - please book an appointment using the link above and you will be directed to our online calendar to self-schedule. You can also call or email us for additional information.



Our Focus

We work with individuals and families to provide quality assessment and interventions with the goal of helping clients identify strengths, process experiences, experience growth and a personal sense of accomplishment.



Our Promise

We believe that children, adolescents, adults, and families can experience behavioral change, insight, healing, and growth. We will work closely with you to maximize your personal growth.

Southeastern Behavioral Health

3303 Thomasville Road, Suite 102, Tallahassee, FL 32308

850-296-3665

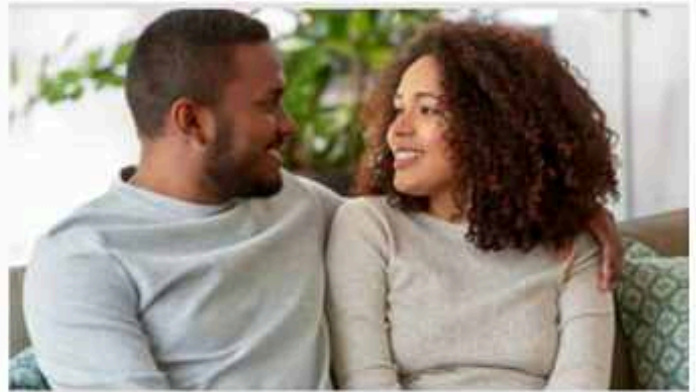
~ OUR PROVIDERS ~



Marriage and Family Therapist

Shari Lindquist, LMFT, CEAP, CAP, SAP

Our marriage and family therapist is devoted to navigating the ups and downs of relationships with a compassionate, client-centered, and solution-focused approach. Specializing in both first responder mental health and substance abuse treatment, she is well equipped to offer evidence-based interventions to individuals, couples, families and children in order to promote personal growth and relationship enhancement.



Behavior Specialist & Licensed Mental Health Counselor

Stacy Haine, LMHC, BCABA

Facilitating change for families, adults, and children through cognitive and strengths-based counseling, behavioral interventions, education and coaching. We provide an understanding and supportive environment to promote positive growth. We have worked extensively with individuals with a variety of challenges and difficulties.

School Psychologists

M. Doug Bennett, Licensed School Psychologist

Our school psychologists are dedicated to helping children and families by providing exceptional evaluations, behavioral interventions, counseling, and collaborative consultation to promote academic, behavioral, and social-emotional well-being for our community's youth.



~OUR SERVICES~

Individual Counseling



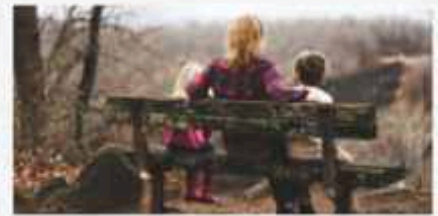
At times we need an objective and unbiased confidante to help us navigate a difficult situation or gain perspective. Depression, fear, and anxiety are some of the most common and uncomfortable emotions that we face. Through therapy, clients receive support, gain insight, highlight strengths, and target changes.

Psychological Evaluations



We offer full-battery psychological evaluations. Common requests include evaluations for giftedness, learning disabilities, ADHD, behavioral problems, and social-emotional well-being. Results are explained in detail with attention to providing real-world recommendations for intervention supports.

Parenting Support



Working with a psychologist or therapist can help strengthen emotional connection, decrease parenting stress, improve children's behavior and overall family functioning. We work collaboratively with you to provide support and foster a family's ongoing growth and development.

Couples/Marriage Counseling



Relationships can be challenging. If you feel like you are stuck in a cycle of conflicts and misunderstandings, we offer a safe and supportive space to help you and your partner navigate the ups and downs of your journey together. Couples counseling can assist you in improving communication, rebuilding trust and intimacy, navigating life transitions, building fondness and admiration and strengthening your partnership long term.

Substance Use Counseling



We understand that the path to recovery is an extremely personal and courageous one. We're here to support you on your journey by offering you tools for sobriety and hope for the future. You don't have to face this battle alone.

First Responder Mental Health



First responders face unthinkable challenges and deserve dedicated support for their mental well-being. We understand the unique stressors and experiences that come with being a first responder or being a family member of a first responder. We offer tools and strategies to build resilience and maintain your mental health. Your well-being is our priority and just as you care for others, it is vital that you care for yourself.

Group Counseling



Groups provide clients with opportunities to gain additional social support from others who share similar experiences or concerns. Skill-building groups can increase client's sense of autonomy and success in classrooms, the workplace, and our community.

Stress Management



Today's world is stressful. Balancing one's emotions and the demands of this fast-paced world can be challenging. Relaxation training and cognitive-behavioral strategies increase one's sense of fortitude and resilience.

Success/Academic Coaching



Well-adjusted individuals also benefit from mental health coaches to motivate, problem-solve, and increase their efficiency and productivity within the workplace and/or school environment. We also offer academic tutoring to improve learning outcomes and provide stress-free homework support.

Dave Ramsey's Smart Dollar Program

Financial Fitness is a critical part of the comprehensive overall wellness program we are developing. An employee's professional and personal life can be greatly impacted when financial worries exist. To ensure that employees have the effective and helpful tools available to them, we have contracted with Dave Ramsey's SmartDollar program to provide each full-time benefited employee the opportunity to join at no cost for 1 year. Our program launched on May 3, 2021.



What Is SmartDollar?

SmartDollar is a step-by-step approach to handling money with the number-one authority in personal finance, Dave Ramsey. More than 4.5 million people have started on Dave's plan and taken control of their money, and you can too! SmartDollar will equip you to get out of debt, on a budget, and on your way to a strong financial foundation. The average person pays off \$9,405 of debt and saves \$6,127 in the first twelve months, and you can too!

"I love me some Dave Ramsey and Chris Hogan! I'm on Baby Step 2 and crushing my goals!"

- Deputy Ricardo Lopez, LCSO Uniform Patrol Division

"We're a huge fan – been Ramsey people since 2006-ish. It not only helped us get serious about the future, but it also influenced what our kids learned about money. Hope it helps our staff as much as it motivated us."

- Robert Thompson, LCSO Director of IT

With SmartDollar you will learn how to ...

- Jump-start Your Money
- Do College Debt Free
- Knock Out Debt
- Secure Your Dream Home
- Retire in Style
- Demystify Your Credit Score



You can sign up via the QR Code below or via our link [LCSO SmartDollar Invitation](#). The enrollment must be completed by a full-time benefited employee only. Family members can only participate through the enrollment of the employee.



If you have any questions or suggestions surrounding our wellness initiatives please contact Nicole Troelstrup at (850) 380-8690 or troelstrup@leoncountyfl.gov or Kristi Gordon at (850) 254-5024 or gordonk2@leoncountyfl.gov.

Fitness Discounts

As an LCSO employee, you are eligible to receive a discount on your membership at many local fitness facilities. Specific pricing options available via the Wellness Corner on the LCSO Intranet. Local Gyms and Fitness Centers. *For more information contact our Behavioral Wellness Coordinator Nicole Troelstrup.*



Brazilian Jiu-Jitsu

Zicro Academy



\$ bmg money



Leon County Sheriff's Office has partnered with BMG Money's LoansAtWork Program to help you with unexpected expenses.

LoansAtWork offers **reliable, affordable on-line installment loans** to help in times of need, regardless of your credit history.



Emergency loans range from \$500 - \$5000*



Payments made through 6-24 months of payroll deductions



Biweekly payments of \$16 - \$123 if repaid over 2 years*



No credit score needed

Sign up now at: www.bmgmoney.com/loansatwork

Questions:

customer.service@bmgmoney.com

800-316-8507

WELCOME!



Leon County Sheriff's Office

is pleased to announce our new partnership with TicketsatWork. Now you'll have access to exclusive savings on movie tickets, theme parks, hotels, tours, Broadway and Vegas shows & more. Be sure to visit often as new products and discounts are constantly being added!

Company Code: LEONCOUNTY



HOW TO SIGN UP!

- 1 Go to TicketsatWork.com
- 2 Click on "Become a Member"
- 3 You will then be prompted to create an account with your email address and company code

Once enrolled you will have access to discounts on hundreds of offers on theme parks, shows, hotels, attractions and more!

SOME OF OUR OFFERS



Benefits Provider Directory

Plan	Carrier	Contact	Email Address/Website/
Deferred Compensation	John Hancock	Scott Vedder - 850-316-4933 Lori Halligan - 850-316-4961	scott@theveddergroup.com lori@theveddergroup.com www.myplan.johnhancock.com
Dental	Guardian	Rory Krivit - 850-907-3179 Member Services - 800-541-7846	Rory.Krivit@bbrown.com www.guardianlife.com
Employee Assistance Program	Anew Life	Drake Gunning - 850-508-4624	anewlifeccllc@gmail.com www.anewlifeccllcgroup.com
Employee Assistance Program	Southeastern Behavioral Health	Local Officer - 850-296-3665	www.sebhfl.com
Flexible Spending Accounts	HealthEquity/Wage Works	Member Services - 800-342-8017	www.healthequity.com/wageworks
Legal Plan	Legal Shield	Rebecca Smith - 800-729-7998 Kenn Terry - 800-729-7998	rsmith@smitherry.com www.8007297998.com
Legal Plan	F.D.S.A.	Kay Rowe - 850-656-5837	www.fldeputysheriffs.org
Life Insurance & Supplemental	AFLAC	David Springer - 850-531-9908	david_springer@us.aflac.com www.aflac.com
Life Insurance	Boston Mutual	Raul Cairo Jr. - 201-310-5325	Raul.CairoBCA@outlook.com www.bostonmutual.com
Life Insurance	Capital Life	Buck Miller - 850-491-2192 Sam McDaniel - 706-577-6017	buckmiller@capitalins.com www.capitaladminservices.com
Life Insurance & Supplemental	Colonial Life	Tatiana MacDougall - 904-755-2373	tatiana.macdougall@coloniallifesales.com
Life Insurance & Supplemental	Liberty National	Ashton McKevly - 904-327-5456	ashtonmckevly@hotmail.com www.globellifeinsurance.com
Life Insurance	New York Life	Terri Moss - 850-591-2291	www.newyorklife.com
Life Insurance	Reliance	Lois Goode - 850-877-1445	rsmith4796@aol.com www.reliancestandard.com
Life Insurance AD&D/ Long Term Disability	The Standard	Alison Brogan - 813-878-0286 Rory Krivit - 850-907-3179	www.standard.com
Loans at Work	BMG Money	Member Services - 800-316-8507	www.bmgmoney.com
Medical	Capital Health Plan	Member Services - 850-383-3311	www.capitalhealth.com
Medical	Florida Blue (BCBS)	Member Services - 800-352-2583	www.floridablue.com
Retirement	Florida Retirement System	Local Office - 850-907-6500	www.MyFRS.com
Vision	Superior	Member Services - 800-879-6901 Rory Krivit - 850-907-3179	Rory.Krivit@bbrown.com www.superior.com



Important Notice from Capital Health Plan About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Capital Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Capital Health Plan has determined that the prescription drug coverage offered by our plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Capital Health Plan coverage will be affected. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.



If you do decide to join a Medicare drug plan and drop your current Capital Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Capital Health Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Capital Health Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at



www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778) 7:00 a.m. – 7:00 p.m. Monday through Friday.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 2024
Name of Entity/Sender:	Capital Health Plan
Contact--Position/Office:	Member Services
Address:	Post Office Box 15349, Tallahassee, FL 32317
Phone Number:	850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. – 8:00 p.m., seven days a week, October 1 – March 31; and 8:00 a.m. – 8:00 p.m., Monday – Friday, April 1 – September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. – 7:00 p.m.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

H5938_DP300_C2020

Important Notice from Leon County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Florida Blue/Florida Blue PPO** and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Florida Blue/Florida Blue PPO has determined that the prescription drug coverage offered by the Florida Blue/Florida Blue PPO health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Florida Blue/Florida Blue PPO coverage will be affected. You can keep this coverage if you elect to join a Medicare drug plan and your Florida Blue/Florida Blue PPO health plan will coordinate your benefits with Medicare for drug coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare-eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Florida Blue/Florida Blue PPO coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Florida Blue/Florida Blue PPO and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

For more information call: Human Resources

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Florida Blue/Florida Blue PPO changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-3250778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 2024
Name of Entity/Sender:	Florida Blue
Contact--Position/Office:	Customer Service
Phone Number:	1-800-352-2583

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

Human Resources – 850-606-3356 or LCSO_Human_Resources@leoncountyfl.gov

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Leon County Government		4. Employer Identification Number (EIN) 59-6000708	
5. Employer address 315 S. Calhoun Street, Suite 210		6. Employer phone number (850) 606-2400	
7. City Tallahassee	8. State FL	9. ZIP code 32301	
10. Who can we contact about employee health coverage at this job? Human Resources (Monday - Friday, 8 am - 5 pm)			
11. Phone number (if different from above)		12. Email address HR_ADMIN@LEONCOUNTYFL.GOV	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

-Employees that work an average of 30 hours or more each work are eligible for benefits.

-Employees that work less than 30 hours per week are not eligible for coverage. If an employee becomes eligible following the measurement period, the employee will be notified of their eligibility.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses, Domestic Partners and Dependent Children as defined in the Capital Health Plan and Florida Blue Plan documents.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/hms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Model General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information: must pay or aren't required to pay*] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

[If the Plan provides retiree health coverage, add the following paragraph:]

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to *[enter name of employer sponsoring the Plan]*, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- *[add if Plan provides retiree health coverage: Commencement of a proceeding in bankruptcy with respect to the employer;];* or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days *[or enter longer period permitted under the terms of the Plan]* after the qualifying event occurs. You must provide this notice to: *[Enter name of appropriate party]*. *[Add description of any additional Plan procedures for this notice, including a description of any required information or documentation.]*

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. *[Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.]*

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

LCSO Human Resources P.O. Box 727 Tallahassee, FL 32302 (850)606-3356
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SUMMARY OF FEDERAL AND STATE REGULATIONS IMPACTING EMPLOYEE BENEFITS

Several federal and state regulations impact employee benefit plans. This section highlights information on the regulations that impact health plans.

Health Care Reform

Grandfathered Notice

Under Health Care Reform, there are two types of Health Plans: Grandfathered and Non-Grandfathered Health Plans. Our Capital Health Plan coverage is considered a Non-Grandfathered Plan due to the number of plan design changes that were made effective January 1, 2011. Blue Cross Blue Shield is considered a Non-Grandfathered Plan due to the number of plan design changes that were made effective January 1, 2013. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Leon County Human Resources Division at (850) 606-2400.

Notice of Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Capital Health Plan or Blue Cross Blue Shield. **Individuals may request enrollment for such children for 30 days from the date of notice.** For more information contact the Leon County Human Resources Office at (850) 606-2400.

Patient Protection Disclosure

Capital Health Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Capital Health Plan at (850) 383-3311.

You do not need prior authorization from Capital Health Plan or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact Capital Health Plan at (850) 383-3311.

Notice- Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of benefits under Capital Health Plan and Blue Cross Blue Shield no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. **Individuals have 30 days from the date of this notice to request enrollment.** For more information contact the Leon County Human Resources Office at (850) 606-2400.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, if you request enrollment **within 30 days** after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special Enrollment Rights for Loss of Medicaid or CHIP Coverage

There is a special enrollment opportunity as a result of the recently passed Children's Health Insurance Program Reauthorization Act of 2009. Under this new law, states are allowed to subsidize premiums for employer-provided group health plans for eligible children and families. This law also permits employees and their dependents who are eligible for group health coverage but not enrolled in coverage to enroll if they become ineligible for coverage under Medicaid or a State Children's Health Insurance Plan (CHIP).

- ▶ Effective April 1, 2009, the loss of medical coverage under a Medicaid or Children's Health Insurance Plan (CHIP) will be considered a qualifying change in status event that will allow employees to enroll in the Capital Health Plan or Blue Cross/Blue Shield plan for the employee and/or dependent. You must request enrollment in the medical plan within 60 days of the loss of Medicaid or CHIP coverage.
- ▶ Additionally, you have special enrollment rights if you or your dependent becomes eligible for the optional State premium assistance program, if available in your State. You must request enrollment in the group health plan within 60 days of the date you become eligible for the State premium assistance program.

Newborns' Act Disclosure Requirement

Group health plans and health insurance insurers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on the benefits, call Capital Health Plan or Blue Cross/Blue Shield.

Mental Health Parity

This federal regulation prohibits plans from applying financial requirements (deductibles, co-payments, coinsurance, or limits on out-of-pocket expenses) or treatment limitations (frequency of treatment, number of visits, days of visits) to mental health or substance use disorder benefits that are less favorable than the common financial requirements or treatment limitations applied to substantially all medical and surgical benefits.

Michelle's Law

This federal regulation requires group health plans to continue to cover dependent children between the ages of 19-25 who take a medical leave of absence from a postsecondary educational institution due to a serious illness or injury.

State of Florida-Health Coverage for Over Age Dependents

The State of Florida passed legislation expanding coverage for eligible dependent children, 25 through 30 years of age if they meet certain criteria. The County has made this coverage available effective February 2009. (Please note that the coverage for dependent children between the ages of 19 and 25 remains the same.)

To be eligible for enrollment under this new option, your dependent child must be:

- ▶ Between the ages of 25 and 30, and;
- ▶ Unmarried without dependents of their own, and;
- ▶ A Florida resident or a full-time or part-time student, and
 - ▶ Is not under any other health plan or policy, and
 - ▶ Is not entitled to coverage under Medicare

Adding Your Coverage Dependent

Employees will have an opportunity each year to change health plans and/or add or change their enrollment of dependents, during the annual open enrollment process.

Tax Implications

- All premiums for overage-dependent coverage will be deducted on an after-tax basis from employee paychecks on a bi-weekly basis (24 paychecks per year).
- If you are enrolled in the Florida Blue Plan and add an overage dependent, the value of the overage dependent coverage (**\$2,424.68 per month**) for each overage age dependent enrolled) will be added to your taxable gross as imputed earnings for Federal income taxes as well as for Medicare. Federal income taxes will be withheld from your paycheck based on imputed earnings. Capital Health Plan charges an additional (**\$1,011.07 per month**) premium for each overage dependent; therefore, no imputed earning value will be added to your taxable gross. \$1085.89

State of Florida Autism Coverage

The State of Florida passed legislation that required large group health insurance plans to provide coverage for screening, diagnosis, intervention, and treatment of Autism Spectrum Disorder in certain children. Children must be under 18 years of age, or still in high school, and have been diagnosed as having autism spectrum disorder developmental disability at 8 years of age or younger.

State of Florida

Collection of Social Security Numbers on Employment Forms

In compliance with the Florida Statute, this document notifies you of the purpose for the collection and usage of your Social Security number. The Leon County Board of County Commissioners and/or The Supervisor of Elections has requested your social security number for the following specific purposes:

- To process and report wages pursuant to the Social Security Administration Act;
- To report income pursuant to the Federal Department of Internal Revenue Service: for processing the Federal 1-9 (Department of Homeland Security)
- For processing of immigration-related documents, if applicable
- To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting;
- For Drug Screening Test identification;
- To process your employee benefits/retirement, as applicable; to process direct deposit authorization forms
- To process loan employment verifications, garnishment, and child support orders

If you have any questions concerning the use of your social security number, please contact Human Resources



Criminal Justice Standards and Training Commission

P.O. Box 1489 | Tallahassee, FL 32302-1489 | (850) 410-8600

CRIMINAL JUSTICE STANDARDS AND TRAINING COMMISSION **TECHNICAL MEMORANDUM 2022-14**

DATE: November 29, 2022

TO: Criminal Justice Agency Administrators
Criminal Justice Training Center Directors
Criminal Justice Selection Center Directors

FROM: Director Dean Register *DR*
Criminal Justice Professionalism Division

SUBJECT: House Bill 3: Law Enforcement Officer Incentives

The Florida Legislature passed House Bill 3 to provide several incentives for law enforcement officers and trainees. The incentives and the state agency administering the incentive programs are outlined below.

Florida Law Enforcement Recruitment Bonus Payment Program **Department of Economic Opportunity** **Section 445.08, Florida Statutes**

The Florida Law Enforcement Recruitment Bonus Payment Program was created to aid in the recruitment of law enforcement officers in Florida. Newly employed full-time law enforcement officers must be certified on or after July 1, 2022 in order to be eligible for a one-time bonus payment of up to \$5,000. Any officer who receives a bonus must remain employed in a full-time law enforcement position for a period of two years with no break in service of more than 15 calendar days or must repay the bonus.

Commission staff is providing a report to the Department of Economic Opportunity (DEO) on a monthly basis, which identifies any newly employed full-time law enforcement officers who become certified on or after July 1, 2022. DEO is responsible for administering the program and distributing the bonus payments.

For information regarding the program and eligibility requirements, visit the DEO website at <https://www.floridajobs.org/recognition-and-recruitment>.

Florida Law Enforcement Academy Scholarship Program **Department of Education** **Section 1009.896, Florida Statutes**

Beginning with the 2022–2023 academic year, scholarships will be available to trainees who are not fully sponsored by an employing agency and who enroll in a law enforcement basic recruit training program at a Commission-approved training school affiliated with the Florida College System or a school district technical center. The scholarship will cover the tuition costs and fees associated with completing the law

enforcement basic recruit training including up to \$1,000 for expenses such as textbooks, uniforms, ammunition, insurance, and consumable materials.

The Department of Education (DOE) is responsible for administering the program and distributing the scholarship monies to academies. For more information regarding the scholarship, please contact the DOE Office of Student Financial Assistance at (888) 827-2004 or review the attached fact sheet.

Reimbursement for Out-of-State and Special Operations Forces Law Enforcement Equivalency Training

**Department of Education
Section 1009.8961, Florida Statutes**

Beginning with the 2022–2023 academic year, full-time law enforcement officers who were not sponsored by an employing agency and who relocated from outside the state or who transitioned from service in the special operations forces and completed an exemption from training (EOT) pursuant to s. 943.131(2), F.S., may be eligible for reimbursement for up to \$1,000 for expenses incurred to obtain Florida law enforcement certification. These expenses may include fees associated with the EOT assessment, EOT training course, and the Law Enforcement State Officer Certification Examination.

DOE is responsible for administering the program and distributing the reimbursement monies. For more information regarding the program, please contact the DOE Office of Student Financial Assistance at (888) 827-2004.

Adoption Benefits for Law Enforcement Officers

**Department of Children and Families; Florida Department of Law Enforcement
Section 409.1664, Florida Statutes**

Law enforcement officers who adopt a child in the child welfare system on or after July 1, 2022 may apply for a lump-sum monetary benefit. If the child has special needs described in s. 409.166(2), F.S., the monetary benefit is \$25,000 and if the child does not have special needs, the monetary benefit is \$10,000. For more information regarding the program, please contact the Department of Children and Families at (800) 962-3678 or visit their website at <http://www.adoptflorida.org/state-emp-benefits.shtml>.

If you have questions about these programs, please contact the respective program using the contact information listed above. If you have any questions regarding this memorandum, please contact Training and Research Manager Terry Baker, Bureau of Standards, at TerryBaker@fdle.state.fl.us or (850) 410-8688.

Attachment

cc: Criminal Justice Standards and Training Commission Members

Florida Law Enforcement Academy Scholarship Program

[Section 1009.896, Florida Statutes](#)

Program Description

The Florida Law Enforcement Academy Scholarship Program assists in the recruitment of law enforcement officers within Florida by providing financial assistance to eligible trainees who enroll in a law enforcement officer basic recruit training program approved by the Criminal Justice Standards and Training Commission (commission) at a Florida College System institution or school district technical center.

Applying for an Award

Students will need to meet eligibility requirements through the application process established by the participating institution. Applications may be obtained at the financial aid offices of eligible Florida postsecondary institutions.

Requirements to Receive Funding

To be eligible for the scholarship award, a trainee must be enrolled in a commission-approved basic recruit training program at a Florida College System institution or school district technical center for the purposes of meeting the minimum qualifications under section (s.) 943.13(9), Florida Statutes (F.S.), for employment or appointment as a law enforcement officer.

Award Procedures

The scholarship shall be awarded on a first-come, first-served basis. Eligibility for awards is based on the date the Florida Department of Education (FDOE) receives each completed application from the postsecondary institution, and is contingent upon an appropriation by the Florida Legislature.

Award Disbursement

The postsecondary institution will disburse awards to eligible students each term. To be eligible for the scholarship award, a trainee must:

- Be enrolled in a commission-approved basic recruit training program at a Florida College System institution or school district technical center for the purposes of meeting the minimum qualifications under s. 943.13(9), F.S., for employment or appointment as a law enforcement officer; and
- Not be sponsored by an employing agency that is already covering the cost of a basic recruit training program.

The award to eligible trainees shall be an amount equal to any costs and fees that are necessary to complete the basic recruit training program, less any state financial aid received by the trainee. The award to trainees shall cover:

- The cost of tuition.
- Any applicable fees required by ss. 1009.22(3), (5), (6), and (7), and 1009.23(3), (4), (7), (8), (10), and (11), F.S.; however, any award for a nonresident trainee shall not include the out-of-state fee.
- Up to \$1,000 for eligible expenses, including:
 - The officer certification examination fee established pursuant to s. 943.1397, F.S.;
 - Textbooks;
 - Uniforms;
 - Ammunition;
 - Required insurance; and
 - Any other costs or fees for necessary consumable materials required to complete the basic recruit training program.

Updating Information

A recipient must notify the Office of Student Financial Assistance (OSFA) of any change in name, address, or institution attended.

A student may update information by logging into his or her online OSFA account at <https://www.FloridaStudentFinancialAidsg.org/SAPHome/SAPHome> or by calling OSFA Customer Service at 888-827-2004.

Transferring from one institution to another could affect an applicant's award.

Use of an Applicant's Social Security Number/Non-discrimination Statement

The Privacy Act of 1974 requires state agencies to inform applicants of the reasons for requesting their Social Security Numbers (SSN). The FDOE requests an SSN on all applications for student financial assistance in order to correctly identify applicants, match each applicant's financial aid record with the student record at the postsecondary institution the applicant attends, and help coordinate state student aid programs with federal student aid programs.

An applicant will not be denied financial assistance for failure to disclose the SSN. Without an SSN, correct identification of an applicant's record cannot be assured and may result in an error in the award amount or a delay in the award disbursement.

Pursuant to s. 1000.05, F.S., state student financial assistance is provided to eligible applicants without discriminating on the basis of race, ethnicity, national origin, gender, disability, or marital status. Minority status will be considered when required by law as a condition of eligibility or selection.

Contact Information**Address:**

Florida Department of Education
Office of Student Financial Assistance
State Scholarship and Grant Programs
Suite 1344
325 West Gaines Street
Tallahassee, Florida 32399-0400

Phone:

888-827-2004

Email:

OSFA@fldoe.org



The Leon County Sheriff's Office has established a permanent holiday schedule as follows:

- New Year's Day
 - Martin Luther King, Jr Day
 - Florida Emancipation Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Election Day (on even years)
 - Veteran's Day
 - Thanksgiving Day
 - Friday after Thanksgiving
 - Christmas Day
 - New Years Eve
-
- If any of these holidays fall on Saturday, the preceding Friday shall be observed as the holiday, or if any of these holidays falls on Sunday, the following Monday shall be observed as the holiday. For bargaining unit members assigned to shift work, the holiday shall be observed on the actual holiday.
 - The Sheriff may, at his discretion, designate holidays in addition to those listed above or specify the actual observance of holidays.
 - A combination of holiday pay and holiday leave. The combined total number of holiday pay and holiday leave/observed holiday pay shall total eight (8) hours.

Line of Duty Death or Catastrophic Injury and Illness



Resources

FLORIDA-SPECIFIC BENEFIT RESOURCES

Florida Attorney General

- Emergency Responder Death Benefit

Florida Police Benevolent Association (PBA)

- **Support Offered:** The Florida PBA provides benefits and support to law enforcement officers killed or injured in the line of duty. They assist families with various types of aid, including financial assistance and survivor support.
- **Website:** [Florida PBA](#)

Concerns of Police Survivors (C.O.P.S.) – Florida Chapter

- **Support Offered:** C.O.P.S. is a national organization with a Florida chapter that provides resources, counseling, peer support, and scholarships for families and co-workers of officers killed in the line of duty.
- **Website:** [C.O.P.S. Florida](#)

Fraternal Order of Police (FOP) – Florida State Lodge

- **Support Offered:** The FOP provides financial and emotional support to the families of fallen law enforcement officers. Their **FOP Foundation** also provides scholarships to children of fallen officers and offers immediate financial assistance.
- **Website:** [Florida FOP](#)

The 200 Club of Greater Miami

- **Support Offered:** The 200 Club offers financial support to the families of law enforcement officers who have died in the line of duty. They provide direct financial assistance, scholarships, and ongoing support for affected families.
- **Website:** [The 200 Club](#)

Florida Sheriff's Association (FSA)

- **Support Offered:** The Florida Sheriff's Association offers a **Death Benefit** to the families of deputies who are killed in the line of duty. They also provide support for surviving family members, including financial assistance and scholarships.
- **Website:** [Florida Sheriff's Association](#)

The 100 Club of South Palm Beach County

- **Support Offered:** This organization provides financial support and assistance to the families of law enforcement officers who are injured or killed in the line of duty. Their mission is to help with immediate and long-term financial needs.
- **Website:** [100 Club of South Palm Beach](#)

NATIONAL BENEFIT RESOURCES

National Rifle Association Death Benefit

- Member of NRA – lump sum \$35,000

First Responder Support Network (FRSN)

- **Support Offered:** This network provides emotional and psychological support for first responders and their families, including those affected by line-of-duty deaths. It may not provide direct financial benefits but offers valuable emotional support and counseling.
- **Website:** [FRSN](#)

Til Valhalla

- **Support Offered:** Monetary assistance, mental health resources, and other various forms of aid.
- **Website:** <https://tilvalhallaproject.com>

First Responders Children's Foundation

- Emergency financial assistance
- Scholarships and grants for education expenses for children of fallen responders.
- **Website:** www.1strcf.org

National Fallen Officer Foundation (NFOF)

- **Support Offered:** The NFOF supports the families of officers killed in the line of duty by providing financial assistance and resources to help them deal with their loss. They also offer memorial services to honor fallen officers.
- **Website:** [National Fallen Officer Foundation](#)

Public Safety Officers' Benefits (PSOB) Program

- **Support Offered:** Administered by the U.S. Department of Justice, the **PSOB Program** provides a one-time death benefit to eligible survivors of law enforcement officers who are killed in the line of duty. This federal benefit helps families with financial support following a tragedy.
- **Website:** [PSOB Program](#)

National Law Enforcement Officers Memorial Fund (NLEOMF)

- **Support Offered:** NLEOMF primarily focuses on honoring fallen officers, but their **Officer Safety and Wellness Program** provides support to families affected by line-of-duty deaths. They offer grief counseling, memorial services, and other resources.
- **Website:** [NLEOMF](#)

First Responders Children's Foundation

- **Support Offered:** This foundation provides financial assistance, scholarships, and educational resources to the children of law enforcement officers killed in the line of duty. They also offer immediate financial support to families in need.
- **Website:** [First Responders Children's Foundation](#)

NATIONAL BENEFIT RESOURCES

The Officer Down Memorial Page (ODMP)

- **Support Offered:** While primarily an online memorial honoring fallen officers, ODMP partners with organizations like C.O.P.S. to offer financial support, grief counseling, and resources to families of officers who have died in the line of duty.
- **Website:** [ODMP](#)

HeroFund USA

- **Support Offered:** HeroFund USA provides direct financial assistance to the families of fallen law enforcement officers, firefighters, and other first responders. Their grants help ease the financial burden during times of tragedy.
- **Website:** [HeroFund USA](#)

Gary Sinise Foundation

- **Support Offered:** The Gary Sinise Foundation offers support through its **Relief and Resiliency** program, providing financial and emotional assistance to the families of fallen officers. This includes emergency assistance and additional long-term support services.
- **Website:** [Gary Sinise Foundation](#)

The Tunnel to Towers Foundation

- **Support Offered:** Tunnel to Towers provides mortgage-free homes to the families of first responders, including law enforcement officers killed in the line of duty. They offer ongoing financial support and other forms of assistance to survivors.
- **Website:** [Tunnel to Towers](#)

Backstoppers

- **Support Offered:** Backstoppers provides immediate and ongoing financial support to the families of police officers and first responders killed in the line of duty. This includes assistance with funeral costs, mortgage payments, and ongoing living expenses.
- **Website:** [Backstoppers](#)

Badge of Honor Memorial Foundation

- **Support Offered:** This organization provides assistance with securing federal, state, and local death benefits for the families of law enforcement officers killed in the line of duty. They offer guidance and resources to help families navigate the benefits process.
- **Website:** [Badge of Honor Memorial Foundation](#)

The Blue Line Bears

- **Support Offered:** While not a traditional benefit provider, this Florida-based organization offers emotional support by creating custom teddy bears from the uniforms of fallen officers to give to their families.
- **Website:** [Blue Line Bears](#)