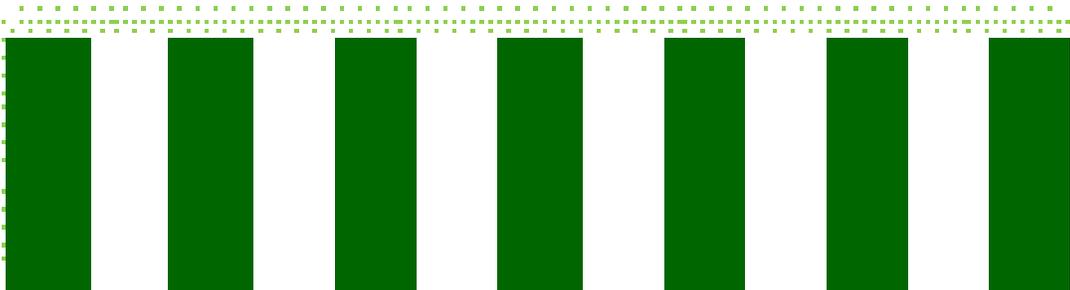


LEON COUNTY SHERIFF'S OFFICE



BENEFITS GUIDE

2023



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, 2023 - December 31, 2023. 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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Group Insurance Eligibility

Full-Time Employees

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

Part-Time Employees

- Part-time employees who are regularly scheduled to work 30 or more hours per week are eligible to participate in medical insurance.
- Part-time employees who are 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 the 12 month look back measurement period as defined by the Affordable Care Act (ACA).
- Part-time employees who are regularly scheduled to work 20 hours or more per week may participate in dental, vision, 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 are defined as:

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

Dependent Age Requirements

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

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

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

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

Disabled Dependents Eligibility

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

Group Insurance Eligibility (continued)

Taxable (Overage) Dependents

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

Employees enrolled in the Florida Blue Plan covering an overage dependent will have coverage premiums payroll deducted on an after-tax basis bi-weekly (24 pay-checks annually). The value of the overage dependent coverage is \$832.69 per month for each overage dependent enrolled.

Capital Health Plan charges an additional monthly premium of \$903.16 for each overage dependent; therefore, no imputed earning value will be added to your taxable gross.

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

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

Leon County Spouse Health Insurance Program

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

Domestic Partners

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

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

Group Insurance Eligibility (continued)

Domestic Partners (continued)

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

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

Separation of Employment

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

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

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

Qualifying Life Events and Section 125

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the employee or qualified dependent(s) experience(s) a Qualifying Life Event and the request to make a change is made within 30 days of the Qualifying Life Event.

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

Examples of Qualifying Events:

- Employee gets married, divorced, or enters a domestic partnership
- Birth, adoption, legal custody, guardianship/foster or death of a child
- Death of employee's spouse and/or other dependent(s)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's or spouse work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60-day notification period)

Remember!!

Contact
Human Resources
within 30 days of your
life event to complete
the required paperwork.

LEON COUNTY SHERIFF'S OFFICE 2023 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>MEDICAL INSURANCE</p> <p><i>CHP & 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>1st day of the month following date of employment</p>	<p>LCISO & Employee</p>	<p>Monthly Employee rates (1st pay period of each month)</p> <p>**Value Base Program:</p> <p style="padding-left: 40px;">Capital Health Plan & Florida Blue(BCBS): Single: \$103.28 2-Person: \$257.46 Family: \$438.62</p> <p>Standard Deduction:</p> <p style="padding-left: 40px;">Capital Health Plan & Florida Blue(BCBS): Single: \$124.90 2- Person: \$300.36 Family: \$493.45</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>DENTAL INSURANCE</p> <p><i>Guardian PPO</i> (2nd pay period)</p>	<p>Full Time Employees, Spouse of employees and dependents of employees until their 26th birthday.</p>	<p>1st of the month following 30 days of employment</p>	<p>Employee</p>	<p>Monthly Employee</p> <p style="padding-left: 40px;">Option 1: High Plan Single: \$32.58 2-Person: \$70.59 Family: \$120.60</p> <p style="padding-left: 40px;">Option 2: Low Plan Single: \$24.37 2-Person: \$52.96 Family: \$88.66</p>
<p>VISION INSURANCE</p> <p><i>Superior PPO</i> (2nd 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 style="padding-left: 40px;">Single: \$6.56 2-Person: \$9.94 Family: \$ 17.49</p>

<p>LIFE INSURANCE</p> <p><i>Standard Life</i> (2nd pay period)</p> <p><i>Dependent Life</i> (1st pay period)</p>	<p>Full Time Employees, Spouse or Domestic Partners of employees and *unmarried dependents of employees until their 2^{1st} birthday or unmarried and full time student until their 25th 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>2 Plan Options to purchase coverage on spouse and dependents. 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
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<p>VOLUNTARY PLANS</p> <p>LEGAL</p> <p><i>Pre-Paid Legal</i> (1st & 2nd pay periods)</p> <p>FDSA & Legal Plan: (Personal Membership)</p> <p>FDSA & Legal Plan: (Professional Membership)</p>	<p>Full Time Employees</p> <p>ALL Full Time Employees</p> <p>Only Full-Time Sworn Employees & Reserves</p>	<p>1st day of the month following date of application</p> <p>1st 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>All voluntary plans can be payroll deducted.</p> <p>Provides access to professional, legal representation. Monthly Employee rates (Divided 1st & 2nd pay periods)ID Theft Only: \$12.96 Legal Plan Only: \$14.96 ID Theft & Legal Plan: \$24.92</p> <p>FDSA & Legal Plan:\$12.50</p> <p>FDSA & Legal Plan: *Agency Pays Fees Employee can enroll: **ID Theft: \$5.00</p>																						
<p>LIFE & ACCIDENTAL DEATH INSURANCE</p> <p>(1st & 2nd 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>1st day of the month following date of application</p>	<p>Employee</p>	<p>Provides insurance for Cancer, Intensive Care, Accident & Disability, andHospital Indemnity.</p>																						

DEFERRED COMPENSATION <i>John Hancock</i> (All pay periods)	Full Time Employees	1 st day of the month following date of application	Employee	Provides availability to save for retirement through tax deferred contributions.
	Full Time Employees	1 st day of the month following date of application	Employee	Provides availability to save for college through tax deferred contributions.
PRE-PAID COLLEGE <i>Blackrock College Advantage 529 Plan</i> (All pay periods)	Full Time Employees	1 st 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
FLEXIBLE SPENDING ALFAC <i>Take Care By WageWorks/HealthEquity</i> (All pay periods)	Full Time Employees	1 st 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
OTHER BENEFITS <i>Employee Assistance</i> Drake Gunning, LCSW <i>Anew Life Counseling and Consulting Group, LLC</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
Employee Innovations Tallahassee Leon Federal Credit Union				Enjoy a wide range of financial services by joining the Tallahassee-Leon Federal Credit Union.
Worker's Compensation Preferred Governmental Claim Solutions				Provides examination, treatment, and lost-time compensation for job-related injuries and exposures.
COMPENSATION BENEFITS Tuition Assistance	Full Time Employee	Upon Permanent Status	Employer	Tuition assistance is available to full-time, permanent-status, non-probationary employees who have "Meets Standards" or better on their last evaluation. Tuition reimbursement will be paid on a per-credit-hour basis based upon the Florida State University tuition rate for bachelor's and graduate level courses and Tallahassee Community College for associates level courses for three credit hours per semester. Reimbursement is limited to nine credit hours per calendar year. Submit the Tuition Assistance Application/Approval Form, via Chain of Command, to the Human Resource Office. This must be submitted at the beginning of the academic semester.
Specialized Training Incentives	Full Time Sworn Employee	Upon Appointed Date	Employer	Provides incentive pay for employees who are appointed to specialized training
Educational/Training Incentives	Full Time Sworn Employee	1 st day of the month following date of hire	Employer	Provides incentive pay for college degrees and advanced training College Degree: Associates of Arts: \$13,850 bi-weekly/\$360 Annually Bachelor of Science: \$36,920 bi-weekly/\$960 Annually Advanced Training: 80 hour block - \$9,230 bi-weekly/\$240 Annually Max \$130,000 Monthly or \$1,560 Annually

LEAVE BENEFITS
*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 240 hours of leave pay per calendar year (January to December) for reserve duty. In addition, employees are eligible for paid leaves of absence of 30 days per fiscal year if they are called to active duty. Employees whose workday consists of a shift measured in hours, each such 11.5-hours shift or less shall equal 1 working day of leave.</p>
Personal Holiday		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	\$124.90	\$103.25
Employee + 1	\$300.36	\$257.46
Family	\$493.46	\$438.62



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 \$903.16 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.

Medical Plan Options

Benefits	Capital Health Plan Big Bend Choice	Florida Blue BlueOptions 03559	
	HMO Network	PPO Network	Out-of-Network
Annual Deductible	None	\$500 Individual \$1,500 Family	\$750 Individual \$2,250 Family
Coinsurance	0%	20%	40%
Annual Out of Pocket Maximum (Includes Deductible & Copays)	\$2,000 Individual \$4,500 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Preventive Care	Plan pays 100%	Plan pays 100%	40% Coinsurance
Physician Office Visit	\$10 copay	\$20 copay	DED + 40%
Specialist Office Visit	\$40 Copay	\$40 copay	DED + 40%
Outpatient Surgery (at Ambulatory Surgery Center)	\$100 copay	\$100 copay	Plan pays 60% AD
Outpatient Hospital Facility Services	\$250 copay	Opt 1: \$200 copay Opt 2: \$300 copay	DED + 40%
Inpatient Hospitalization	\$300 copay \$250 (observation)	Opt 1: \$600 copay Opt 2: \$1,000 copay	DED + 40%
Emergency Room Visit	\$300 copay	\$100 copay	
Urgent Care	\$25 copay Amwell Telehealth: \$15	\$45 copay	DED + \$45 copay
Lab	Plan pays 100%	\$0	DED + 40%
Advanced Imaging	\$100 copay	\$150 copay	DED + 40%
Prescription Drugs (30 & 90 days) Generic Preferred Brand Name Non-Preferred	\$7 / \$21 \$30 / \$90 \$50 / \$150	\$10 / \$25 \$30 / \$75 \$50 / \$125	50% coinsurance



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.
- 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.



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



DOWNLOAD NOW!

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

Step 1: Enroll to create your account

Step 2: Enter Service Key **CHP**

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



capitalhealth.com/amwell



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

You can use Amwell when:

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

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

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

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



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

Virtual Visits Deliver Care Anytime, Anywhere



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

Virtual visits let you speak securely by online video with your family doctor, specialist or mental health therapist. Your cost share is as little as \$0¹!

Many Florida Blue doctors and therapists now offer virtual visits. If yours doesn't or if they aren't available, you can schedule a virtual visit using Teladoc, the nation's largest virtual health care company. Just sign up on the Teladoc website or app and speak with a U.S. board-certified doctor within minutes. Or schedule an appointment with one of Teladoc's licensed behavioral health therapists. Your cost share is still as little as \$0¹!

Medical

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

It's easy

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

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

Mental Health Care

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

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

It's easy

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

Your Cost Share as Low as \$0

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

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

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

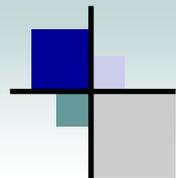
Teladoc doesn't offer a crisis hotline. Appointments must be scheduled.

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

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770).

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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. 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 for locations

BLUE365 DISCOUNT PROGRAM

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

Log in to floridablue.com for details about:

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

CARE CONSULTANTS

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

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

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

FLORIDABLUE.COM

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

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

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

- Review your plan benefits and find out where you stand with your deductible.
- Compare and estimate your costs for office visits, imaging services and surgeries so you know before you go.
- Compare drug prices with the Pharmacy Shopping Tool.
- Create a Personal Health Record so your doctor visits and lab results are all in one secure place.
- Print a temporary 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.

Medial Insurance Opt-Out Program

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

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

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

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

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

Please Note:

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

Flexible Spending Accounts

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

The FSA Plan Year is January 1, 2023 through December 31, 2023.

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

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

- Annual maximum contribution is \$3,050
- You have access to your full annual contribution at any time during the plan year
- You cannot change your annual contribution amount during the plan year, so be conservative in determining the amount you decide to contribute
- Deadline to incur claims for this plan year is **March 15, 2024**
- Deadline to submit claims is **March 31, 2024**

Health Care FSA Eligible Expenses

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

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

Dependent Care FSA

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

The IRS limits annual contributions to \$5,000 annually if “married filing joint tax returns” or “single head of household” or \$2,500 for “married filing separately.”

You **ONLY** have access to funds as they are deducted each pay period. Deadline to incur claims for this plan year is December 31, 2023.

You may request reimbursement by:

- Using your HealthEquity/WageWorks Healthcare card
- Fax: 1-855-291-0625
- Online at www.healthequity.com/wageworks
- Deadline to incur claims for this plan year is **March 15, 202**
- Deadline to submit claims is **March 31, 202**



Dependent Care Partial List Eligible Expenses

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

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

QUICKSTART GUIDE

Your Flexible Spending Account



At-a-Glance

Your FSA:
The Essentials

Managing Your Account

Using Your FSA Dollars

Register online now!

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

Questions?

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

Download the EZ Receipts® mobile app!

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

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

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

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

Your FSA: The Essentials

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

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

QUICKSTART GUIDE

Managing Your Account

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

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

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

Using Your FSA Dollars

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

Using your HealthEquity Healthcare Card

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

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

Using your Mobile Device

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

To use EZ Receipts:

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

Paying online

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

To pay a provider:

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

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

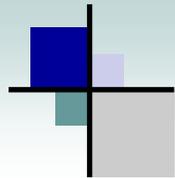
Filing a claim

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

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

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

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



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

Monthly Dental Rates		
Coverage Level	Option 1: High Plan	Option 2: Low Plan
Employee	\$32.58	\$24.37
Employee + 1	\$70.59	\$52.96
Family	\$120.60	\$88.66





Welcome to

Workplace benefits

Everyone deserves a Guardian

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

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

Your coverage options



Dental insurance

Taking care of teeth and overall health

Know your benefits

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

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

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



Dental insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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



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. 2018.



Your dental coverage

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

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

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



Your dental coverage

A Sample of Services Covered by Your Plan:

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

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



Your dental coverage

Manage Your Benefits:

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

Find A Dentist:

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

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic

consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al. **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

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

Oral Health Rewards Program

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

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

How maximum rollover works*

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

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



Automatic rollover

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

* This example has been created for illustrative purposes only.

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

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

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

How maximum rollover works*

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

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



Automatic rollover

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

* This example has been created for illustrative purposes only.

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

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.



Our commitment to you

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

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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

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

No Cost Language Services

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

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

Dental insurance



Guardian's HIPAA Notice of Privacy Practices

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

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



SuperiorVision

Coverage Level

Monthly Premium

superiorvision.com | 1 (800) 507-3800

Single
2-Person
Family

\$6.56
\$9.94
\$17.49

Vision Care Plan for Leon County Sheriff Office

Benefits through Superior National network

Frequency

Exam	12 months
Frame	12 months
Contact lens fitting	12 months
Eyeglass lenses	12 months
Contact Lenses	12 months



Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Eye exam copay:

\$10

Contact lens fitting² copay
(standard and specialty):

\$30

Specialty In-network allowance:

\$50



Frames

In-network allowance:

\$120



Materials¹

Materials copay:

\$25



Contacts⁴ in lieu of glasses

In-network allowance:

\$120

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$28
Bifocal	Covered-in-full	Up to \$40
Trifocal	Covered-in-full	Up to \$53
Progressives	See description ³	Up to \$53
Polycarbonate for dependent children	Covered-in-full	Not covered

Shop with convenience while using your benefits through these in-network online retailers.

1800 contacts[®]

GLASSES.COM

contactsdirect

befitting
eyewear

Lens Add-Ons ⁵	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid / gradient	\$15 / \$18
Polycarbonate lenses (adults)	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$33
Eye exam (OD)	Up to \$28
Frame	Up to \$56
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses	Up to \$100



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit superiorvision.com or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit superiorvision.com or contact your benefits coordinator.



Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. 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. 3. 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 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.



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

Age Band	90 Day Rate	180 Day Rate
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.mcarthy@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

Other Available Benefits

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

As an LCSO employee, you are eligible to receive a discount on your membership at many local fitness facilities. Specific pricing options available via the Wellness Corner on the LCSO Intranet. Local Gyms and Fitness Centers

- Premier Fitness
- Burn Bootcamp
- Momentum Fitness
- Modern Fitness
- TownCenter Fitness
- Anytime Fitness
- Seminole Strength and Conditioning
- Fuel Fitness
- Brazilian Jiu-Jitsu
- Positive Balance
- Zicro Academy
- Weinschke Martial Arts

Dave Ramsey's SmartDollar Program

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

What Is SmartDollar?

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

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

- **Deputy Ricardo Lopez, LCSO Uniform Patrol Division**

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

- **Robert Thompson, LCSO Director of IT**

With SmartDollar you will learn how to ...

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

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



If you have any questions or suggestions surrounding our Wellness initiatives please contact Nicole Troelstrup at 850-380-8690 or troelstrupn@leoncountyfl.gov or Mary Nicholson at 850-815-9498 or nicholsonm@leoncountyfl.gov.

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:

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

For questions or guidance, please contact Human Resources at (850) 606-3356 or the Wellness Coordinator at 850-380-8690.



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 Address: 1114 Thomasville Rd, Ste D, Tallahassee, FL 32303

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!



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

Have Questions?

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

MyFRS Financial Guidance Line • 1-866-446-9377, Option 1 (TRS 711)
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
What happens if I work long enough to qualify for a benefit, but leave and go to work for another FRS-participating employer? You remain enrolled and contributions will continue to be made to your account.	You remain enrolled and your benefit will continue to grow.
	... an employer that doesn't participate in the FRS? You will have the option of leaving your money in the plan or taking a distribution.	Your benefit will be frozen until you either begin receiving monthly retirement benefits or return to an FRS-participating employer.
Is there a survivor benefit if I die in the line of duty?	Yes.	Yes.
Will my benefit payments be adjusted to reflect increases in the cost of living?	Only if you purchase a fixed annuity that offers it.	No.
Would I be eligible to participate in the Deferred Retirement Option Program (DROP)?	No.	Yes, as of your normal retirement date.
Would I receive the Health Insurance Subsidy (HIS) to help me pay for health insurance in retirement?	Yes, if you satisfy the service requirements.	Yes, if you satisfy the service requirements.
Are there any benefits if I become permanently disabled?	Yes.	Yes.
Once I'm enrolled in one plan, can I switch to the other? While you are actively working for an FRS-participating employer, regardless of the plan you choose, you may switch plans once by using your 2 nd Election. Reemployed retirees in the Investment Plan as of July 1, 2017 or after are not eligible to use a 2 nd Election.	Yes. If you are actively working, earning salary and service credit, you can switch from the Investment Plan to the Pension Plan. You will have to buy into the Pension Plan, using the money in your Investment Plan account. If your balance doesn't cover the cost, you will have to make up the difference out of your own pocket.	Yes. If you are actively working, earning salary and service credit, you can switch from the Pension Plan to the Investment Plan. You may either leave your Pension Plan benefit in place (if you have at least 8 years of service) or transfer it into the Investment Plan. Transferred amount is subject to the Pension Plan's vesting requirements.

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

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July 2017



Accessing John Hancock

Track your progress towards retirement at any time

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



Our website provides your:

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



You will be able to:

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



 johnhancock.com/myplan

Need help registering?

Follow these easy steps to get started now.

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

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

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

Confirm your information and you're registered.

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

Want to manage your account over the phone?

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

Have other retirement accounts?

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

Changing jobs or retiring?

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



*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.**



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

SHEET.BRKREMP 53870 (11/12)
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For detailed information about the areas in which we provide advice or assistance, go to <http://www.legalshield.com/info/standardplan>.

SWORN EMPLOYEE ONLY



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

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

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

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

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

Sincerely,

A. Keith Dean, CPA
Executive Director



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

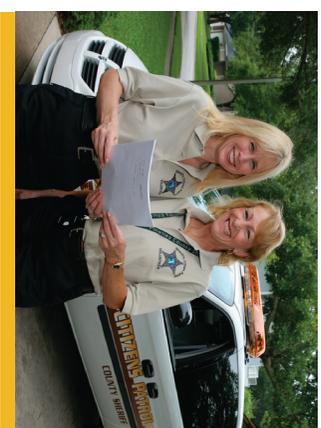
Identity Investigation and Restoration

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
 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.



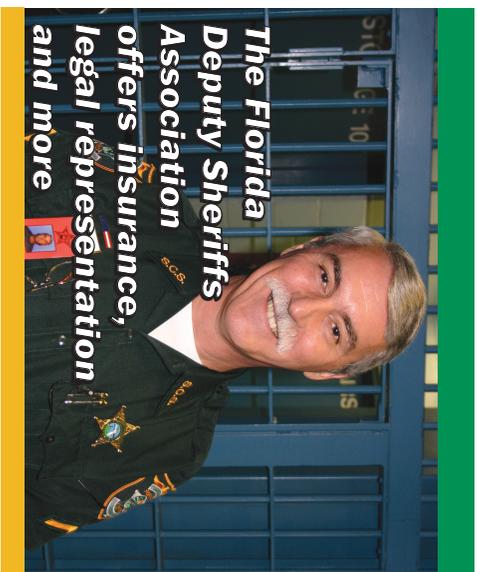
Florida Deputy Sheriffs Association
 P. O. Box 12519
 Tallahassee, FL 32317-2519
www.fideputysheriffs.org

Revised 8/15/16



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

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

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

Human Resources		
Main Line		850-606-3356
Medical		
Capital Health Plan www.capitalhealth.com	Member Services	850-383-3311
Florida Blue (BCBS) www.floridablue.com	Member Services	1-800-352-2583
Dental		
Guardian (Service Provider) https://www.guardianlife.com	Member Services	1-800-541-7846
Brown and Brown (Account Manager)	Rory Krivit	850-907-3179
Vision		
Superior(Service Provider) www.superior.com Member Services	Member Services	1-800-507-380
Brown and Brown (Account Manager)	Rory Krivit	850-907-3179
Term Life Insurance/Long Term Disability		
The Standard(Service Provider)		
Brown and Brown (Account Manager)	Rory Krivit	850-907-3179
Life Insurance		
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
Deferred Compensation		
John Hancock scott@theveddergroup.com nicole@theveddergroup.com		
Vedder Group(Account Manager)	Scott Vedder	850-316-4933
Supplemental Products		
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
Flexible Spending Account, Medical Reimbursement Account, Dependent Daycare		
Wage Works www.healthequity.com/wageworks	Member Service	800-342-8017
Legal Plans		
Legal Shield	Kenn Terry	800-729-7998

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Capital Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

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

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

Human Resources (850) 606-3356

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

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

For more information about Medicare prescription drug coverage:

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

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



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

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

Date:	September 2022
Name of Entity/Sender:	Capital Health Plan
Contact--Position/Office:	Member Services
Address:	Post Office Box 15349, Tallahassee, FL 32317
Phone Number:	850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. – 8:00 p.m., seven days a week, October 1 – March 31; and 8:00 a.m. – 8:00 p.m., Monday – Friday, April 1 – September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. – 7:00 p.m.

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

You must continue to pay your Medicare Part B premium.

H5938_DP300_C2020

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Florida Blue/Florida Blue PPO** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

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

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

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

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

For more information call:

Human Resources-(850)606-3356

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

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

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

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

SUMMARY OF FEDERAL AND STATE REGULATIONS IMPACTING EMPLOYEE BENEFITS

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

Health Care Reform

Grandfathered Notice

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

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

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

Patient Protection Disclosure

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

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

Notice- Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of benefits under Capital Health Plan and Blue Cross Blue Shield no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. **Individuals have 30 days from the date of this notice to request enrollment.** For more information contact Human Resource at (850) 606-3356.

HIPAA Special Enrollment Rights

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

Special Enrollment Rights for Loss of Medicaid or CHIP Coverage

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

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

Newborns' Act Disclosure Requirement

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

Women's Health and Cancer Rights Act of 1998

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

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

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

Mental Health Parity

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

Michelle's Law

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

State of Florida-Health Coverage for Over Age Dependents

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

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

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

Adding Your Overage Dependent

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

Tax Implications

- All premiums for overage dependent coverage will be deducted on an after-tax basis from employee paychecks on a bi-weekly basis (24 paychecks per year).
- If you are enrolled in the Florida Blue Plan and add an overage dependent, the value of the overage dependent coverage (**\$832.69** per month for each overage age dependent enrolled) will be added to your taxable gross as imputed earnings for Federal income taxes as well as for Medicare. Federal income taxes will be withheld from your paycheck based on imputed earnings. Capital Health Plan charges an additional (**\$908.16** per month) premium for each overage dependent; therefore, no imputed earning value will be added to your taxable gross.

State of Florida Autism Coverage

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

State of Florida

Collection of Social Security Numbers on Employment Forms

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

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

If you have any questions concerning the use of your social security number, please contact Human Resources at 850-606-3356

**** Continuation Coverage Rights Under COBRA****

Introduction

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

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

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

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

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

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

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

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

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



When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Leon County Human Resources, 315 S. Calhoun St., Ste. 210, Tallahassee, FL 32301

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

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

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

Are there other coverage options besides COBRA Continuation Coverage?

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

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

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

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

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

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

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

If you have questions

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

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

Keep your Plan informed of address changes

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

Plan contact information

Leon County Sheriff's Office Human Resources
P.O. Box 727
Tallahassee, FL 32302
(850)606-3356

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

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

<p align="center">GEORGIA-Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">INDIANA-Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">IOWA-Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov</p>
<p align="center">KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE-Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

<p align="center">NEW JERSEY-Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">SOUTH DAKOTA-Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW YORK-Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">TEXAS-Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p align="center">NORTH CAROLINA-Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">UTAH-Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">NORTH DAKOTA-Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p align="center">VERMONT-Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p align="center">OKLAHOMA-Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">VIRGINIA-Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p align="center">OREGON-Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p align="center">WASHINGTON-Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">PENNSYLVANIA-Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p align="center">WEST VIRGINIA-Medicaid and CHIP</p> <p>Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">RHODE ISLAND-Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p align="center">WISCONSIN-Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p align="center">SOUTH CAROLINA-Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">WYOMING-Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

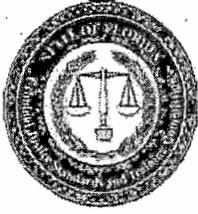
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)



Criminal Justice Standards and Training Commission

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

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

DATE: November 29, 2022

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

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

SUBJECT: House Bill 3: Law Enforcement Officer Incentives

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

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

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

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

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

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

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

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November 29, 2022
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enforcement basic recruit training including up to \$1,000 for expenses such as textbooks, uniforms, ammunition, insurance, and consumable materials.

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

Reimbursement for Out-of-State and Special Operations Forces Law Enforcement Equivalency Training
Department of Education
Section 1009.8961, Florida Statutes

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

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

Adoption Benefits for Law Enforcement Officers
Department of Children and Families; Florida Department of Law Enforcement
Section 409.1664, Florida Statutes

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

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

Attachment

cc: Criminal Justice Standards and Training Commission Members

Holiday Schedule

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

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