

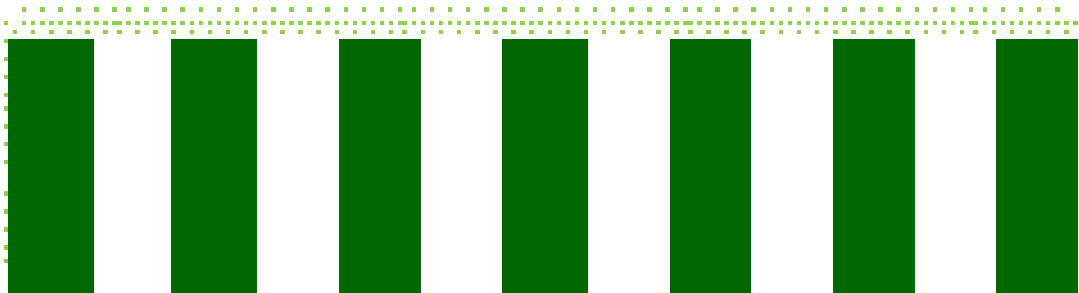


# LEON COUNTY SHERIFF'S OFFICE



## BENEFITS GUIDE

2022



# WELCOME TO YOUR BENEFITS!

We understand the important role that our benefit programs play in the lives of our employees and their families. That's why we're committed to offering excellent benefits 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.

When it comes to health benefits, traditional programs try to fit everyone into the same mold. But we know you all have different benefit needs. That's why we provide you with the freedom to select quality benefit options that work best with your personal situation.

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.

This Benefit Guide is designed to provide basic information to employees on employee benefit plans and programs available January 1, 2022 - December 31, 2022. It 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.

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# ELIGIBILITY OVERVIEW

## Employee Eligibility

### Full-Time Employees:

⇒ All regular full-time employees may participate in the benefit plans that are offered by Leon County.

### 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 not 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 a 12 month measurement period.

⇒ Part-time employees who are regularly scheduled to work 20 hours or more per week may participate in dental, vision, ARAG Legal, AFLAC, Colonial, and Deferred Compensation.

## Dependent Eligibility

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

⇒ Spouse, including same sex spouse or registered domestic partner.

⇒ Child, stepchild, adopted child or eligible foster child. Overage children between the ages of 26 & 30 are eligible to enroll in medical coverage only.

## Making Benefits Changes—Qualifying Life Events

Once a year during the annual enrollment period, you are allowed to make changes to your benefits for the next plan year. Special circumstances, often referred to as qualifying life events, will allow you to make plan changes at any time during the year in which they occur.

You are required to report a Qualifying Life Event within 30 days of the event (depending on the type of event) in order to make changes to your benefits. Changes that are requested due to a “change of mind” cannot be allowed until the next open enrollment period. You will also need to provide documentation that supports the life event being reported.

The following circumstances are some examples of reasons that may allow you to change your benefits during the year:

- Marriage;
- Birth, adoption or placement for adoption of an eligible child;
- 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 ceases 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).

## LEON COUNTY SHERIFF'S OFFICE 2022 BENEFITS SUMMARY

The following is a summary of the Benefits available to employees for more information, please contact Human Resources at 606-3356.

BENEFIT	WHO IS ELIGIBLE	WHEN EFFECTIVE	WHO PAYS	WHAT YOU RECEIVE
<p><b>MEDICAL INSURANCE</b></p> <p><i>CHP &amp; BCBS</i> (1st pay period)</p> <p>*Opt-Out Program</p>	<p>Full Time Employees, Spouse or Domestic Partners of employees and dependents of employees through the end of the year they turn 26. Or if dependent child is incapable if self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.</p>	<p>1<sup>st</sup> day of the month following date of employment</p>	<p>LCISO &amp; Employee</p>	<p>Monthly Employee rates (1<sup>st</sup> pay period of each month)</p> <p>**Value Base Program:</p> <p>Capital Health Plan &amp; Florida Blue(BCBS): Single: \$100.15 2-Person: \$247.73 Family: \$422.05</p> <p>Standard Deduction:</p> <p>Capital Health Plan &amp; Florida Blue(BCBS): Single: \$120.18 2- Person: \$289.01 Family: \$474.80</p> <p>*Option to decline medical coverage and receive \$138.46 bi-wkly</p> <p>**VBP-Must participate in Wellness Program to qualify</p>
<p><b>DENTAL INSURANCE</b></p> <p><i>Guardian PPO</i> (2<sup>nd</sup> pay period)</p>	<p>Full Time Employees, Spouse of employees and dependents of employees until their 26<sup>th</sup> birthday.</p>	<p>1st of the month following 30 days of employment</p>	<p>Employee</p>	<p>Monthly Employee</p> <p>Option 1: High Plan Single: \$31.63 2-Person: \$68.53 Family: \$117.09</p> <p>Option 2: Low Plan Single: \$23.66 2-Person: \$51.42 Family: \$86.08</p>
<p><b>VISION INSURANCE</b></p> <p><i>Superior PPO</i> (2<sup>nd</sup> pay period)</p>	<p>Full Time Employees, Spouse or Domestic Partners of employees and dependents of employees through the end of the year they turn 25.</p> <p>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.</p>	<p>1st of the month following 30 days of employment</p>	<p>Employee</p>	<p>Monthly Employee rates</p> <p>Single: \$6.56 2-Person: \$9.94 Family: \$ 17.49</p>



<p><b>LIFE INSURANCE</b></p> <p><i>Standard Life</i> (2<sup>nd</sup> pay period)</p> <p><i>Dependent Life</i> (1<sup>st</sup> pay period)</p>	<p>Full Time Employees, Spouse or Domestic Partners of employees and *unmarried dependents of employees until their 2<sup>1st</sup> birthday or unmarried and full time student until their 25<sup>th</sup> birthday.</p>	<p>Date of Hire</p>	<p>*LC SO Employee</p>	<p>*Coverage in the amount of annual salary rounded to nearest thousand.Option to purchase additional coverage. Rates based on age/salary.</p> <table border="1"> <thead> <tr> <th>Age Band</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>34 and Under</td> <td>\$.13/\$1,000</td> </tr> <tr> <td>35-39</td> <td>\$.15/\$1,000</td> </tr> <tr> <td>40-44</td> <td>\$.19/\$1,000</td> </tr> <tr> <td>45-49</td> <td>\$.27/\$1,000</td> </tr> <tr> <td>50-54</td> <td>\$.38/\$1,000</td> </tr> <tr> <td>55-59</td> <td>\$.59/\$1,000</td> </tr> <tr> <td>60-64</td> <td>\$.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> <p>**There is an aggregate cap for double or triple life. It is limited to \$280,000of the total benefit.</p> <p>***When a participant reaches the age of 65 the coverage is reduced to 65%of the total purchased.</p> <p><b>2 Plan Options to purchase coverage on spouse and dependents.</b> Spouse \$10,000/*Dependents \$2,500 Monthly Employee rates - \$3.05 Spouse \$20,000/*Dependents \$5,000 Monthly Employee rates - \$4.16</p>	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
Age Band	Rate																									
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<p><b>VOLUNTARY PLANS</b></p> <p>LEGAL <i>Pre-Paid Legal</i> (1<sup>st</sup> &amp; 2<sup>nd</sup> pay periods)</p> <p>FDSA &amp; Legal Plan: (Personal Membership)</p> <p>FDSA &amp; Legal Plan: (Professional Membership)</p>	<p>Full Time Employees</p> <p>ALL Full Time Employees</p> <p>Only Full-Time Sworn Employees &amp; Reserves</p>	<p>1<sup>st</sup> day of the month following date of application</p> <p>1<sup>st</sup> day of the month following date of application</p> <p>1st day of the month following date of application</p>	<p>Employee</p> <p>Employee</p> <p>*LC SO **Employee</p>	<p><b>All voluntary plans can be payroll deducted.</b></p> <p>Provides access to professional, legal representation. Monthly Employee rates (Divided 1<sup>st</sup> &amp; 2<sup>nd</sup> pay periods)ID Theft Only: \$12.96 Legal Plan Only: \$14.96 ID Theft &amp; Legal Plan: \$24.92</p> <p>FDSA &amp; Legal Plan:\$12.50</p> <p>FDSA &amp; Legal Plan: *Agency Pays Fees Employee can enroll: **ID Theft: \$5.00</p>																						
<p><b>LIFE &amp; ACCIDENTAL DEATH INSURANCE</b></p> <p>(1<sup>st</sup> &amp; 2<sup>nd</sup> pay periods)</p> <p><i>AFLAC, Capital Colonial, Liberty National, or Reliance</i></p>	<p>Full Time Employees, Spouse or Domestic Partners of employees and dependents of employees through the end of the year they turn 26. Or if dependent child is incapable if self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.</p>	<p>1<sup>st</sup> day of the month following date of application</p>	<p>Employee</p>	<p>Provides insurance for Cancer, Intensive Care, Accident &amp; Disability, andHospital Indemnity.</p>																						

<b>DEFERRED COMPENSATION</b> <i>John Hancock</i> (All pay periods)	Full Time Employees	1 <sup>st</sup> day of the month following date of application	Employee	Provides availability to save for retirement through tax deferred contributions. 2022 Maximum salary deferral for participants under the age of 50 is \$20,500 2022 Maximum salary deferral for participants over the age of 50 is \$27,000 *Catch up provision for participants that turn 50 in 2022 or older will remain \$6,500.00
	<b>PRE-PAID COLLEGE</b> <i>Blackrock College Advantage 529 Plan</i> (All pay periods)	Full Time Employees	1 <sup>st</sup> day of the month following date of application	Employee
<b>FLEXIBLE SPENDING</b> ALFAC <i>Take Care By WageWorks/HealthEquity</i> (All pay periods)	Full Time Employees	1 <sup>st</sup> day of the month following date of application	Employee	Provides employees the benefit of a pre-taxed payroll deduction to be placed in a flexible spending account for un-reimbursed medical and/or child care expenses
<b>OTHER BENEFITS</b> <i>Employee Assistance</i> <i>Steve Serventi</i> <i>Employee Management Systems</i>  <i>Drake Gunning, LCSW</i> <i>Anew Life Counseling and Consulting Group, LLC</i>  <i>Employee Innovations</i> <i>Tallahassee Leon Federal Credit Union</i>  <i>Worker's Compensation</i> <i>Preferred Governmental Claim Solutions</i>	Full and Part Time Employees	Date of Hire	Employer	Provides confidential counseling, assessment, and referral for personal and/or work performance problems. Program provides employees with assistance in solving problems with personal and family challenges, and work related issues
<b>COMPENSATION BENEFITS</b> <i>Tuition Assistance</i>  <i>Specialized Training Incentives</i>	Full Time Employee	Upon Permanent Status	Employer	Provides examination, treatment, and lost-time compensation for job-related injuries and exposures.
	Full Time Sworn Employee	Upon Appointed Date	Employer	Enjoy a wide range of financial services by joining the Tallahassee-Leon Federal Credit Union.  Provides reimbursement up to \$150.00 per semester while attending an accredited college.
<i>Educational/Training Incentives</i>	Full Time Sworn Employee	1 <sup>st</sup> day of the month following 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 Max \$130.00 Monthly or \$1,560 Annually

<b>LEAVE BENEFITS</b> *Refer to G.O. 107				
Annual Leave	Full Time Employee	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</p> <p>Accrual of 4.75 hours bi-weekly upon completion of five (5) years of service</p> <p>Accrual of 5.75 hours bi-weekly upon completion of ten (10) years of service</p> <p>Accrual of 6.50 hours bi-weekly upon completion of fifteen (15) years of service</p> <p>Accrual of 7.50 hours bi-weekly upon completion of twenty (20) years of service</p> <p>Senior Management Service Members receive 195 hours upon hire and on October 1st each year thereafter.</p> <p>Effective October 1, 2019, DROP (Deferred Retirement Options Program) participants entering the program shall accrue annual leave at the rate of 3.75 hours per pay period.</p>
Sick Leave				<p>Provides employee time off with pay for illness/injury. Accrual of 3.75 hours bi-weekly with unlimited accumulation. Transfer up to 480hours of sick leave will be accepted by the Sheriff's Office only if earned while the employee was employed by another unit of Leon County Government.</p>
Bereavement Leave				<p>Provides employee up to 24 hours of leave with pay for death of immediate family members. Leave will not be charged against annual, sick, or other leave.</p>
Military Leave				<p>Provides employee with 17 working days of leave with pay per calendar year (January to December) for reserve duty. In addition, employees are eligible for paid leaves of absence of 30 days per calendar year if they are called to active duty. Employees whose workday consists of a shift measured in hours, each such 12-hour shift or less shall equal 1 working day of leave.</p>
Personal Holiday		Upon completion of 12 months of service		<p>Provides employees with (24) twenty-four hours of leave with pay to be used for any reason.</p>

# MEDICAL



**Capital Health**  
P L A N

*Florida Blue* 

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 deductible amount and coinsurance. Please see the subsequent pages of this guide for detailed summaries of both plans.



Monthly Medical Rates		
Coverage Level	Standard Rates	Value Based Rates
Employee	\$120.18	\$100.15
Employee + 1	\$289.01	\$247.73
Family	\$474.80	\$422.05



**Remember:** 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 \$873.24 per month. 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. 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 days of employment in order to participate.




Big Bend Choice \$7/\$30/\$50

Coverage for: Employee or Family | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, at [www.capitalhealth.com/sbc](http://www.capitalhealth.com/sbc). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-850-383-3311 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Medical: \$2,000 single coverage / \$4,500 family coverage. Pharmacy: \$4,600 single coverage \$8,700 family coverage.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See <a href="http://www.capitalhealth.com">www.capitalhealth.com</a> or call 850-383-3311 for a list of network providers.	Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes. Some specialists require a referral. For a list of specialists that require a referral go to <a href="http://capitalhealth.com/ReferralAndAuth">capitalhealth.com/ReferralAndAuth</a>	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <b>provider's office or clinic</b>	Primary care visit to treat an injury or illness	Office: \$10 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc. Telehealth – Services are provided by <u>network providers</u> through remote access technology including the web and mobile devices.
	<u>Specialist</u> visit	Office: \$40 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc. Prior authorization required for certain <u>specialist</u> visits. Your benefits/services may be denied. Telehealth – Services are provided by <u>network providers</u> through remote access technology including the web and mobile devices.
	<u>Preventive care/screening/immunization</u>	No Charge for covered services	Not Covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge	Not Covered	Diagnostic tests other than x-ray or blood work may incur a cost share.
	Imaging (CT/PET scans, MRIs)	\$100 / visit	Not Covered	Prior authorization required for certain imaging services. Your benefits/services may be denied.
	Tier 1 – Preferred Generic	\$7 / 30-day supply	Not Covered	The formulary is a closed formulary. This means that all available covered medications are shown. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied. Retail or mail order, one copay per 30 day supply up to 90 days.
Tier 2 – Non-Preferred Generic	\$30 / 30-day supply	Not Covered		
Tier 3 – Preferred Brand Tier 4 – Non-Preferred Brand	\$50 / 30-day supply	Not Covered		
If you need drugs to treat your illness or condition More information about <b>prescription drug coverage</b> is available at <a href="https://capitalhealth.com/members/about-your-medications">https://capitalhealth.com/members/about-your-medications</a>				

	<a href="#">Specialty drugs</a> Tier 5 – Preferred Specialty Tier 6 – Non-Preferred Specialty	\$50 / 30-day supply	Not Covered	Limited to 30-day supply and may be limited to certain pharmacies. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Outpatient Surgical Center: \$100 / visit Hospital: \$250 / visit	Not Covered	Prior authorization may be required. Your benefits/services may be denied. Cost share applies to all outpatient services.
	Physician/surgeon fees	\$40 / provider	Not Covered	
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$300 / visit \$250 / observation	\$300 / visit \$250 / observation	Copayment is waived if inpatient admission occurs; however, if moved to observation status, an additional copayment may apply based on services rendered.
	<a href="#">Emergency medical transportation</a>	\$100 / transport	\$100 / transport	
	<a href="#">Urgent care</a>	Urgent care center: \$25 / visit Telehealth: \$25 / visit Amwell: \$15 / visit	Urgent care center: \$25 / visit Telehealth: \$25 / visit Amwell: \$15 / visit	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$250 / admission \$250 / observation	Not Covered	Prior authorization required. Your benefits /services may be denied.
	Physician/surgeon fees	No Charge if admitted \$40 / provider for observation	Not Covered	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$40 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc.  Prior authorization required. Your benefits /services may be denied.
	Inpatient services	\$250 / admission	Not Covered	
	Office visits	\$40 / visit	Not Covered	
<b>If you are pregnant</b>	Childbirth/delivery professional services	No Charge	Not Covered	Cost share applies regardless of place of service, including office, telehealth, etc  —————none—————  Prior authorization required. Your benefits
	Childbirth/delivery facility	\$250 / admission	Not Covered	



	services			/services may be denied.
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	No Charge	Not Covered	Prior authorization required. Your benefits/services may be denied.
	<a href="#">Rehabilitation services</a>	\$40 / visit	Not Covered	Limited to the consecutive 62-day period immediately following the first service date. Cost share applies regardless of place of service, including office, telehealth, school, etc.
	<a href="#">Habituation services</a>	Not Covered	Not Covered	_____none_____
	<a href="#">Skilled nursing care</a>	No Charge	Not Covered	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.
	<a href="#">Durable medical equipment</a>	No Charge	Not Covered	Prior authorization required for certain devices. Your benefits/services may be denied.
If your child needs dental or eye care	<a href="#">Hospice services</a>	No Charge	Not Covered	Prior authorization required for inpatient services. Your benefits/services may be denied.
	Children's eye exam	\$10 / visit	Not Covered	_____none_____
	Children's glasses	Not Covered	Not Covered	_____none_____
	Children's dental check-up	Not Covered	Not Covered	_____none_____

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental care (Adult)
- Dental care (Child)
- Glasses
- Habitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the US
- Private-duty nursing
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care
- Routine eye care (Adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or



[www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cchio.cms.gov](http://www.cchio.cms.gov). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Capital Health Plan at 1-850-383-3311. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or [www.dol.gov/ebsa/consumer\\_info\\_health.html](http://www.dol.gov/ebsa/consumer_info_health.html) and <http://www.cms.gov/CCHIO/Resources/Consumer-Assistance-Grants/>.

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 850-383-3311, 1-877-247-6512

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 850-383-3311, 1-877-247-6512.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 850-383-3311, 1-877-247-6512.

Navajo (Dine): Dinekehgo shika at'ohwol niniisingo. kwijijgo holne' 850-383-3311, 1-877-247-6512.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$0
- Specialist copayment \$40
- Hospital (facility) copayment \$250
- Other copayment \$0

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (ultrasounds and blood work)  
 Specialist visit (anesthesia)

**Total Example Cost** \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$560</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0
- Specialist copayment \$40
- Hospital (facility) copayment \$250
- Other copayment \$50

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)  
 Diagnostic tests (blood work)  
 Prescription drugs  
 Durable medical equipment (glucose meter)

**Total Example Cost** \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$900
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$920</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$0
- Specialist copayment \$40
- Hospital (facility) copayment \$250
- Other copayment \$0

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)  
 Diagnostic test (x-ray)  
 Durable medical equipment (crutches)  
 Rehabilitation services (physical therapy)

**Total Example Cost** \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$900
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$900</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.



Capital Health  
PLAN

## ADDITIONAL SERVICES



**A faster, easier  
way to see a  
physician.**



Capital Health Plan is now offering you and your dependents an easier way to see a physician online or by mobile app **24/7/365** with Amwell.

- No appointment necessary
- Prescriptions when appropriate
- Private and secure telehealth
- Only a \$15 copayment
- Accessible via web or mobile app
- Free to sign-up and no monthly fees

**Use Service Key CHP when you enroll in Amwell.**

[capitalhealth.com/amwell](http://capitalhealth.com/amwell)  
855.818.DOCS



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2016.10.005



## 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

### 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](http://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.



**Summary of Benefits for Covered Services** Amount Member Pays  
In-Network      Out-of-Network

<b>Financial Features</b>		
<b>Deductible</b> (EM DED) <sup>1</sup> (PBP) <sup>2</sup> (DED is the amount the member is responsible for before Florida Blue pays)	\$500 per person \$1,500 per family	\$750 per person \$2,250 per family
<b>Inpatient Hospital Facility Services Per Admission Deductible (PAD)</b>	\$0	\$0
<b>Coinsurance</b> (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	40% of the allowed amount
<b>Out-of-Pocket Maximum</b> (EM OOP) <sup>3</sup> (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,500 per person \$5,000 per family	\$5,000 per person \$10,000 per family
<b>Office Services</b>		
<b>Virtual Visits<sup>4</sup></b> Primary Care Physician Specialist	\$0 Copay \$40 Copay	Not Covered Not Covered
<b>Physician Office Services</b> Value Choice Primary Care Physician <sup>5</sup> Value Choice Specialist <sup>5</sup> Primary Care Physician Specialist	\$0 Copay \$20 Copay \$20 Copay \$40 Copay	DED + 40% DED + 40% DED + 40% DED + 40%
<b>Maternity</b> (Cost Share for initial visit only) Primary Care Physician Specialist	\$20 Copay \$40 Copay	DED + 40% DED + 40%
<b>Allergy Injections</b> (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	DED + 40% DED + 40%
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Medicine)	\$150 Copay	DED + 40%
<b>Medical Pharmacy - Physician-Administered Medications</b> (applies to Office Setting and Specialty Pharmacy Vendors) <b>Monthly Out-of-Pocket (OOP) Maximum<sup>6</sup></b> Preferred Non-Preferred  <b>Provider</b> Preferred Non-Preferred	\$200 Combined with Preferred OOP  20% 20%	NA NA  DED + 50% DED + 50%
<b>Important Note:</b> Physician-Administered Medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

<sup>1</sup>EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / <sup>2</sup>PBP = Per Benefit Period / <sup>3</sup>EM OOP = Out-of-Pocket Maximum is Embedded: A covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount on the family plan. / <sup>4</sup>Virtual Visit services are only covered for In-Network providers. / <sup>5</sup>Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / <sup>6</sup>In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

**Note: Out-of-Network services may be subject to balance billing.**

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Preventive Care</b>		
<b>Routine Adult &amp; Child Preventive Services, Wellness Services, and Immunizations</b>	\$0 Copay	40%
<b>Mammograms</b>	\$0 Copay	\$0 Copay
<b>Colonoscopy</b> (Routine for age 50+ then frequency schedule applies)	\$0 Copay	\$0 Copay
<b>Emergency Medical Care</b>		
<b>Urgent Care Centers</b> Value Choice Provider <sup>5</sup>	\$0 Copay - Visits 1-2 PBP \$45 Copay for Remaining Visits PBP	DED + \$45
All Other Providers	\$45 Copay	DED + \$45
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	\$100 Copay	\$100 Copay
<b>Ambulance Services</b>	DED + 20%	INN DED + 20%
<b>Outpatient Diagnostic Services</b>		
<b>Independent Diagnostic Testing Facility Services</b> (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$50 Copay \$150 Copay	DED + 40% DED + 40%
<b>Independent Clinical Lab</b> (e.g., Blood Work)	\$0 Copay	DED + 40%
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	\$200 Copay \$300 Copay	DED + 40% DED + 40%
<b>Hospital / Surgical</b>		
<b>Ambulatory Surgical Center Facility (ASC)</b>	\$100 Copay	DED + 40%
<b>Outpatient Hospital Facility Services</b> (per visit) Therapy Services Option 1 Option 2 All other Services Option 1 Option 2	\$45 Copay \$60 Copay \$200 Copay \$300 Copay	DED + 40% DED + 40% DED + 40% DED + 40%
<b>Inpatient Hospital Facility and Rehabilitation Services<sup>7</sup></b> (per admit) Option1 Option2	\$600 Copay \$1,000 Copay	DED + 40% DED + 40%

<sup>5</sup>Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / <sup>7</sup>If admitted as an Inpatient from the Emergency Room member pays the Option 1 In-Network Hospital cost share.

**BlueOptions**  
**For Large Groups**  
**Predictable Cost Health Plan 03559**



<b>Mental Health / Substance Dependency</b>		
<b>Virtual Visits<sup>4</sup></b>		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
<b>Physician Office Services</b>		
Primary Care Physician	\$0 Copay	40%
Specialist	\$0 Copay	40%
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	\$0 Copay	\$0 Copay
<b>Outpatient Hospitalization Facility Service</b> (per visit)		
Option 1	\$0 Copay	40%
Option 2	\$0 Copay	40%
<b>Inpatient Hospitalization Facility Services<sup>7</sup></b> (per admit)		
Option 1	\$0 Copay	40%
Option 2	\$0 Copay	40%
<b>Other Special Services</b>		
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations</b>		
Outpatient Rehabilitation Therapy Center	\$40 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit) Option 1	\$45 Copay	DED + 40%
Option 2	\$60 Copay	DED + 40%
<b>Durable Medical Equipment, Prosthetics and Orthotics</b>	DED + 20%	DED + 40%
<b>Home Health Care</b>	DED + 20%	DED + 40%
<b>Skilled Nursing Facility</b>	DED + 20%	DED + 40%
<b>Hospice</b>	DED + 20%	DED + 40%

<sup>4</sup>Virtual Visit services are only covered for In-Network providers. / <sup>7</sup>If admitted as an Inpatient from the Emergency Room member pays the Option 1 In-Network Hospital cost share.

**Important:** To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit [floridablue.com/Authorization](http://floridablue.com/Authorization) or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

<b>Benefit Maximums</b>	
<b>Home Health Care</b>	60 Visits PBP
<b>Inpatient Rehabilitation Therapy</b>	30 Days PBP
<b>Outpatient Therapy</b>	35 Visits PBP
<b>Spinal Manipulations</b>	26 PBP (accumulates towards the Outpatient Therapy maximum)
<b>Skilled Nursing Facility</b>	60 Days PBP

**Additional Benefits and Features**

- We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at [floridablue.com](http://floridablue.com).
- Go to [floridablue.com](http://floridablue.com), click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

**BlueScript Prescription Drug Program**

In the event your Group has purchased pharmacy coverage from Florida Blue, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them. Important Note: Your health plan may include prescription drug coverage that only provides coverage at Exclusive Pharmacies except for emergency situations.

**Access to Our Strong Networks**

**NetworkBlue<sup>SM</sup>** is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard<sup>®</sup>** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

**Physician Discount**

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, Florida Blue does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at [floridablue.com](http://floridablue.com).

**This is not an insurance contract or Benefit Booklet.** This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.



## BlueScript Pharmacy Benefits - \$10/\$30/\$50

For BlueOptions Plans– Open Formulary (Home Delivery Available)

The BlueOptions® health benefit plan your employer is offering you is paired with our BlueScript® Pharmacy Program. With a large network of Participating Pharmacies statewide and nationally, you can obtain prescription drugs at a location convenient to you.

You may also be able to receive more savings on prescription drugs by purchasing your drugs through the home delivery program.

See below for your specific plan details.

Drug Tier	In-Network Retail (One-Month Supply)	In-Network Home Delivery (Three-Month Supply)	Out-of-Network
Preferred Generic Prescription Drugs	\$10	\$25	50%
Preferred Brand Name Prescription Drugs	\$30	\$75	50%
Non-Preferred Prescription Drugs	\$50	\$125	50%
Oral Chemotherapy Drugs	\$10	\$25	50%

Specialty drugs are not available through home delivery.

### Advantages of our Pharmacy Program

With our BlueScript Pharmacy Program, you'll receive coverage for Preferred Generic, Preferred Brand Name, and Non-Preferred Prescription Drugs, as well as self-administered injectables and specialty medications. You have easy access to Participating Pharmacies throughout Florida and to National Network Pharmacies with over 60,000 locations.

### Save When Purchasing Your Prescription Drugs

You can reduce your out-of-pocket costs by purchasing Covered Prescription Drugs listed on our Preferred Medication List. These prescription drugs should cost you less than prescription drugs not on the list.

### Generic Prescription Drugs

You pay a lower cost for Generic Prescription Drugs that appear on the Preferred Medication List. If you request a Brand Name Prescription Drug when a Generic is available, you will be responsible for:

1. The copayment applicable to Brand Name Prescription Drugs; and
2. The difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated on the BlueOptions pharmacy Program Schedule of Benefits.

### More Convenient Than Ever

Take your prescriptions to a participating pharmacy to have them filled. Or, if you are taking a prescription medication on an ongoing basis, you have a couple of convenient options:

1. Your doctor can prescribe a three-month supply and you can have it filled at select participating retail pharmacies. A three-month out-of-pocket cost (copay, coinsurance, and/or deductible) applies.
2. For additional savings, fill prescriptions via our home delivery program. This program allows covered members taking prescription drugs to receive up to a three-month supply for one Home Delivery Copayment, after Pharmacy Deductible, if applicable. Prescription drugs ordered through this program are provided by Express Scripts.

### Vaccines at the Pharmacy

Certain vaccines which are covered under your Wellness Benefits can be administered by Pharmacists that are certified.

### Contraceptive Coverage

Generic oral contraceptives and diaphragms are covered under your pharmacy benefit and are available at no cost to you. These contraceptives must be prescribed and obtained from a participating pharmacy.

### Diabetic Supplies

Diabetic supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes and needles are covered under your pharmacy benefit. Diabetic supplies require a prescription and can be obtained from a participating pharmacy.

### Medication Guide

The Preferred Medication List, which is part of the Medication Guide, is available online at [floridablue.com](http://floridablue.com). Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Services 711. The Medication Guide also identifies specialty drugs, and drugs requiring prior authorization. When reviewing the Preferred Medication List with your doctor, ask your provider to consider a prescription drug from the Preferred Medication List, particularly a Preferred Generic Prescription Drug.

## Pharmacy Options Affect Your Out-of-Pocket

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled—retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled you should confirm which pharmacy is considered 'in-network' for that particular medication.

- **Retail Pharmacy Network**

Non-specialty 'Generic' medications and 'Brand Name' medications listed on the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.

- **Specialty Pharmacy Network**

We have identified certain drugs as 'specialty drugs' due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in the Medication Guide. To be covered under your pharmacy program at the In-Network cost share, they must be purchased at a participating Specialty Pharmacy. These pharmacies are different than the retail pharmacies and are identified in both the Provider Directory and the Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.

- **Non-Participating Pharmacy**

Choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim to be reimbursed. Our payment will be based on our Non-Participating Pharmacy Allowance minus your deductible and/or coinsurance. You will be responsible for the deductible and/or coinsurance and the difference between our allowance and the cost of the medication.

- **The National Pharmacy Network**

The National Pharmacy Network includes more than 50,000 chain and Independent Pharmacies across the United States. The National Network Pharmacies are available to our members traveling or residing outside of Florida. Simply present your member ID card at time of purchase.

## Utilization Management/Responsible Rx Programs

### Prior Coverage Authorization

Drugs selected for Prior Coverage Authorization (PA) may require that specific clinical criteria be met before the drugs will be covered under your pharmacy benefit. The list of drugs requiring Prior Authorization is located in the Medication Guide and are designated with a "PA" following the product name. Florida Blue reserves the right to change the drugs that require PA at any time and for any reason.

### Responsible Quantity

Drugs included in this program allow a maximum quantity per time period. Quantity limits are typically developed based upon FDA-approved drug labeling and nationally recognized therapeutic clinical guidelines. The list of drugs that have quantity limits are designated in the Formulary List with a "QL" following the product name. Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at [floridablue.com](http://floridablue.com).

### Responsible Steps

Drugs included in this program require that you try another designated prerequisite drug first before a drug listed in the Responsible Steps Medication Chart will be covered. If due to medical reasons you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the Formulary List with "RS" following the product name. Medications included in the Responsible Steps Program are listed in the Medication Guide. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

### Drugs that are Not Covered

Your Pharmacy benefit may not cover select medications. You will be responsible for paying the full cost of such medications. The Medication Guide contains a list of non-covered drugs. Some reasons a medication may not be covered are:

- The drug has been shown to have excessive adverse effects and/or safer alternatives are available.
- The drug has a preferred formulary alternative.

For drugs not covered you have access to a prescription savings discount card. With the discount card program, you will receive special discounted pricing at select participating pharmacies. This card provides savings for you or any of your family members on medications that are not covered under your BlueScript pharmacy benefit. The discount program is not an insurance product or part of your health benefit plan. For more information, log in to your account at [floridablue.com](http://floridablue.com). Go to My Plan and then Pharmacy to find the link to Prescription Drug Savings Card. You can also call the customer service number on the back of the member ID card.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

# 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!

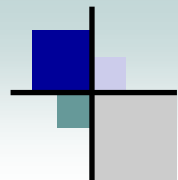
 Teladoc.com

 1-800-Teladoc (835-2362)



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# 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](http://floridablue.com). Use the drug pricing and medical services cost estimator tools work for you.



Call 888-476-2227 or drop by a Florida Blue Center. Visit [floridablue.com](http://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](http://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](http://floridablue.com) for locations.

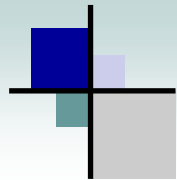
## FLORIDABLUE.COM

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](http://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 ID card or request a new ID 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 lifestyle.
- Get access to health-related member discounts such as gym memberships, weight loss programs, vision and hearing care.



# Guardian Dental Plans

In order to provide the best options for employees Standard offers the choice of three 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.

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

Monthly Dental Rates		
Coverage Level	Option 1: High Plan	Option 2: Low Plan
Employee	\$31.63	\$23.66
Employee + 1	\$68.53	\$51.42
Family	\$117.09	\$86.08





## 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.

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# 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 infections 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:** Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, [www.mayoclinic.com](http://www.mayoclinic.com). 2018.

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	
<b>Your Network is</b>	DentalGuard Preferred		DentalGuard Preferred	
<b>Calendar year deductible</b>	<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
<b>Charges covered for you (co-insurance)</b>	<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%
<b>Annual Maximum Benefit</b>	\$1500	\$1500	\$1000	\$1000
<b>Maximum Rollover</b>	Yes		Yes	
Rollover Threshold	\$700		\$500	
Rollover Amount	\$350		\$250	
Rollover In-network Amount	\$500		\$350	
Rollover Account Limit	\$1250		\$1000	
<b>Lifetime Orthodontia Maximum</b>	\$1000		\$1000	
<b>Dependent Age Limits</b>	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:

		<b>Option 1: HIGH PLAN</b>		<b>Option 2: LOW PLAN</b>	
		<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](http://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](http://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
<b>\$1,000</b> Maximum claims reimbursement	<b>\$500</b> Claims amount that determines rollover eligibility	<b>\$250</b> Additional dollars added to a plan's annual maximum for future years	<b>\$350</b> Additional dollars added if only in-network providers were used during the benefit year	<b>\$1,000</b> 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 2019 The Guardian Life Insurance Company of America.

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2020-105050 (07/22)

# Oral Health Rewards Program

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Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
<b>\$1,500</b> Maximum claims reimbursement	<b>\$700</b> Claims amount that determines rollover eligibility	<b>\$350</b> Additional dollars added to a plan's annual maximum for future years	<b>\$500</b> Additional dollars added if only in-network providers were used during the benefit year	<b>\$1,250</b> 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.

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\*\* 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 2019 The Guardian Life Insurance Company of America.

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2020-105050 (07/22)



# College Tuition Benefit Program

Get closer to your college savings goals by earning valuable rewards that can help you pay for a loved one's tuition.

Paying for college is one of the most significant financial goals families face. That can mean decades of saving, but Guardian is able to help.

Our College Tuition Benefit Program gives you reward-based points when you sign up for a plan – these rewards can be used toward the cost of tuition.

## How it works



Every reward point equals \$1 off the cost of full tuition



You'll earn 2,000 points annually, per line of qualifying Guardian coverage purchased\*



Every student on your account starts with 500 reward points

Tuition Reward points can be used at over 400+ four-year undergraduate colleges and universities across the U.S. that are in the SAGE network. Plus, Guardian dental members earn an extra 2,500 points after the fourth year.

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

\* Except for Guardian Davis Vision Plan Rewards, which are provided by Davis Vision. The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.



## How to sign up

To set up your SAGE Scholars Tuition Rewards account, you'll need a few personal details.



### User ID

Your Guardian  
Group Plan Number



### Password

Guardian

**There are two important deadlines that must be met to utilize rewards points:**

#### 1. Adding Students and Pledging

**Tuition Rewards:** Students must be registered by the member by August 31 of the year when the student begins 12th grade. The last day for pledging earned Tuition Rewards to a student is August 31 of the year the student begins 12th grade. This is also the last day for a student to earn any Student Tuition Rewards from any source.

#### 2. Submitting Student Tuition Rewards to member schools:

Using the college and university list available in the member's account, the member must submit a Tuition Rewards statement to any member school(s) a registered student applies to within ten days of the application being submitted.

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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.

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## 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.

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## 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.



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## Vision plan benefits for Leon County Sheriff Office

		Monthly premiums		Services/frequency	
<b>Copays</b>					
Exam	\$10	Emp. Only	\$6.56	Exam	12 months
Materials <sup>1</sup>	\$25	Emp. + 1 dependent	\$9.94	Frame	12 months
Contact lens fitting (standard & specialty)	\$30	Emp. + family	\$17.49	Contact lens fitting	12 months
				Lenses	12 months
				Contact lenses	12 months

(Based on date of service)

### Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$33 retail
Exam (optometrist)	Covered in full	Up to \$28 retail
Frames	\$120 retail allowance	Up to \$56 retail
Contact lens fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact lens fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$28 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$53 retail
Progressives lens upgrade	See description <sup>3</sup>	Up to \$53 retail
Polycarbonate for dependent children	Covered in full	Not covered
Contact lenses <sup>4</sup>	\$120 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses

<sup>2</sup> Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses

<sup>3</sup> Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

### Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

**superiorvision.com**

**(800) 507-3800**

#### Discounts on covered materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options
Specialty contact lens fit:	10% off retail, then apply allowance

#### Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

#### Maximum member out-of-pocket

The following options have out-of-pocket maximums<sup>5</sup> on standard (not premium, brand, or progressive) lenses.

	Single vision	Bifocal & trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

#### Refractive surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-50%, and are the best possible discounts available to Superior Vision.

<sup>5</sup> Discounts and maximums may vary by lens type. Please check with your provider.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com  
 The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with  
 The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

NVIGRP 5-07

1018-BSv2/FL



# Enjoy convenient digital benefits

Did you know you can order contacts online? We also have a mobile app for viewing your benefits while on-the-go.

## Easily order contacts online

With ContactsDirect, you have the same seamless in-network experience shopping for contact lenses online as when visiting a provider in person.

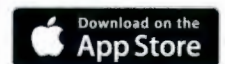
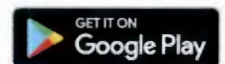
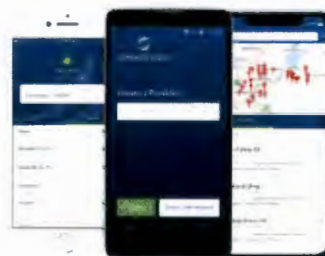
Choose from top brands and all types of contacts. Your in-network allowance will be applied instantly and you can also use remaining FSA dollars. Even get fast and free shipping.

## View your benefits with our app

Our free Android and iOS apps let you check in on your benefits from anywhere you have an Internet connection.

- Create an account
- Locate a provider
- View your vision benefits
- Get your member ID card

Ready to shop for contacts online? Visit [contactsdirect.com/superiorvision](https://contactsdirect.com/superiorvision).



**Need help? Here's how to contact customer service.**

Give us a call at **1 (800) 507-3800** or visit [superiorvision.com](https://superiorvision.com) for help.



# LIFE INSURANCE

## Basic Life and AD&D

Leon County Sheriff's Office provides term life coverage to all full-time employees on the 1st of the month following date of hire. Employees will be covered for 1x your basic annual salary.



## Supplemental Life and AD&D Insurance

All full-time employees of the agency are eligible to apply for additional life insurance 1x or 2x their basic annual salary. The waiting period for new hires is 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 1st day of the month following Evidence of Insurability approval.

### How much life insurance do I need?

When it comes to protecting the financial security of you and your family, nothing is more important than planning ahead. Even if you already have a life insurance policy in addition to the company-provided policy, its important to ask yourself:

“Do I have the protection I need to cover all of my financial responsibilities?”

A few categories to consider include:

- Daily living expenses
- Mortgages and other loans
- Children’s or grandchildren’s college tuition

If you have expected expenses like these, you may want to consider purchasing additional coverage. For help deciding how much coverage you need, go online and search for “life insurance calculator.”

\*Coverage in the amount of annual earnings rounded to nearest thousand. Option to purchase additional coverage.

Rates based on age/salary.

\*\*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.

### LIFE INSURANCE

Rates based on Age & Base 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

### DEPENDENT LIFE INSURANCE

COVERAGE

Spouse	Children	Premium
\$20,000	\$5,000	\$4.16
\$10,000	\$2,500	\$3.05



# 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. 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) month period just before your insurance becomes effective.

Exclusion Period: Twelve (12) months

### ***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



# VOLUNTARY LONG TERM DISABILITY CONTINUED

## *Maximum Benefit Period*

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.

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA or 3 years 6 months, whichever is 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

## *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*

<b>Age Band</b>	<b>90 Day Rate</b>	<b>180 Day Rate</b>
Under 25	\$0.16	\$0.11
25-29	\$0.21	\$0.13
30-34	\$0.33	\$0.23
35-39	\$0.47	\$0.36
40-44	\$0.62	\$0.51
45-49	\$0.85	\$0.67
50-54	\$1.20	\$0.95
55-59	\$1.51	\$1.24
60-64	\$1.50	\$1.28
65-69	\$1.85	\$1.32
70+	\$3.21	\$2.61

## *Group Insurance Certificate*

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way.



# ADDITIONAL BENEFITS

## Supplemental Life Insurance

Any employee working 30 or more hours per week is eligible to enroll in additional life insurance with Reliance Standard. New hires are eligible the 1st day of the month following date of hire. The waiting period for current employees is 1st day of the month following Evidence of Insurability approval by Reliance Standard. Employees can elect between \$10,000 and \$500,000 in increments of \$10,000. Guarantee issue amount for new hires under age 60 is \$100,000. Guarantee issue amount for new hires age 60 to 70 is \$10,000. You can also elect between \$10,000 to \$500,000 in increments of \$10,000 of coverage for your spouse. Guarantee issue amount for your spouse under is 60 is \$40,000 subject to employee coverage of at least \$50,000.00. Child coverage is also available. Please see details of child coverage options and detailed plan rates by reviewing the Reliance Standard benefits summary located in your Human Resources Department.

## Flexible Reimbursement Accounts

You can choose to participate in this program which allows you to pay for certain health care and dependent care expenses through payroll deduction with pre-tax dollars. You can contribute a maximum of \$2,700 for the health care account and \$5,000 to the dependent care account.

## FDSA-Legal

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

## 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 you regard-less of other insurance you may have. You can use the payments to cover out of pocket costs or to simply pay other bills. The plans available to you include:

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

Please contact your AFLAC representative David Springer and Bob Springer by phone at 850-531-9908 or by email at david\_springer@us.aflac.com for information on plan costs.

## 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:

- Short Term Disability
- Critical Illness
- Accident
- Term Life
- Whole Life
- Universal Life
- Cancer

Please contact your Colonial Life representative Nick McCarthy by phone at 850-800-2125 or by email at nick.mccarthy@coloniallifesales.com for information on plan costs.

# ADDITIONAL BENEFITS CONTINUED

## **Retirement (Contact HR for more information)**

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.

You can save for retirement through payroll deduction with pre-tax dollars in the Deferred Compensation Plan through The Vedder Group by contacting our representative Scott Vedder by phone at 850-316-4933 or by email [scott@theveddergroup.com](mailto:scott@theveddergroup.com) Please contact Human Resources for more information.

## **Other Available Benefits**

- Tuition Assistance
- Employee Assistance Program
- Annual & Sick Leave Accruals
- 3 Personal Days At Onset of New Fiscal Year

## Flexible Spending Account

### Open a WageWorks Flexible Spending Account (FSA) and watch your savings grow.

#### Save up to 40% on everyday expenses.

Open a WageWorks Flexible Spending Account (FSA) during open enrollment and good things happen. You have money ready for eligible expenses not covered by your insurance, saving you up to 40%.

#### How FSAs work.

You can sign up for an FSA during open enrollment. Each paycheck, you set aside some of your pay, before taxes, to use for eligible expenses. This is how you save money: \$100 put into your FSA is \$100 to spend on eligible expenses. Without an FSA, you pay taxes, leaving up to \$80 to pay for the same eligible expenses.

#### Use the take care® Card.

Use your take care® Card instead of cash or credit at health care providers and pharmacies for eligible services, goods and prescriptions. Typical expenses include co-pays for doctor visits and prescriptions, dental and orthodontia expenses, vision care, prescribed over-the-counter (OTC) drugs and medications and non-drug OTC items and devices.

#### Using your FSA is easy.

When you elect a health care FSA, your account is funded with the full amount you've chosen at the beginning of the year. As soon as that happens, it's ready to use for eligible expenses. Throughout the year, you "pay your account back" with pre-tax contributions from your paycheck. Accessing your account is easy:

- ▶ **take care® Card.** Use it instead of cash at health care providers and wherever accepted for health-related services and health expenses.
- ▶ **Pay Me Back.** File a claim online, by fax or mail for reimbursement.
- ▶ **On the Go.** Use our mobile website to view your account information.

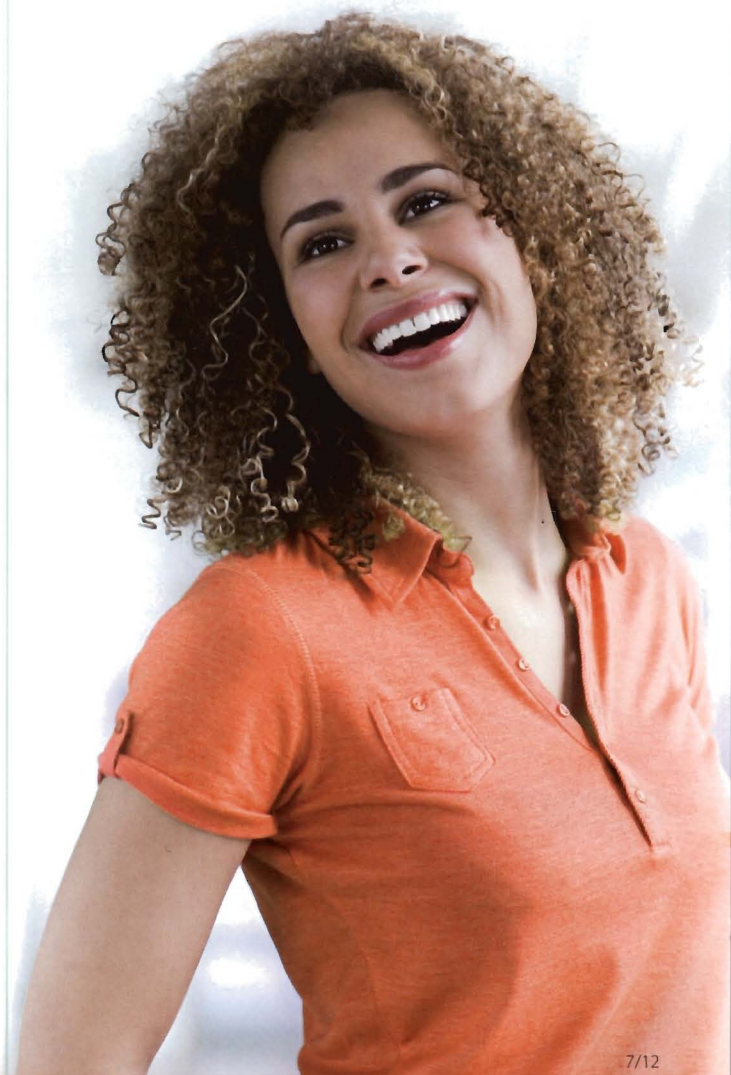
You can also choose a WageWorks Dependent Care FSA to help with the cost of care for eligible children or aging parents while you are at work. A dependent care FSA works a lot like a health care FSA, but your account is funded each payroll period, so funds are available as contributions are taken from your paycheck.

#### Sign up during open enrollment.

Saving up to 40%  
on health expenses.

Awesome.

That's exactly what I need.





## Estimate your savings.

How much you save depends on how much you spend on health and dependent care, and on your tax situation. For every \$100 of eligible expenses, you could save up to \$40 in taxes. To estimate your expenses and see for yourself how your savings can add up, use the savings calculator at: [FSAWorks4Me.com/takecare](http://FSAWorks4Me.com/takecare)

### Health Care FSA

ESTIMATED ELIGIBLE EXPENSES	EXAMPLE	YOUR ESTIMATE
Prescription drugs	\$270	
Doctor visits / co-pays	\$180	
Dental fillings / crowns	\$150	
Orthodontia (braces)	\$1,600	
Prescription glasses	\$150	
Eye exams / LASIK	\$150	
Other		
<b>Suggested plan year election</b>	<b>= \$2,500</b>	<b>=</b>
Taxes (20%*)	x 0.20	x (20 - 40% is typical)
<b>Estimated savings*</b>	<b>= \$500</b>	<b>=</b>

### Dependent Care FSA

ESTIMATED ELIGIBLE EXPENSES	EXAMPLE	YOUR ESTIMATE
Day care / nursery school	\$3,600	
Before / After school care	\$700	
Summer day camp / Summer day care	\$700	
<b>Suggested plan year election</b>	<b>= \$5,000</b>	<b>=</b>
Taxes (20%*)	x 0.20	x (20 - 40% is typical)
<b>Estimated savings*</b>	<b>= \$1,000</b>	<b>=</b>

#### Notes:

\* Tax savings amounts are examples provided for illustrative purposes only. They are based on federal, state, and FICA (Social Security) taxes that you do not have to pay through payroll deductions on amounts used to fund your account. Your actual savings may vary depending on your marginal income tax rate, whether you pay state income taxes, and other factors. Some states do not recognize tax exclusions for FSA contributions.

## Pay for hundreds of expenses – tax-free!

You can use your FSA to save on hundreds of products and services for you and your family. Eligible expenses are defined by the IRS and your employer. Typically, your health care FSA covers:

- ▶ **Prescriptions** for almost any medical condition
- ▶ **Prescribed over-the-counter<sup>1</sup>** health care products like allergy medicine, antacid, antibiotics, aspirin...
- ▶ **Co-payments** and deductibles
- ▶ **Dental care**, both preventive and restorative
- ▶ **Orthodontia**, child and adult
- ▶ **Vision care**, including eyeglasses, contact lenses, and saline solution
- ▶ **Eye surgery**, including laser vision correction
- ▶ **Physical therapy**, counseling and psychology
- ▶ **Chiropractic care, acupuncture**, and some other alternative treatments

## Pay for dependents, too!

Your dependent care FSA covers these types of expenses for your eligible dependents while you work:

- ▶ **Babysitting** or au pair services
- ▶ **Before- and after-school** programs
- ▶ **Day care and nursery schools**
- ▶ **Pre-school** programs
- ▶ **Elder care** services

For details and hundreds more eligible expenses, visit: [FSAWorks4Me.com/takecare](http://FSAWorks4Me.com/takecare)

## Questions?

Helpful tips, guides, video tutorials and FAQs are available online at [www.takecarewageworks.com](http://www.takecarewageworks.com). WageWorks Customer Service professionals also are standing by to help you. Just call 1-800-950-0105, Monday – Friday, 8 am – 7 pm CST.

## Your Employer and WageWorks

This program is sponsored by your employer and brought to you by WageWorks — the nation's leading provider of consumer-directed savings and spending accounts. WageWorks sets the standard for convenience and flexibility with easy access to your account, no-hassle payment options, comprehensive online tools, and expert support. Millions of employees nationwide enjoy the WageWorks advantage to save money and make smart choices about their health care, dependent care, and commuter expenses.

WageWorks is a preferred vendor for the administration of Aflac's Cafeteria Plans (Health FSA and Dependent Day Care), Commuter Spending Accounts, and Health Savings Account (HSA) products and services. WageWorks is a separate entity from Aflac, and WageWorks will guarantee and warrant any products and services they offer based upon their own service policies.

take care<sup>®</sup>  
by WageWorks

**FSAWorks4Me™**

Aflac<sup>®</sup> provided by  
**WageWorks™**

# Don't know what to use your FSA money on?

Did you know you could use your FSA to save money on everyday health essentials like baby health items, health trackers, pain relief products and more?

Locate the health essentials you use everyday on the FSA Store!



**The largest selection**  
of guaranteed FSA-eligible products



**24/7 support,**  
Free shipping on orders with a subtotal of \$50 or more



**Are your health needs eligible?**  
Easily check with our expansive Eligibility List



**Need an Rx?**  
We'll work with you to make getting one easier



**Learning Center**  
Get daily money-saving info



**Use your FSA card**  
or any major credit card

Visit [FSAstore.com/Insiders](https://www.FSAstore.com/Insiders) for the largest selection of guaranteed FSA-eligible products. While you are there, sign up to get **\$10 OFF** your first order plus a downloadable PDF of the Eligibility List.\*

\*Limit one per person.

with Carryover



You're paying enough for healthcare.  
Don't pay taxes on it, too.

The medical, dental and vision care expenses that aren't covered by insurance – what you pay out of your own pocket – don't have to take such a big bite out of your budget. Use a take care<sup>®</sup> by WageWorks<sup>®</sup> **Flexible Spending Account (FSA) with Carryover** to cover these expenses, and save using pre-tax dollars.



### It's like a 30% off sale on eligible healthcare expenses.<sup>1</sup>

- Save up to 30% on things like glasses, braces and other necessities.<sup>1</sup>
- Carry over up to \$500 from one plan year to the next – you've got very little risk of losing your hard-earned money.
- Pick from several convenient, no-hassle payment and reimbursement options.

# Healthcare Flexible Spending Account

with Carryover

## How does it feel to save hundreds of dollars every year?

It's up to you. Simply decide how much to contribute to your Healthcare FSA, and funds are withdrawn from your paycheck *before taxes*. So you're not paying taxes on your full income. And that feels pretty good.

## If you've ever used an app, you can do this.

Checking your balances and managing your account is as simple as using your smartphone. Just download the MyFlex<sup>SM</sup> mobile app to access your account from anywhere.



## If you want to save, here's how you start.

- Estimate your annual healthcare expenses, and make your contributions accordingly.
- Carryover plans allow you to transfer up to \$500 to the following year's plan.

Sign up during your Open Enrollment period, or contact your benefits manager now for more information.

See how your savings add up with the *take care* calculator:  
[wageworks.com/takecare-mynewfsa](http://wageworks.com/takecare-mynewfsa)

1 Assumes a combined tax rate of 30%, including FICA, state and federal income taxes. Actual amounts may vary.

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3175-TC (201907)

**take care**<sup>®</sup>  
by WageWorks<sup>W</sup>





You're paying enough for dependent care. Don't pay taxes on it, too.

The dependent care expenses that you pay out of your own pocket don't have to take such a big bite out of your budget. Use a *take care*<sup>®</sup> by WageWorks **Dependent Care Flexible Spending Account (FSA)** to cover these expenses and save using pre-tax dollars.



### It's like a 30% off sale on eligible dependent care expenses.<sup>1</sup>

- Save up to 30% on things like preschool, child or elder care, summer day camp and more<sup>1</sup>
- Reduce your overall tax burden – funds are withdrawn from your paycheck before taxes are deducted
- Pick from several convenient, no-hassle payment and reimbursement options

# Dependent Care Flexible Spending Account

## How does it feel to save hundreds of dollars every year?

It's up to you. Simply decide how much to contribute to your Dependent Care FSA and funds are withdrawn from your paycheck *before taxes*. So you're not paying taxes on your full income. And that feels pretty good.

## If you've ever used an app, you can do this.

Checking your balances and managing your account is as simple as using your smartphone. Just download the MyFlex<sup>SM</sup> mobile app to access your account from anywhere.



## If you want to save, here's how you start.

- Estimate your annual dependent care expenses and make your contributions accordingly
- Pay close attention to your account, though, because money left unspent at the end of your plan year may be forfeited; grace period plans (where available) provide up to 2 ½ months at the end of the plan year to spend down money left in your account

Sign up during your Open Enrollment period, or contact your benefits manager now for more information.

See how your savings add up with a Dependent Care FSA:  
[wageworks.com/takecare-mydcfsa](http://wageworks.com/takecare-mydcfsa)

1 Assumes a combined tax rate of 30%, including FICA, state and federal income taxes. Actual amounts may vary.

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3029-TC (201807)

## **EMPLOYEE ASSISTANCE PROGRAM**

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

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

**Scope:** The EAP is available to all employees.

**Services:** An initial consultation, up to four sessions, is provided at no cost to assess concerns and possible services. The program provides or can refer for a variety of assistance, 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. Even if an employee is referred by management for performance problems, only confirmation of participation is conveyed.

**Cost:** There is no charge for up to four consultations. Most additional services are covered, at least in part, under health benefits. When necessary, efforts will be made to acquire services at reduced rates. Some services may be available at no cost within the community.

**Leave:** Employees may use two hours per week of paid leave for consultations through the EAP. If this leave option is elected, then documentation of the "EAP appointment" must be conveyed to verify the time away from work. No verification is required if employees elect to use sick or annual leave as appropriate. Leave away from the job for initial consults of management referred employees is not counted as these appointments are conducted on work time.

### **FOR CONFIDENTIAL ASSISTANCE CALL:**

Steve Serventi, LMHC, CEAP  
Employee Management Systems  
(850) 422-2000  
908 Thomasville Rd.  
Tallahassee, FL 32305

Drake Gunning, LCSW  
Anew Life Counseling and Consulting Group, LLC  
(850) 508-4642  
Anewlifeccllc@gmail.com  
1114 Thomasville Rd, Ste D  
Tallahassee, FL 32303

# Counseling And Consulting

850-422-2000

Steve Serventi, LMHC  
Leslie Norcross Miller, LMHC



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**Steve Serventi, MS, LMHC, CEAP, SAP**

Steve Serventi holds a Bachelor's Degree in Psychology and Master's Degree in Counseling from Florida State University and is a Licensed Mental Health Counselor (LMHC), Certified Employee Assistance Professional (CEAP), and qualified Substance Abuse Professional (SAP). Steve brings 30+ years of experience to the addictions, mental health, and occupational consulting fields.

Specialties and Experience include: work stress and workplace issues; substance abuse and addictions; DUI, Drug Free Workplace and Federal DOT substance abuse evaluations; training and consulting to businesses on organizational health; general mental health and life concerns (depression, anxiety, losses, adjustments, etc.); relationship and couples dynamics (communication, divorce, infidelity); critical incident stress management (CISM), post-traumatic stress; military and veterans issues; and a qualified clinical supervisor for Florida Mental Health Counselors Board licensing interns.



**Leslie Norcross-Miller, MS, LMHC**

Leslie Norcross-Miller holds a Bachelor's degree in Social Work from Florida State University and a Master's degree in Mental Health Counseling from Capella University. In addition to academic credentials, Leslie has certifications in victim advocacy, crisis response and early childhood education. She is a licensed mental health counselor (LMHC) with 20+ years of experience in behavioral health.

Specialties and Experience include: mental and emotional health (depression, anxiety, life transitions and adjustments, etc.); employee assistance assessment and brief therapy; trauma and post-traumatic stress; critical incident stress management (CISM); victims of crime; marriage and relationship issues; divorce adjustment and resolution; death, loss, and grief; family issues and dynamics (communication, blended families, parenting skills, etc); women's issues, child and adolescent therapy (age 4 +) for both behavioral and developmental concerns.

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Servicing the Tallahassee area with over 50 years of combined therapy experience. The cumulative expertise of Steve Serventi and Leslie Norcross-Miller cover a wide spectrum of life's difficulties. Scope of the practice ranges from addictions and victim services to life's general stresses and events. Targeting those circumstances that disrupt or impair one's life, the practice philosophy is for practical guidance and counseling to increase the ability to cope, overcome adversity, and succeed in life. Our philosophy targets a direct approach to problem solving, striving for shorter lengths of treatment, development of practical coping skills, and building self-confidence and independence. Essential to our client's success, the practice is dedicated to providing a confidential, safe, and trusting environment to take risks and make changes.

Life's problems do not happen in a vacuum. The practice provides consultation services to families, employment settings and employers, physicians, healthcare networks, child welfare agencies, schools, attorneys, the court system, and other related professionals. These consultations focus on resolving presenting issues while assisting the client to develop positive interventions to minimize continued problems.

As a further extension of services, training is available on a wide variety of topics to educate individuals, employers, agencies, families, and community resources on the specifics of certain problem areas.

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## SERVICES:

The practice provides individual, couples, family therapy and consultation to organizations with a focus on practical solutions, building tools and improved functioning.

### Alcohol, Drug Abuse and Addictions

- Diagnosis and Assessment
- Individual therapy and coordination with other treatment modalities
- Drug Free Workplace Training and Assessments
- Federal DOT-SAP Evaluations
- Treatment of Dual Diagnosis
- Interventions and Assistance to Families and Workplace systems
- Assessment for legal issues and court ordered requirements

### Victim's Services and Trauma

- Assessment and individualized treatment for victims of crime
- Coordination with law enforcement, State's Attorney and legal system
- Benefits interface with State of Florida Victim's Compensation
- Treatment for post-traumatic stress and related issues
- Treatment and support in working through the Court and legal systems

### Employee Assistance and Workplace Services

- Assessment & treatment of referrals from employer counseling programs
- Treatment of work related stress issues.
  - Interface with FMLA, ADA, EEOC and Worker's Comp situations
  - Organizational assessment and training for conflict and morale problems
  - Workplace violence assessments and interventions
  - Critical Incident Stress Management, diffusions, and crisis resolution

### General Mental Health Counseling

- Anxiety, Depression, and Mood Disorders
- Major mental health concerns with physician and medication involvement
- Life issues, changes, and stresses
- Couples Issues (communication, conflict, infidelity)
- Divorce, Loss, Grief and Adjustment issues

### Child, Adolescent, and Family Counseling (4+ years and older)

- Behavior and developmental problems
- Divorce and separation of family
- Blended families
- Parenting and Co-parenting skills training
- Assessment and treatment of trauma and abuse
- Interface with child welfare and legal systems
- Court testimony on child welfare issues

Telephonic sessions are also available and appropriate in some circumstances.

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## **RATES & REIMBURSEMENT:**

Fees are based on an hourly rate unless otherwise negotiated. Though there is some variation between providers, the practice accepts most insurances, EAP's, and other reimbursement sources. Alternate arrangements are available on an individualized basis.

Individual or Couples Therapy: \$100.00 / hour

Training and Consultation: \$120.00/ hour

Reimbursement Available Through:

Blue Cross Blue Shield	United HealthCare
Capital Health Plan	Florida Victim's Compensation
Crisis Care Network	Aetna
Tricare	Value Options Insurance and EAP
Humana	Value Options Military One Source
Magellan Health Services	Ceridian
Coventry	Optum Health Services
Empathia	New Directions
EAP Consultants, Inc.	Bensinger Dupont and Assoc.
Integrated Behavioral Health	Corporate Care Works, Inc.
Advocates Health, Inc.	Anthem

No Show / Cancellation Policy: Cancellations less than 24 hours before an appointment time will be charge the customary hourly fee.



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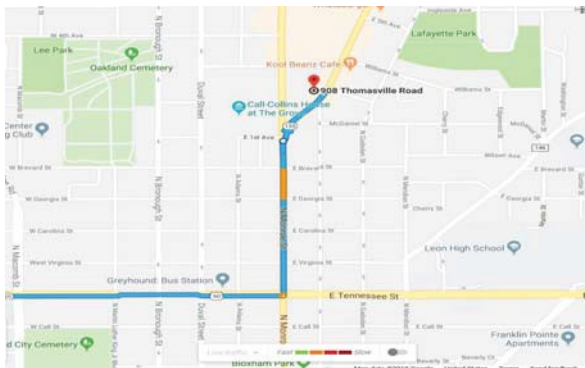
## CONTACT US:

Phone: (850) 422-2000

We prefer direct phone contact as it affords an opportunity to answer any questions and better understand your needs.

Fax: (850) 878-9934

Address: 908 Thomasville Road, Tallahassee, Florida 32303



Inquire about our services in Jacksonville. We are available in that location two days a week to assist you, your family, or workplace.



## WHO WE ARE

# 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 opportunity to rewrite their life's story.

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!

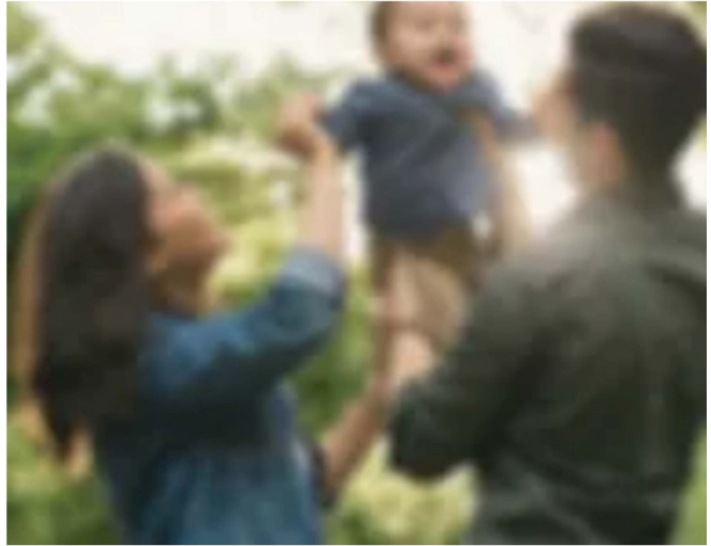
Our counseling group provides therapeutic services that will encourage you to grow, gain clarity, and set a fresh course for your life. We have trained staff to provide effective therapeutic services to those who are experiencing challenges such as mental health disorders, traumatic experiences, poor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

#### **Mission:**

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

#### **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](mailto:info@anewlifeccggroup.com) Address: 1114 Thomasville Rd, Ste D, Tallahassee, FL 32303

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## 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!





# 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](https://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](http://johnhancock.com/myplan) and click on **Register Now**.

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

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.<sup>1</sup>

## 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.<sup>2</sup>



\*If 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.

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

2. 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.

Group annuity contracts and recordkeeping agreements are issued by: John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA"), Boston, MA (not licensed in New York) and John Hancock Life Insurance Company of New York ("John Hancock NY"), Valhalla, NY. Product features and availability may differ by state. John Hancock USA and John Hancock NY each make available a platform of investment alternatives to sponsors or administrators of retirement plans without regard to the individualized needs of any plan. Unless otherwise specifically stated in writing, John Hancock USA and John Hancock NY do not, and are not undertaking to, provide impartial investment advice or give advice in a fiduciary capacity.

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.**





# Plan COMPARISON CHART



Florida Retirement System

## 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
<b>This is a ...</b>	<b>401(k)-type investment plan.</b> 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.	<b>Traditional retirement pension plan.</b> 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.
<b>You qualify for a benefit after ...</b>	<b>1 year of service.</b> 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.	<b>8 years of service.</b> 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.
<b>Plan investment choices are made by ...</b>	<b>You.</b> You are responsible for choosing investments from a diversified set of funds and for managing your account.	<b>The State.</b> The State is responsible for managing the Pension Plan Trust Fund.
<b>Your benefit is ...</b>	<b>Based on your account balance.</b> Your account balance is based on your and your employer's contributions, the performance of your investments, and account fees and expenses.	<b>Based on a formula.</b> Your benefit is guaranteed and is based on a formula using your salary, years of service, FRS membership class, and age.
<b>When you retire, your benefit can be paid to you as ...</b>	<b>A lump sum, a rollover, an annuity, a customized payment schedule, or any combination of these.</b>	<b>Monthly payments for your lifetime.</b> You will have options that provide continuing payments to your qualified beneficiary after your death.
<b>Who contributes to the plan?</b>	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)**

9:00 a.m. to 8:00 p.m. ET, Monday through Friday, except holidays.



# Plan COMPARISON CHART

## Additional Plan Features

	Investment Plan	Pension Plan
<b>What happens if I work long enough to qualify for a benefit, but leave and go to work for ...</b>	<b>... another FRS-participating employer?</b> You remain enrolled and contributions will continue to be made to your account.	You remain enrolled and your benefit will continue to grow.
	<b>... an employer that doesn't participate in the FRS?</b> 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.
<b>Is there a survivor benefit if I die in the line of duty?</b>	Yes.	Yes.
<b>Will my benefit payments be adjusted to reflect increases in the cost of living?</b>	Only if you purchase a fixed annuity that offers it.	No.
<b>Would I be eligible to participate in the Deferred Retirement Option Program (DROP)?</b>	No.	Yes, as of your normal retirement date.
<b>Would I receive the Health Insurance Subsidy (HIS) to help me pay for health insurance in retirement?</b>	Yes, if you satisfy the service requirements.	Yes, if you satisfy the service requirements.
<b>Are there any benefits if I become permanently disabled?</b>	Yes.	Yes.
<b>Once I'm enrolled in one plan, can I switch to the other?</b>  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 <sup>nd</sup> Election. Reemployed retirees in the Investment Plan as of July 1, 2017 or after are not eligible to use a 2 <sup>nd</sup> 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](http://MyFRS.com).



## 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, visit:

Contact: Rebecca Smith & Kenn Terry *lplan*  
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 Casualty<sup>SM</sup>, 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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©2012 LegalShield<sup>SM</sup>, Ada, OK

**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](http://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](mailto:kdean@fldeputysheriffs.org)

Sincerely,

A. Keith Dean, CPA  
Executive Director



### 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 Thurgood Marketing and Consulting.*



# JOIN NOW

[www.fideputysheriffs.org](http://www.fideputysheriffs.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.fideputysheriffs.org](http://www.fideputysheriffs.org)

Revised 8/15/16



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

[www.fideputysheriffs.org](http://www.fideputysheriffs.org)  
1-844-890-0412





**The Florida Deputy Sheriffs Association offers insurance, legal representation and more**

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 Sheriffs' 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](http://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**



## LEON COUNTY SHERIFF'S OFFICE BENEFITS CONTACTS

<b>Human Resources</b>		
Main Line		850-606-3356
<b>Medical</b>		
Capital Health Plan <a href="http://www.capitalhealth.com">www.capitalhealth.com</a>	Member Services	850-383-3311
Florida Blue (BCBS) <a href="http://www.floridablue.com">www.floridablue.com</a>	Member Services	1-800-352-2583
<b>Dental</b>		
Guardian (Service Provider) <a href="https://www.guardianlife.com">https://www.guardianlife.com</a>	Member Services	1-800-541-7846
Brown and Brown (Account Manager)	Stacey Osiecki Rory Krivit	850-907-3187 850-907-3179
<b>Vision</b>		
Superior(Service Provider) <a href="http://www.superior.com">www.superior.com</a> Member Services	Member Services	1-800-507-3800
Brown and Brown (Account Manager)	Stacey Osiecki Rory Krivit	850-907-3187 850-907-3179
<b>Term Life Insurance/Long Term Disability</b>		
The Standard(Service Provider)		
Brown and Brown (Account Manager)	Stacey Osiecki	850-907-3187
<b>Life Insurance</b>		
AFLAC	Bob Springer & David Springer	850-531-9908
Boston Mutual Life Insurance (ELO)	Lee Hauser	317-716-8808
Capital Life Insurance	Tommy Lewis	850-942-2323
Colonial Life	Nick McCarthy	850-800-2125
Liberty National Life Insurance	Sharon Helms	229-205-2985
Reliance Life Insurance	Lois Goode	850-877-1445
<b>Deferred Compensation</b>		
John Hancock <a href="mailto:scott@theveddergroup.com">scott@theveddergroup.com</a> <a href="mailto:nicole@theveddergroup.com">nicole@theveddergroup.com</a>		
Vedder Group(Account Manager)	Scott Vedder	850-316-4933
<b>Supplemental Products</b>		
Cancer, Intensive Care, Accident, Disability and Hospital Indemnity		
AFLAC	Bob Springer & David Springer	850-531-9908
Colonial Life	Nick McCarthy	904-327-5456
Liberty National	Sharon Helms	229-205-2985
<b>Flexible Spending Account, Medical Reimbursement Account, Dependent Daycare</b>		
Wage Works <a href="http://www.takecarewageworks.com">www.takecarewageworks.com</a>	Member Service	800-342-8017
<b>Legal Plans</b>		
Legal Shield	Kenn Terry	800-729-7998

# 2022 Holiday Schedule

<b>Holiday</b>	<b>Date observed</b>
<b>New Year's Day 2022</b>	<b>Friday, December 31, 2021 (actual Sat., Jan. 1)</b>
<b>Martin Luther King, Jr Day</b>	<b>Monday, January 17, 2022</b>
<b>Florida Emancipation Day</b>	<b>Friday, May 20, 2022</b>
<b>Memorial Day</b>	<b>Monday, May 30, 2022</b>
<b>Independence Day</b>	<b>Monday, July 4, 2022</b>
<b>Labor Day</b>	<b>Monday, September 5, 2022</b>
<b>Veteran's Day</b>	<b>Friday, November 11, 2022</b>
<b>Thanksgiving Day</b>	<b>Thursday, November 24, 2022</b>
<b>Day after Thanksgiving</b>	<b>Friday, November 25, 2022</b>
<b>Christmas Day</b>	<b>Monday, December 26, 2022 (actual Sun., Dec.25)</b>
<b>New Year's Day 2023</b>	<b>Monday, January 2, 2023 (actual Sun., Jan. 1)</b>