

# EMPLOYEE BENEFITS



This information is being provided to assist you in understanding your benefit options. Sarasota County Government's (SCG) Employee Health and Benefits Program offers a variety of valuable resources designed to help you and your family maintain optimal physical, emotional and financial health. Using these resources is one of the keys to your well-being and success.

## EMPLOYEE HEALTH and BENEFITS



### **SPECIAL NOTICE FOR MEMBERS OF COLLECTIVE BARGAINING GROUPS:**

Members of collective bargaining groups may receive additional or alternate benefits from what is included in this guide and should refer to the collective bargaining agreement governing the group for additional information.

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# A LETTER FROM THE MANAGER OF EMPLOYEE HEALTH AND BENEFITS

Dear employees and retirees:

In this Employee Health and Benefits guide you will find information to help you make important decisions that affect the health and well-being of you and your family. We encourage you to read this guide in its entirety.

Open enrollment for the 2019 benefits program will take place Oct. 1 – 26, 2018 and is **mandatory** for all employees and retirees. The county has moved to a new benefits self-service tool called Workday. Workday will be used by all employees, retirees and new hires to sign up for their benefits. Workday log in instructions are included as an insert in this guide.

Important updates for 2019 include changes to premium contributions, slight adjustments to deductibles, co-pays, maximum out-of-pocket amounts and enhanced voluntary benefit offerings.

The annual Health and Safety Expos will take place as follows:

Oct. 15 at Sarasota Operations Center (BOB): 10 a.m.-2 p.m.

Oct. 16 at Woodmere Park: 10 a.m.-2 p.m.

Oct. 17 at 1660 Ringling Blvd.: 10 a.m.-2 p.m.

The health of you and your family is our priority. Please remember to use the resources available to you through the Employee Health and Benefits programs. In addition, you can use the services of the Aetna health and benefits professional.

We look forward to serving you!

Sincerely,



Susan S. Forness

Manager, Employee Health and Benefits

# EMPLOYEE BENEFITS

Open enrollment begins **Oct. 1** and continues through **Oct. 26**.

**ALL EMPLOYEES AND RETIREES ARE REQUIRED TO ENROLL IN BENEFITS THIS YEAR, REGARDLESS IF THEY ARE MAKING CHANGES OR NOT.**

## ENROLLMENT INSTRUCTIONS (for current and new employees)

All employees and retirees are required to enroll in benefits this year using Workday, the new human resources and benefits system. Workday information and login instructions are available on [scgov.net](http://scgov.net) (keyword benefits) and in the "Workday Guide" insert in this booklet. Additional enrollment assistance will be available at each of the Health and Safety Expos and by emailing [askhr@scgov.net](mailto:askhr@scgov.net).

## OPEN ENROLLMENT

**Begins Oct. 1 and continues through Oct. 26.**

Please plan to attend one of the Health, Benefits and Safety Expos to learn more or check out the Employee Health and Benefits website at [scgov.net](http://scgov.net) (keyword benefits).

## HEALTH, BENEFITS AND SAFETY EXPO DATES FOR 2018

**Monday, Oct. 15**  
**10 a.m.-2 p.m.**

Sarasota Operations Center (BOB)  
1001 Sarasota Center Blvd.

**Tuesday, Oct. 16**  
**10 a.m.-2 p.m.**

Woodmere Park Gym  
3951 Woodmere Park Blvd.

**Wednesday, Oct. 17**  
**10 a.m.-2p.m.**

Sarasota County Administration Building  
1660 Ringling Blvd.

Annual flu shots will be available at this year's expos. Flu vaccine is free to employees, covered dependents (18 and older) and retirees.

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Employee Health  
and Benefits**

2019

IMPORTANT DATES



# DEPENDENT COVERAGE

## WHO IS ELIGIBLE FOR MEDICAL PLAN COVERAGE?

Sarasota County offers benefits to you and your eligible family members. Extended family members, such as grandchildren, are not eligible for coverage unless you are their legal guardian or have adopted them, or you are covering their eligible parent (your eligible dependent) and they are under 18 months of age.

Type of Dependent	Requirements
Your spouse	Must be your legal spouse. Ex-spouses are not eligible, even if court-ordered.
<b>Your children:</b> <ul style="list-style-type: none"> <li>• Biological</li> <li>• Adopted</li> <li>• Stepchildren</li> <li>• Children you are required to support under the terms of a Qualified Medical Child Support Order</li> </ul>	<b>Up to age 26</b> <b>*Age 26-30</b> medical only; the eligible dependent must be the insured child by blood or law and must meet the following additional criteria: 1) Less than 30 years of age 2) Unmarried 3) Has no dependents 4) Is a resident of Florida, or if not a resident of Florida, is enrolled as a full-time or part-time student 5) Is not covered as a named subscriber, insured, enrollee, or covered person under any other group, student, or franchise health plan or individual health benefits plan, or is entitled to benefits under Medicare.

**Benefits Tip:** Be sure to review your dependents' eligibility and data to ensure birth dates and Social Security numbers are up-to-date. Please update dependent data in Workday. See Workday instructions at scgov.net (keyword benefits) for instructions.

### \*DEPENDENTS AGED 26-30

Employees who elect to cover dependents aged 26-30 will pay the full employer and employee share of a single tier premium for the coverage for each 26-30 year old dependent. The cost will be \$327.24 per pay period for the POS II plan and \$236.96 per pay period for the Aetna Health Fund (AHF) plan. This cost is in addition to the medical premiums for coverage for the remainder of the family. In addition, the deductions for the 26-30 year old dependent coverage will be made with after-tax dollars. **(Dependents aged 26-30 with a qualifying disability may continue to be covered under the employee's policy without paying the additional premium.)**

### REQUIRED DOCUMENTATION

All employees who have enrolled new dependents on either of the county's health plans must supply documentation supporting their dependents. For a dependent spouse, you will need a marriage certificate. For dependent children, you will need a birth certificate.

Sarasota County performs random dependent eligibility audits. **Employees are responsible for any claims incurred while a dependent is not eligible.**



# AETNA HEALTH AND BENEFITS PROFESSIONAL SERVICES

Make your life easier! You no longer have to take time from your busy day to manage your health related tasks.

Examples of some services:

- Help you find a high-quality physician, hospital, or other health service provider.
- Explain your benefits and anticipated out-of-pocket costs.
- Schedule medical appointments for you.
- Review your bills to confirm you are paying the correct amount.
- Track health insurance reward credits offered through the county's Wellness Program.

Health and benefits professional services can also help ensure that you don't miss out on the county's premium reduction program.

To learn more, call Sarasota County's health and benefits professional at 941-861-5273 or email [AetnaHealthandBenefitsProfessional@AETNA.com](mailto:AetnaHealthandBenefitsProfessional@AETNA.com).

**Join our group:**



**Sarasota County  
Employee Health  
and Benefits**



# AETNA TELADOC

## AETNA TELADOC TO THE RESCUE

At work, on weekends, travelling away from home, or anytime you want to avoid sitting in a waiting room, Teladoc is a call or click away. Talk to a board-certified doctor by phone or video, 24/7. Teladoc doctors can treat many medical conditions, including:

- Cold and flu symptoms.
- Urinary tract infection.
- Respiratory infection.
- Sinus problems.
- Skin problems.
- Allergies.
- Pink eye.

The cost for a Teladoc consult is \$25 for POS II members and up to \$45 maximum for Aetna Health Fund (AHF) members.

*"After my co-workers told me how happy they were with Teladoc, I signed up. Within an hour I was picking up my prescription and I'm now on the road to feeling better!"*

Chris – Teladoc member

A doctor is a click or a call away: **1-855-Teladoc (1-855-835-2362)** or download the **Teladoc app**.

# 2019 MEDICAL INSURANCE OPTIONS

The chart below and on the opposite page is a general overview of the SCG medical plan options. For complete details, refer to the appropriate plan documents located online at [scgov.net](http://scgov.net) (keyword benefits). Plan documents may supersede benefits found below.

Benefits and Services	Aetna Choice POS II		Aetna Health Fund (AHF)	
	In Network	Out of Network*	In Network	Out of Network*
Health Fund			<b>SCG Contribution:</b> \$500 Individual \$1,000 Family (Contributions are prorated if enrolled after January 1st)	
Annual Deductible	\$600 Individual \$1,200 All Family Tiers	\$1,200 Individual \$2,400 All Family Tiers	\$1,750 Individual \$3,500 All Family Tiers	\$3,500 Individual \$7,000 All Family Tiers
Annual Out-of-Pocket Maximum	\$2,500 Individual \$5,000 All Family Tiers	\$5,000 Individual \$10,000 All Family Tiers	\$3,500 Individual \$7,000 All Family Tiers	\$7,000 Individual \$14,000 All Family Tiers
<ul style="list-style-type: none"> <li>• Health Fund dollars decrease your out-of-pocket expenses</li> <li>• Prescriptions count toward deductible/Max Out-of-Pocket</li> </ul>				
*Members may also be responsible for any additional amounts that were not payable under the plan.				
<b>Preventive Care Covered at 100%</b>				
Routine Preventive Screenings	Plan pays 100% based on US Preventive Services Task Force guidelines. (Preventive services do not reduce Health Fund.)			
Adult physical	One per year; note that you no longer have to wait 12 months between physicals.			
Colonoscopy or sigmoidoscopy	Once every three years.			
Dermatology exam	Once every 12 months.			
Flu vaccine	Annually			
Gynecological exam	Once every 12 months.			
Mammogram, screening or diagnostic	Once every 12 months, 35 years or older.			
Dexascan	Bone density screening (recommended annually after age 65).			
Pediatric physical	Once every 12 months, more frequently for 3 years or younger.			
Pneumonia vaccine	Up to two doses as prescribed by your physician.			
Shingles vaccine	Once, 50 years or older.			
Tetanus	Tdap or TD			

# 2019 MEDICAL INSURANCE OPTIONS continued

Benefits and Services	Aetna Choice POS II		Aetna Health Fund (AHF)	
	In Network	Out of Network	In Network	Out of Network
<b>Physician Office Visits</b>				
Primary Care Physician	\$25 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Aexcel Specialist	\$35 co-pay	Not available	After deductible, you pay 10%	Not available
Non-Aexcel Specialist	\$50 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Lab/Diagnostic Imaging	\$35 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Enhanced Clinical Review <small>(subject to pre-certification requirements, see glossary under Enhanced Clinical Review).</small>	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
<b>Emergency Care</b>				
Urgent Care	\$75 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Emergency Room	\$300 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
<b>Hospital Services</b>				
Inpatient Hospital	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient Hospital	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Inpatient Maternity	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
<b>Prescription Drugs</b>				
Retail (30-day supply)	<ul style="list-style-type: none"> <li>• \$9 Generic</li> <li>• 20% Formulary Brand (\$35 min/\$70 max co-pay)</li> <li>• 40% Non-Formulary Brand (\$50 min/\$100 max co-pay)</li> </ul>		<ul style="list-style-type: none"> <li>• \$9 Generic</li> <li>• 20% Formulary Brand (\$35 min/\$70 max co-pay)</li> <li>• 40% Non-Formulary Brand (\$50 min/\$100 max co-pay)</li> </ul>	
Mail Order (31-90 day supply)	<ul style="list-style-type: none"> <li>• \$22.50 Generic</li> <li>• 20% Formulary Brand (\$87.50 min/\$175 max co-pay)</li> <li>• 40% Non-Formulary Brand (\$125 min/\$250 max co-pay)</li> </ul>		<ul style="list-style-type: none"> <li>• \$22.50 Generic</li> <li>• 20% Formulary Brand (\$87.50 min/\$175 max co-pay)</li> <li>• 40% Non-Formulary Brand (\$125 min/\$250 max co-pay)</li> </ul>	
<b>Mental Health Services</b>				
Inpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient	\$35 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%

2019

MEDICAL/PHARMACY

## 2019 MEDICAL INSURANCE OPTIONS continued

Benefits and Services	Aetna Choice POS II		Aetna Health Fund (AHF)	
	In Network	Out of Network	In Network	Out of Network
<b>Alcohol/Drug Abuse Services</b>				
Inpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient	\$35 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
<b>Other Services</b>				
Convalescent Facility	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Home Health Care (120 visits/year)	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Hospice - Inpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Hospice - Outpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Speech, Physical, Occupational Therapy	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Spinal Manipulation/Chiropractic (20 visits/year)	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Acupuncture (up to 20 visits/year)	After deductible, you pay 20%		After deductible, you pay 20%	
Durable Medical Equipment	Deductible waived, you pay 20%	After deductible, you pay 40%	Deductible waived, you pay 20%	After deductible, you pay 40%
Allergy Testing	\$40 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Allergy Injections	\$5 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Ambulatory Services	After deductible, you pay 20%	After deductible, you pay 20%	After deductible, you pay 20%	After deductible, you pay 20%
Hearing Aid Benefit	\$1,500 benefit one time every five years. This benefit is unique to Sarasota County members.			
<b>Family Planning</b>				
Infertility Treatment	Specialist co-pay	Member cost share based on type and place of service	After deductible, you pay 20%	Member cost share based on type and place of service
Comprehensive Infertility Services	Specialist co-pay	Not covered	After deductible, you pay 20%	Not covered
Coverage includes maximum lifetime benefit of \$30,000.				

Remember: If the doctor or medical facilities you visit are not in Aetna's network, you can still receive out-of-network benefits; however, it will cost you more.

# 2019 MEDICAL INSURANCE OPTIONS continued

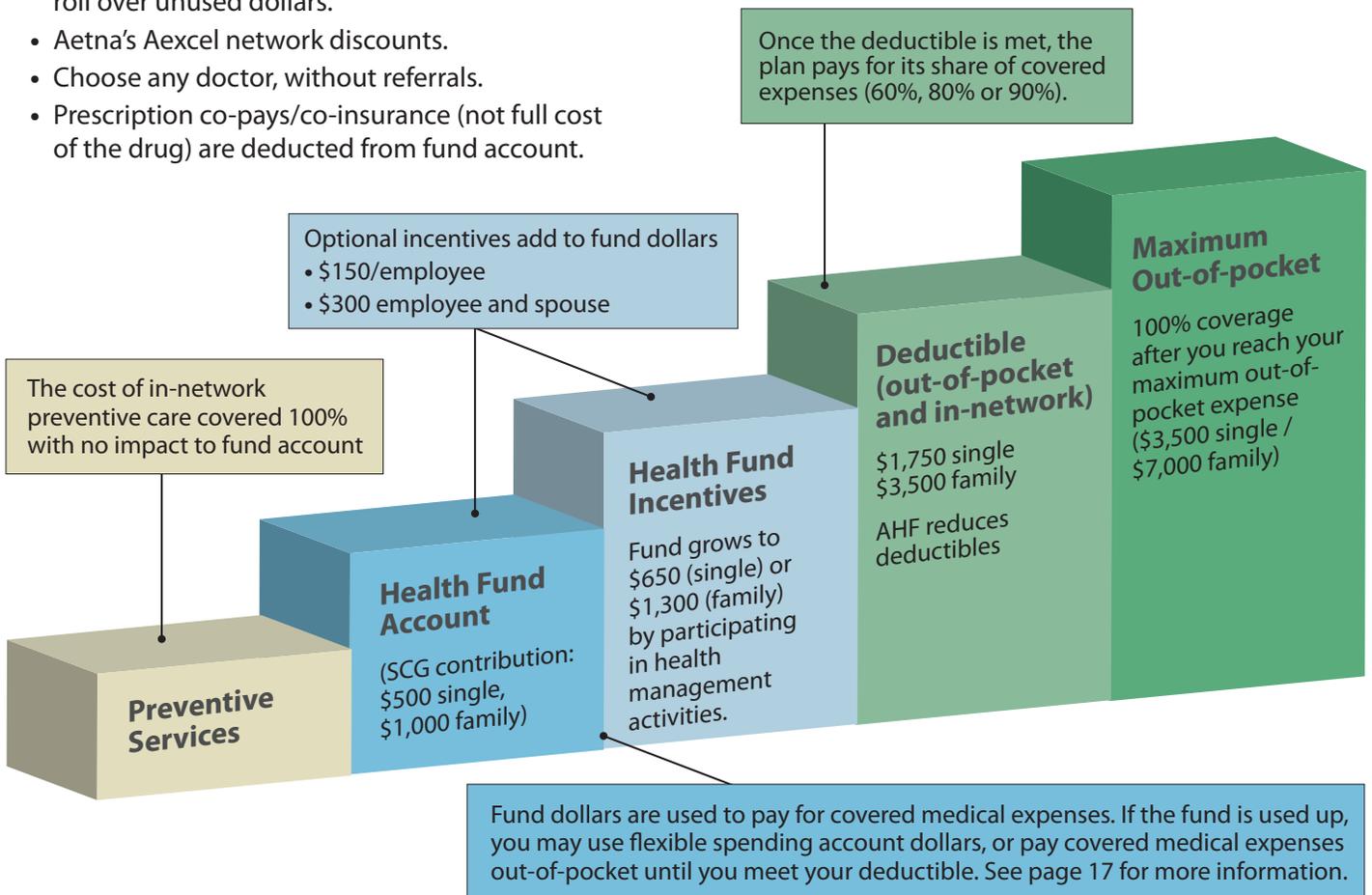
## HOW POS II AND AHF OPTIONS ARE SIMILAR:

- Both plans cover the same health care services and supplies such as doctor visits and hospitalization.
- In-network preventive care, including mammograms, annual physical exams and lab work are covered at 100 percent, based on U.S. Preventive Services Task Force Guidelines. To receive proper coverage, always verify that your providers apply the correct insurance codes when they send their bills to Aetna. You can find these codes in your preventive codes brochure or on the benefits page of scgov.net.
- Both plans give you the freedom to use any doctor or hospital you choose, any time you need care, but you'll pay a lower deductible and lower co-insurance if you stay in-network. Plus, if you go out-of-network, plan benefits are subject to reasonable and customary limits. If your doctor charges more than these limits, you are responsible for the extra charges, and they will not count toward your annual out-of-pocket maximum.
- Both plans give you access to the best treatment facilities across Sarasota County. Centers of Excellence (see glossary) are available for complex cancers, congenital heart disease, organ and bone marrow/ stem cell transplants and infertility treatments.

## HOW YOUR AETNA HEALTH FUND WORKS.

### AHF PLAN FEATURES

- Fund account provided by SCG allowing you to roll over unused dollars.
- Aetna's Aexcel network discounts.
- Choose any doctor, without referrals.
- Prescription co-pays/co-insurance (not full cost of the drug) are deducted from fund account.



# 2019 MEDICAL INSURANCE OPTIONS continued

## HOW POS II AND AHF OPTIONS ARE DIFFERENT:

The difference is in the cost of premiums and how you pay for services.

- **WITH THE POS II**, you pay more in payroll deductions, have a smaller deductible and are generally responsible for initial medical expenses.
- **WITH THE AHF**, you pay less in payroll deductions and receive a fund to pay initial medical expenses, but you have a larger deductible to satisfy when you receive care.

## AN ADDED BENEFIT FOR AHF PLAN MEMBERS:

Employees who elect the AHF medical plan for a minimum of one year may be eligible to transfer 50 percent of the balance remaining in their funds into a retirement health savings (RHS) account upon separation. RHS funds may be used to pay for medical premiums and expenses after separation. To be eligible for an RHS transfer, employees must:

- Be an active AHF medical plan participant with a fund balance at the time of separation.
- Establish an account with ICMA RHS, which administers the county's health fund, (or enroll in one) prior to the last day of work.
- Not be continuing coverage under COBRA or retiree coverage.

For information about RHS planning, or to enroll or request a fund transfer, email [askbenefits@scgov.net](mailto:askbenefits@scgov.net) prior to your last day of work.

## WHICH OPTION IS BEST FOR YOU?

If your medical expenses are low to average, consisting primarily of routine care and an occasional doctor's visit, the AHF may be right for you. You'll pay less in payroll deductions. If you have a chronic condition or upcoming surgery planned, you should consider the POS II. It offers a lower out-of-pocket maximum to keep your expenses down. Remember that your health and benefits professional can help you decide which plan is best for you.

## MEDICAL COVERAGE ELSEWHERE?

If you waive Sarasota County coverage because you have other coverage, you qualify for a \$25 per-pay-period credit. If you waive medical coverage during the current enrollment period, you cannot rejoin the plan until the next annual enrollment unless you have a qualified change in status during the year. A qualified status change would include the birth of a child, a divorce, or if you (or your spouse) lose coverage. See page 23 for additional information about when you can change your benefits.

## AETNA AEXCEL OPTION

The Aetna Aexcel Option provides quality care at a lower cost when you use high-performing specialists who have demonstrated better medical outcomes. When you use those specialists, the plan pays more of the specialist charges, reducing your out-of-pocket expenses. Your Health Pro can help you find an Aexcel specialist that best meets your needs.

### BENEFIT TIP

The Allstate accident plan provides coverage that can offset expenses not paid by medical insurance.

### NEED HELP DECIDING WHICH PLAN IS BEST FOR YOU?

Email your health and benefits professional at [AetnaHealthandBenefitsProfessional@AETNA.com](mailto:AetnaHealthandBenefitsProfessional@AETNA.com) or call 941-861-5273 (KARE).

### PRE-TAX VERSUS POST-TAX

Paying your premiums pre-tax saves you money. Paying post-tax is recommended only for long-term disability insurance. Email a county benefits specialist for additional information at [askbenefits@scgov.net](mailto:askbenefits@scgov.net). See page 19 for additional information about long-term disability coverage.

# MEDICAL PREMIUMS

## HOW TO REDUCE YOUR PREMIUMS

For 2020, Sarasota County offers a program that helps you stay healthier and reduces your medical insurance premiums by \$15 off single bi-weekly medical premiums or 20 percent off family coverage tiers. Find complete details starting on page 11.

\*Premiums shown will be in addition to the premiums at right and will be deducted from the employee's earnings after tax. (Dependents aged 26-30 with a qualifying disability may continue to be covered under the employee's policy without paying the additional premium.)

Premium Comparison (per pay period)		
	POS II	AHF
<b>Employee</b>	\$49.09	\$35.54
<b>Employee and Child (Children)</b>	\$229.85	\$166.42
<b>Employee and Spouse</b>	\$269.98	\$195.48
<b>Family</b>	\$328.88	\$238.13
<b>Dependents aged 26-30*</b>	\$327.24	\$236.96



## BENECARD PRESCRIPTION COVERAGE

Prescription coverage is provided by BeneCard Prescription Benefit Facilitator (PBF). If you are enrolled in a county medical plan, you will receive a separate prescription drug card from BeneCard PBF. You may obtain a 30-day supply at an in-network retail pharmacy, a 90-day supply from a BeneCard PBF central-fill, mail-order pharmacy, or any Publix pharmacy.

Prescription Coverage for POS II and AHF	
Get your prescription filled at	Your responsibility
<b>Network Pharmacy (30-day supply)</b>	<ul style="list-style-type: none"> <li>• Generic \$9</li> <li>• Brand Formulary: 20% co-insurance (\$35 Minimum and \$70 Maximum)</li> <li>• Brand Non-formulary: 40% co-insurance (\$50 Minimum and \$100 Maximum)</li> </ul>
<b>BeneCard PBF Central-fill (mail-order)</b> <b>Maintenance medications require a 90-day fill at BeneCard PBF or Publix pharmacies.</b>	<ul style="list-style-type: none"> <li>• Generic \$22.50</li> <li>• Brand Formulary: 20% co-insurance (\$87.50 Minimum and \$175 Maximum)</li> <li>• Brand Non-formulary: 40% co-insurance (\$125 Minimum and \$250 Maximum)</li> </ul>

Local retail network pharmacies may provide free antibiotics, diabetes and blood pressure medications and \$4 generic prescriptions. Select Publix supermarket pharmacies offer some prescriptions for free, including certain antibiotics. Target, Sam's Club and Walmart offer 30-day supplies of some generic drugs for \$4 and a 90-day supply for \$10. Take advantage of these programs to keep your costs down. Remember to give the pharmacist your BeneCard card to ensure the claim is added to your prescription record.



# 2020 MEDICAL INSURANCE PREMIUM REDUCTIONS

## REQUIREMENTS FOR THE 2020 MEDICAL INSURANCE PREMIUM REDUCTION PROGRAM

These requirements cover the compliance period from Oct. 1, 2018 - Sept. 30, 2019. All members and spouses covered under the county's medical plans must have completed each requirement that pertains to them before Sept. 30, 2019 in order to qualify for the 2020 medical insurance premium reduction program.

## 2020 PREMIUM REDUCTION AMOUNTS:

- Single coverage - \$15 per pay period (biweekly).
- Family coverage tiers – 20 percent reduction

## HOW DO YOU KNOW IF YOU'VE MET ALL THE REQUIREMENTS?

Log on to Aetna Navigator at [aetna.com](http://aetna.com) and click on the Incentives tab under Staying Healthy. Then click on the Medical Rewards Premium Reduction link to see what, if any, requirements remain for you to qualify.

Contact your health and benefits professional at 941-861-5273 (KARE) or email [AetnaHealthandBenefitsProfessional@AETNA.com](mailto:AetnaHealthandBenefitsProfessional@AETNA.com) if you have questions.

## Join our group:



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Employee Health  
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## ALL MEMBERS AND SPOUSES:

Complete an annual preventive exam/physical and biometric lab screening (preventive lab/bloodwork panel). Compliance will be determined by the medical claims submitted by providers for the required services. Note: please schedule your preventive physical exams early in the year. The county's medical plans do not require members to wait 365 days between preventive physical exams.

## ALL INDIVIDUALS (MALE AND FEMALE) AGE 50 AND OVER (AS OF OCT. 1, 2018):

Get a colonoscopy screening. If you have previously completed this exam within the last 10 years, please log on to Aetna Navigator at [aetna.com](http://aetna.com) to confirm your compliance.

## FEMALES BETWEEN THE AGES OF 21-65 (AS OF OCT. 1, 2018):

Complete a gynecological exam at least once every three years or complete an attestation with the health and benefits professional to certify that an exam was completed within the last three years or that an exam is not recommended by your physician. Please log on to Aetna Navigator at [aetna.com](http://aetna.com) to confirm your compliance.

## FEMALES BETWEEN THE AGES OF 50-74 (AS OF OCT. 1, 2018):

Have a mammogram at least once every two years or complete an attestation with Compass to certify that a mammogram was completed within the last two years. Please log on to Aetna Navigator at [aetna.com](http://aetna.com) to confirm your compliance.

# MEDICAL INSURANCE PREMIUM REDUCTIONS continued

## NEW HIRES IN 2019:

Employees hired by Sept. 30, 2019, may qualify for the 2020 reduction if they are able to verify that they have met all of the requirements above prior to Sept. 30, 2019. Be prepared to provide dates and locations of exams and labs for verification. Employees hired after Sept. 30, 2019, are not eligible for the 2020 premium reduction.

## REQUIREMENTS FOR NEW SPOUSES:

Employees who are married prior to Sept. 30, 2019, and are adding their spouse to the medical plan may qualify for the premium reduction if the spouse is able to verify that they have met all of the requirements above prior to Sept. 30, 2019.

Employees who are married after Sept. 30, 2019, and add their spouse to the medical plan may continue to earn the single coverage premium reduction of \$15 per pay period for 2020 if they were previously eligible for it. They will not be eligible for any additional discount for their spouse.

## OPEN ENROLLMENT

**Begins Oct. 1 and continues through Oct. 26.**

Please plan to attend one of the Health, Benefits and Safety Expos to learn more, or check out the Employee Health and Benefits website at [scgov.net](http://scgov.net) (keyword benefits). **All employees and retirees are required to enroll in benefits this year, regardless if they are making changes or not.**

New hires and new spouses should contact the health and benefits professional at [AetnaHealthandBenefitsProfessional@AETNA.com](mailto:AetnaHealthandBenefitsProfessional@AETNA.com) or 941-861-5273 (KARE) to provide verification that they have met the requirements.

## ALL PREMIUM REDUCTION PROGRAM REQUIREMENTS ARE FREE OF CHARGE!

Program requirements	Applies to	Frequency (see additional details below)	How compliance is verified
Annual preventive exam/physical	All members and spouses	Annually	Claim submitted by physician to Aetna
Biometric lab screening (preventive lab/bloodwork panel). Typical biometric lab screening tests include total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides and fasting glucose.	All members and spouses	Annually	Claim submitted by laboratory to Aetna
Colonoscopy	All members and spouses (male and female) age 50 and over (as of Oct. 1, 2018)	Every 10 years	Claim submitted by facility to Aetna
Mammogram	All female members and spouses between the ages of 50-74 (as of Oct. 1, 2018)	Every two years	Claim submitted by facility to Aetna
Gynecological Exam	All female members and spouses between the ages of 21-65 (as of Oct. 1, 2018)	Every three years	Claim submitted by physician to Aetna



# MEDICAL INSURANCE REWARD CREDITS

## WHAT ARE REWARD CREDITS?

These are credits that you and your covered spouse may use toward your deductible, co-insurance or health fund.

## HOW MANY MEDICAL INSURANCE REWARD CREDITS CAN MY SPOUSE AND I EARN? (\$150/year)

The more you earn, the more you save:

- Employees and covered spouses may accumulate \$150 per year.
- Reward credits not used towards deductible, co-insurance or health fund one year will roll over to the next year.
- No cap on the amount of Medical Insurance Reward Credits that can be accumulated or rolled over.

## HOW DO MY SPOUSE AND I EARN \$150 IN MEDICAL REWARD CREDITS?

You and your covered spouse may complete any of the following:

### AETNA HEALTH AND BENEFITS PROFESSIONAL (\$50 annually)

Contact the health and benefits professional annually at [AetnaHealthandBenefitsProfessional@AETNA.com](mailto:AetnaHealthandBenefitsProfessional@AETNA.com) or 941-861-5273 (KARE), to perform at least one of the following:

- Clarify health coverage or available resources.
- Review and understand care options specific to you (medical, prescription, etc.).
- Estimate the cost of care for a procedure.
- Select a provider based on your preference.
- Schedule an appointment through your Health Pro.
- Facilitate coordination of care and communication between your providers.
- Collect medical records to help you make decisions.
- Review billing issues/questions (medical, dental, vision, pharmacy).
- Two contacts from the same household qualify both employee and spouse for the \$50 credit.

### DERMATOLOGY EXAM (\$50 annually)

For a list of preventive dermatology codes that you can give to your provider visit [scgov.net](http://scgov.net) (keywords preventive codes).

### DENTAL EXAM (excludes cleaning) (\$50 annually)

Each year, one can earn medical reward credits for a dental exam by the dentist that accompanies their semiannual dental cleaning. To ensure that this credit is awarded, the following codes should be used by your provider, **D120, D140 or D150**. Please note that if you have the DMO plan it requires you submit a Dental Exam Reward Credit form. Visit [scgov.net](http://scgov.net) (keywords preventive codes). The dental PPO does not require the submission of this form.

### EYE EXAM (\$50 annually)

Get a vision exam and earn medical reward credits. If you complete this exam using the Advantica vision plan, the reward credit will be automatically credited to your Aenta incentive balance approximately 60 days after your exam. If you obtain an eye exam that is outside of your Advantica vision insurance it will require that you submit a Medical Reward Credit Form. Form located at [scgov.net](http://scgov.net) (keywords HR Forms) or contact [adeem@scgov.net](mailto:adeem@scgov.net).

## OPEN ENROLLMENT

### Begins Oct. 1 and continues through Oct. 26.

Please plan to attend one of the Health, Benefits and Safety Expos to learn more, or check out the Employee Health and Benefits website at [scgov.net](http://scgov.net) (keyword benefits). **All employees and retirees are required to enroll in benefits this year, regardless if they are making changes or not.**

## MEDICAL INSURANCE REWARD CREDITS continued

### HOW DO I CHECK MY REWARD CREDIT INCENTIVE BALANCE?

Log onto your personal Aetna Navigator; a secure site detailing your medical, dental and vision claims as well as your medical reward credit balance. [AetnaNavigator.com](http://AetnaNavigator.com), click on "Incentives" under the "Stay Healthy" menu.

### WHO DO I CONTACT IF I AM MISSING REWARD CREDITS?

Call Aetna member services at 1-877-432-7733 or email [AetnaHealthandBenefitsProfessional@AETNA.com](mailto:AetnaHealthandBenefitsProfessional@AETNA.com). Include your Aetna ID number and the date of service for any missing incentive activity.

**EXCEPTION:** Employees who change their medical plan coverage from the Aetna Health Fund to the POS II plan forfeit unused credits. Individuals going from the POS II plan to the AHF plan will retain unused balances, which will be forwarded and available in March of the same year. Rollover credits are available to use Jan. 1 for those who stay in the same medical plan from year to year.



## CARDIOVASCULAR RISK SCREENING

### • Two appointments.

- First appointment: lab appointment to have your blood drawn, approximately 15 minutes. Please note labs are **NON-FASTING AND FREE**. Lab work is drawn on-site; see TRAC for locations/details or call 941-861-6833.
- Second appointment: review your lab results and complete an optional stress, posture and body composition assessment. You have the choice to do a more comprehensive appointment that includes all of the assessments which can take approximately 35-40 minutes OR a brief appointment which is a review of your lab results only and takes approximately 15-20 minutes. Both appointments are listed in TRAC as 1FIT6002.

### • Items to note:

- The wellness program always encourages participants to share screening results with their medical provider. This is why we ask that you come prepared to provide the contact information of your medical provider at the first appointment. This is not a requirement to participate but is encouraged.
- Labs from the Cleveland HeartLab that measure cardiovascular inflammation as well as diabetes

and advanced lipid testing will be done. (OxLDL; hsCRP; Lp-PLA2; MPO; ADMA/SDMA; HbA1c; ApoB; & sdLDL). [clevelandheartlab.com](http://clevelandheartlab.com)

- Lab appointments will begin January 2019. Appointments to review your lab results and complete the optional stress assessment will be offered soon after the lab appointment dates.
- You must register for a lab appointment. No walk-in appointments will be accepted. Please register for the first appointment in TRAC with the class code 1FIT6001; register for the second appointment with class code 1FIT6002. You must register for both appointments. For questions or assistance, please contact 861-6833.
- Some may have been accustomed to receiving a cash incentive for participation in the cardiovascular screening. In 2019 the wellness program will no longer reward a cash incentive for participation.

**There is accumulating research that shows unnoticed, chronic low level inflammation can be a major contributor to heart disease, cancer, and Alzheimer's. Join us at one of the on-site screening dates to assess your risk and learn more.**



# DENTAL INSURANCE

**TWO DENTAL OPTIONS ARE AVAILABLE TO EMPLOYEES.**

**THE AETNA PPO PLAN** offers both in- and out-of-network coverage. The plan pays a fixed percentage of your eligible expenses with an annual maximum benefit of \$1,750 per member. Your benefits will be maximized by using network providers because they have agreed to substantial discounts. Also, if you use a network provider, the percentage paid by the plan will be increased to 90 percent for Type II benefits (fillings, root canals, etc.) and 60 percent for Type III benefits (crowns, etc.). The percentage paid for out-of-network providers is limited to usual, customary and reasonable charges (UCR). You are responsible for any amounts above what is considered UCR.

**THE AETNA DMO PLAN** offers in-network coverage only, covers 100 percent of preventive care and requires co-pays for all other services with no maximum annual benefit.

The DMO plan provides dental coverage using a specific network of providers for procedures with fixed co-payments. There is no coverage for out-of-network providers.

#### Highlights of DMO Plan

- No deductibles.
- A primary dentist must be selected prior to obtaining services. The primary dentist must make referrals to specialist providers.
- Preventive services, including sealants for children, at no charge.
- No waiting periods.
- Cosmetic procedures (teeth whitening, bonding and veneers) are included at a co-payment level.
- 25-percent discount for procedures not listed within the schedule of benefits.

#### NOT SURE WHICH DENTAL OPTION IS RIGHT FOR YOU AND YOUR FAMILY?

If your current provider is not in either plan, and you do not want to switch dentists, you should consider the traditional PPO plan, which will still pay for out-of-network care (at a reduced benefit level). If you anticipate you'll need a large volume of dental work that will exceed the PPO \$1,750 annual benefit, you should consider the DMO plan, which has no annual maximum benefit amount.

**Call Aetna Dental at 877-238-6200 to find out if your dentist is in the Aetna PPO or DMO network.**

Aetna Dental Premiums (per pay period)		
	PPO	DMO
<b>Employee</b>	\$0	\$0
<b>Employee and Child (Children)</b>	\$19.79	\$5.69
<b>Employee and Spouse</b>	\$19.79	\$5.67
<b>Family</b>	\$26.39	\$9.56
Deductibles, Maximums and Co-pays		
	PPO	DMO
<b>Preventive Care</b>	100% covered (if you have not met the \$1,750 annual maximum benefit)	100% covered
<b>Deductible</b>	\$50	\$0
<b>Basic</b>	90% or 80% after deductible	Co-pay system based on procedure
<b>Major</b>	60% or 50% after deductible	Co-pay system based on procedure
<b>Comprehensive Orthodontia</b>	\$1,750 Lifetime Benefit	\$2,250 - \$2,350
<b>Annual Maximum</b>	\$1,750	No Limit



# VISION INSURANCE

Neither of Sarasota County's medical plans covers routine vision exams. Sarasota County offers Advantica, which offers vision exams and glasses with co-pay.

## ADVANTICA SELECT PLUS 180 PLAN

The Advantica Select Plus 180 Plan offers a choice between coverage for an exam and glasses, or an exam and contact lens benefit. To receive the highest payable benefit, you must obtain services from a network provider. To view the network visit [advanticabenefits.com](http://advanticabenefits.com) and select "Provider Search," then click on "Vision Care Provider" or call 866-425-2323.

Premiums (per pay) – Advantica Select Plus 180 Plan	
Employee	\$3.03
Employee and Child/ren	\$5.84
Employee and Spouse	\$5.96
Full Family	\$10.32

Advantica Select Plus 180 Plan Costs			
Coverage	In-network Benefits	*Out-of-network Reimbursement	Benefit Frequency
<b>Comprehensive eye exam with dilation</b>	\$10 co-pay	Reimbursed up to \$40 (less applicable co-pay)	Once every 12 months
<b>Eyeglass lenses (standard plastic)</b>	\$15 co-pay includes: <ul style="list-style-type: none"> <li>• Single</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul> Polycarbonate lenses covered in full for members age 19 and younger; \$30 co-pay over the age of 19. Additional co-pays apply to standard progressive lenses and photochromic lenses.	Reimbursed (less applicable co-pay): <ul style="list-style-type: none"> <li>• Single up to \$20</li> <li>• Bifocal up to \$40</li> <li>• Trifocal up to \$60</li> <li>• Lenticular up to \$100</li> </ul> No out-of-network reimbursement available for polycarbonate, standard progressive or photochromic lenses.	Once every 12 months
<b>Eyeglass frames</b>	\$15 co-pay (no co-pay if included with eyeglass lenses); paid in full on special frame selection; \$180 allowance outside of the selection (less applicable co-pay)	Reimbursed up to \$72 (no co-pay if included with eyeglass lenses)	Once every 24 months
<b>Contact lens exam</b>	\$40 allowance	No reimbursement	Once every 12 months
<b>Contact lenses (in lieu of eyeglasses)** (conventional/disposable)</b>	\$180 allowance (co-pay does not apply)	Reimbursed up to \$108 (less applicable co-pay)	Once every 12 months
<b>Contact lenses (in lieu of eyeglasses)** (medically necessary***)</b>	\$250 allowance (less applicable co-pay)	\$250 allowance (less applicable co-pay)	Once every 12 months
<b>Laser Vision Correction (LASIK)</b>	Discount pricing	No reimbursement	
* Submit member out-of-network reimbursement form and copy of paid receipt to Advantica.			
** This benefit is paid only once during the group's benefit period and must be fully utilized at the time of purchase.			
*** Limited to aphakia, keratoconus or severe anisometropia and requires pre-authorization by Advantica.			



# FLEXIBLE SPENDING ACCOUNTS

Sarasota County offers two reimbursement accounts to help you pay for eligible out-of-pocket expenses, such as deductibles and child care: the Dependent Care Flexible Spending Account and the Medical Flexible Spending Account (FSA). The dollars you set aside come out of each paycheck, tax-free, helping you budget and save money.

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Dependent care covers qualified dependents receiving daycare services. Sarasota County will match any dependent care contributions by 25 percent each pay period. To participate, you must enroll during open enrollment. Please note that you forfeit any money within dependent care flexible spending accounts that is not used during a calendar year.

Dependent care flexible spending accounts are capped at \$5,000. Since Sarasota County matches 25 percent, the maximum amount that an employee may contribute is \$153.84 per pay period, which totals \$3,999.84 per year.

## KNOW THE RULES

- You must re-enroll in flexible spending accounts each year. Unlike other benefits, they will not be carried forward if you do not complete your open enrollment election.
- You cannot claim over-the-counter medical expenses unless they are prescribed.
- You can change your reimbursement account contribution during the year only if you have a qualified change in status; for example, a new child or spouse gains coverage, daycare needs end, etc.

## HERE IS HOW AN FSA CAN SAVE YOU MONEY:

Example: Mike has a three-year-old in preschool and his day care expenses are \$5,000. Mike wears contact lenses and needs to have two dental crowns done. He estimates his out-of-pocket medical expenses at \$2,000 for the year. Mike gives himself an instant "raise" by using the FSA. Here's how:

	Without FSA	With FSA
<b>Annual Pay</b>	<b>\$65,000</b>	<b>\$65,000</b>
<b>FSA Contribution</b>	<b>\$0</b>	<b>\$7,000</b>
<b>Taxable income (W-2 earnings)</b>	<b>\$65,000</b>	<b>\$58,000</b>
<b>Federal income tax (25% bracket)</b>	<b>\$16,250</b>	<b>\$14,500</b>
<b>Social Security and Medicare</b>	<b>\$4,972</b>	<b>\$4,437</b>
<b>Total Taxes</b>	<b>\$21,222</b>	<b>\$18,937</b>
<b>After tax expenses</b>	<b>\$7,000</b>	<b>\$0</b>
<b>Net spendable income</b>	<b>\$36,778</b>	<b>\$39,063</b>
<b>Increase in spendable income</b>		<b>\$2,285</b>

- You must incur all claims in the calendar year (Jan. 1, 2019, through Dec. 31, 2019).
- You may roll over unused medical flexible spending account dollars (up to \$500) to the next calendar year.
- You must submit your claims for eligible expenses by March 31, 2020.

## MEDICAL FLEXIBLE SPENDING ACCOUNT

Medical expenses such as doctor and other medical service provider co-pays and co-insurance amounts will continue to be reimbursed automatically if you are enrolled in a county medical plan. Prescription co-pay amounts will be forwarded from Benecard to Aetna and reimbursed automatically from your FSA within approximately two weeks of the transaction. January open enrollment elections will receive a 5 percent annual match from Sarasota County.

Employee contributions for medical flexible spending accounts are capped at \$2,650.

## SPECIAL NOTICE TO EMPLOYEES WITH SPOUSES WHO HAVE HEALTH SAVINGS ACCOUNTS

The IRS has special rules that govern tax-free contributions into a Health Savings Account (HSA). Your spouse may be disqualified for tax-free HSA contributions if you have a Health Reimbursement Account (HRA) or flexible spending account (FSA) that is unrestricted. Check with your tax advisor before enrolling in this general purpose FSA.



# LIFE INSURANCE

## SARASOTA COUNTY PROVIDES BASIC LIFE INSURANCE

at no cost to you. Basic life insurance provided by Sun Life Financial pays a benefit equal to your eligible annual pay (rounded up to the next \$1,000). You can purchase additional life insurance for yourself and your eligible dependents as shown in the table below:

Dependent child life insurance coverage is provided automatically when spouse coverage is selected. To cover children only, select the lower-cost spouse option.

**NOTE:** You must submit an Eligibility of Insurance application for additional coverage unless you are a new hire and selecting coverage for the first time, or are requesting optional life coverage in excess of \$50,000.

	For You	For Your Covered Spouse	For Your Children
<b>County-paid coverage</b>	1X-3X your salary depending on your employment status		
<b>Additional amount you may purchase</b>	1X or 2X your annual salary	\$5,000 Policy \$10,000 Policy	\$200 under 6 months \$2,000 6 months to 26
<b>What it will cost you</b>	See enrollment system for age-rated premium	\$.50 for \$5,000 Policy \$.90 for \$10,000 Policy	\$.50 to include dependent child coverage.



# UNIVERSAL LIFE INSURANCE

## ELECTING OR CHANGING GROUP UNIVERSAL LIFE INSURANCE COVERAGE

An Allstate policy is available for employees and dependents and is completely portable upon retirement or separation of service. The policy builds cash value, and the premium includes an Accelerated Death Benefit, Waiver of Premium and Guaranteed Purchase Option as part of the policy. Electing coverage does require the completion of an application that includes health information. Visit [scgov.net](http://scgov.net) (**keyword benefits**) and select **Life Insurance** for premiums and additional information.

## OPEN ENROLLMENT

**Begins Oct. 1 and continues through Oct. 26.**

Please plan to attend one of the Health, Benefits and Safety Expos to learn more, or check out the Employee Health and Benefits website at [scgov.net](http://scgov.net) (keyword benefits). **All employees and retirees are required to enroll in benefits this year, regardless if they are making changes or not.**



# SHORT-TERM AND LONG-TERM DISABILITY

Sarasota County provides basic short-term and long-term disability coverage at no cost to you. County-provided disability insurance includes:

- Short-term disability coverage that replaces 70 percent of your eligible weekly pay, up to \$3,000 biweekly, if you are disabled and unable to work for more than seven calendar days.

**NOTE:** Short-term disability is not available for employees of the Sarasota County Tax Collector's Office, Sheriff's Office or certain bargaining unit members.

- Long-term disability coverage replaces 40 percent of your eligible annual pay if you are disabled and unable to work for more than 90 days. Additional long-term disability coverage may be purchased that provides an additional 20 percent of your eligible pay. Visit [scgov.net](http://scgov.net) (**keyword benefits**) and then select **Other Insurance Options** for disability plan details.



# ACCIDENT INSURANCE

## Allstate Accident Insurance

Accidents occur most frequently in places where we spend the most time – in the home or during sports or leisure activities. Approximately 22 percent of injury visits to hospital emergency rooms or urgent care clinics for persons between the ages of 5 and 24 result from a sports-related activity. Our medical insurance plans provide coverage for related expenses, but they require co-payments, deductibles and co-insurance. The Allstate accident plan provides coverage that can offset expenses not paid by medical insurance. Benefits are paid directly to the insured and include various fixed-dollar amounts in addition to any medical plan coverage for injuries such as dislocations and fractures, as well as reimbursements for follow-up care and health screenings. The plan also includes coverage for hospital admissions and surgical care. This coverage is employee-paid and is available via pre-tax payroll deduction. Consult the policy brochure at [scgov.net](http://scgov.net) (**keyword benefits**) or visit [allstateatwork.com/SarasotaCountyGov](http://allstateatwork.com/SarasotaCountyGov) for additional details.

**IMPORTANT: Employees holding existing Hartford, Colonial and AIG cancer policies will be offered the opportunity to retain those plans as self-pay. As of December 31, 2018 the payroll deduction for these plans will end.**

**Join our group:**



**Sarasota County  
Employee Health  
and Benefits**



# ALLSTATE GROUP CANCER INSURANCE

Allstate Workplace Division - American Heritage Life Insurance Company (A+ Rated by A.M. Best)

**During initial new hire enrollment these benefits are guaranteed without the need for completion of evidence of insurability (Guaranteed Issue).**

This plan covers cancer and the following additional conditions: muscular dystrophy, amyotrophic lateral sclerosis (Lou Gehrig’s disease), poliomyelitis, multiple sclerosis, encephalitis, rabies, tetanus, tuberculosis, osteomyelitis, diphtheria, scarlet fever, cerebrospinal meningitis (bacterial), brucellosis, sickle cell anemia, thalassemia, Rocky Mountain spotted fever, legionnaires’ disease (confirmation by culture or sputum), Addison’s disease, Hansen’s disease, tularemia, hepatitis (chronic B or chronic C with liver failure or hepatoma), typhoid fever, myasthenia gravis, Reye’s syndrome, primary sclerosing cholangitis (Walter Payton’s liver disease), lyme disease, systemic lupus erythematosus, cystic fibrosis, primary biliary cirrhosis.

**Pre-existing condition exclusion and other limitations may apply.**

Receiving a cancer diagnosis can be one of life’s most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation. With cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

You choose the coverage that’s right for you and your family. Our cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Visit [allstateatwork.com/SarasotaCountyGov](http://allstateatwork.com/SarasotaCountyGov) for additional cancer insurance information or call 1-800-521-3535.



# LONG-TERM CARE INSURANCE

Long-term care coverage is a financial planning tool to preserve personal wealth and provide some control of treatment options related to extended illnesses. In addition to covering stays in skilled nursing and assisted living facilities, it also provides extended home health

care and is frequently used by younger policy holders recovering from serious injuries or accidents. The cost of coverage depends on the options selected and increases with age. For plan details, visit [scgov.net](http://scgov.net) (**keyword benefits**) and select **Long Term Care Insurance**.



# IDENTITY THEFT INSURANCE

## INFOARMOR'S SNAPD IDENTITY MONITORING

InfoArmor's patented technology detects identity misuse up to 90 days sooner than credit solutions. InfoArmor is enhanced this year to monitor all three credit bureaus. If you become a victim of identity theft, its privacy advocates will work to restore your identity from start to finish, including filing a claim under its \$25,000 identity fraud reimbursement policy to protect against out-of-pocket expenses associated with identity theft (when necessary). InfoArmor's PrivacyArmor also proactively prevents identity theft by reducing unwanted solicitations, pre-approved credit offers

and junk mail to limit the exposure of your personal information. It also gives you access to IdentityMD and WalletArmor for tips, tools and resources to prevent identity theft. Cost for this coverage: \$4.59 per pay period (\$9.95 a month) for employee, or \$8.28 per pay period for full family coverage (\$17.95 a month).

### DID YOU KNOW?

InfoArmor provides a \$25,000 identity fraud reimbursement policy to cover out-of-pocket expenses associated with identity theft.



# PREFERRED LEGAL PLAN

This plan offers comprehensive legal assistance, advice and discounted representation on all types of legal services for an affordable premium. Coverage includes a spouse, dependents and anyone living in the household. Plan services are unlimited and available 24/7. Members have access to a statewide network of lawyers when formal representation is needed and in-person consultation is free. Employment-related subjects are not covered.

### Types of covered legal issues include:

- Divorce
- Child Support, Custody and Visitation
- Traffic Tickets/Suspended Licenses/DUI
- Credit Repair
- Loan Modifications/Foreclosures
- Bankruptcy
- Wills/Powers of Attorney/Trusts

For more information call **1-888-577-3476**, visit [preferredlegal.com](http://preferredlegal.com) or email [info@preferredlegal.com](mailto:info@preferredlegal.com).



# EAP SARASOTA

## EAP SARASOTA IS THE COUNTY'S EMPLOYEE ASSISTANCE PROGRAM (EAP).

EAP Sarasota helps employees and their dependents with personal issues. The program offers confidential access to an EAP provider 24 hours a day, seven days a week.

- Up to six free sessions of confidential counseling per issue per employee/family member regardless of medial coverage or full-time status.
- Free 30-minute legal consultation.
- Free 20-30-minute professional financial consultation.

Expansive web-based tools and information:

- Website: [lifeworks.com](http://lifeworks.com) (username: SCG, password: lifeworks).
- Mobile application: download LifeWorks Mobile app in the Google Play or Apple App Store.
- Phone: 941-917-1240 (toll-free 800-425-7764).

To view the entire list of providers and their specialty and contact information visit: [scgov.net](http://scgov.net) (keyword EAP).



# WELLNESS

**It has never been easier to have a better, healthier life. With free programs that help you lose weight, increase your resilience to stress, and manage chronic conditions better, Sarasota County's Employee Health and Benefits Program is there to help you take charge of your health. Below is a list of nationally recognized resources and services available for your needs.**

## HeartMath and other Stress Reduction Programs

Do you ever feel overwhelmed with too much to do? Would you like to transform stress into productive energy, be less reactive and make good decisions even under pressure? The scientifically validated program, HeartMath, builds on breakthrough research into the heart-brain connection; teaching users to optimize the very physiological processes that underpin health, well-being and high performance. Studies show that people who have gone through this program sleep better, are less fatigued, experience decreases in anxiety and physical symptoms, enjoy improved relationships and increase overall well-being. Register on TRAC, or for a list of other stress reduction options, contact Darcy Lord at [dlord@scgov.net](mailto:dlord@scgov.net) or 941-650-5294.

## Nutritional Coaching

Customized nutrition plans to improve your weight or control diabetes, cholesterol, gastric reflux or blood pressure. Free nutritional coaching with Heidi-Jo Kaplan, registered dietitian. Come see Heidi for everything from recommendations about vitamins and supplements to working on a plan to meet a specific goal. Contact her at [hkaplan@scgov.net](mailto:hkaplan@scgov.net) or 941-861-5239 to learn more or make an appointment.

## D.E.L.I.

### (Diabetes Education Lifestyle Improvement) Program

Free on-site diabetes support with a certified diabetes educator, test strips, labs, diabetes pump supplies and diabetes medications to all employees, spouses and dependents over the age of 16 who are covered under one of SCG's medical plans. Visit [scgov.net](http://scgov.net) (keyword deli) or contact Heidi-Jo Kaplan at 941-861-5239 or [hkaplan@scgov.net](mailto:hkaplan@scgov.net) to enroll.

**NOTE: WITH THE EXCEPTION OF HEARTMATH AND OTHER STRESS REDUCTION PROGRAMS, participation in these wellness activities must take place during your personal time.**

## On-site Exercise and Wellness Classes

Come join us and your fellow coworkers as we enjoy fun and exciting on-site exercise classes like Strength and Toning, Yoga, and many more. If you want to learn more about various health-related subjects, like how to cope with aging parents or deal with difficult people, then attend one of our many wellness classes - free to all. Visit TRAC for a complete listing of classes. Note: while exercise classes are to be attended during personal time, wellness classes do not have the same requirement for Sarasota County Commission employees. Employees of constitutional offices may have a different requirement; please check with your Human Resources office.

## Free On-Site Fitness Centers

Fitness Center access is 24/7 at some locations. Available to employees and spouses.

Locations are:

- 1660 Ringling Blvd.
- Selby Library, 1331 1st. St.
- SCAT Transit, 5303 Pinkney Ave.
- 1001 Sarasota Center Blvd.
- 1301 Cattlemen Road, Bldg. B.
- 4531 S.R. 776 (Venice)
- Englewood Sports Complex - 1300 S. River Road

**Requires the completion of a fitness center application to join;** available at [scgov.net](http://scgov.net) (keywords fitness center application).

## Additional Resources for Employees

- Free influenza (flu) shots. Call 941-861-6833 for an on-site schedule of vaccine clinics; also open to spouses and dependents age 18 and over.
- Smoking cessation prescription aides (Chantix, Zyban, Nicotrol inhaler) covered 100 percent through the county's medical/prescription plan.

Find details about the above benefits on the Employee Health and Benefits website at [scgov.net](http://scgov.net) (keywords wellness program).



# DEALING WITH LIFE EVENTS

When a change to your personal or work life impacts your benefits, log on to Workday to make changes. When one of the following “life events” takes place, you may be able to make mid-year changes to some or all of your benefit elections.



## MARRIAGE

Sarasota County offers benefits coverage for spouses (same or opposite sex). The following life events allow you to make a change to your coverage or to switch to your spouse’s benefit plan:

- Marriage or divorce.
- Death of your spouse.
- Gain or loss of coverage, or change in benefits, for your spouse.

If you add a spouse to your coverage, you will need to submit proof of eligibility. See page two (dependent coverage page) for required documentation.

### When you get married

- Log on to Workday **within 31 days of the event** to add, change or drop health care and/or life coverage.
- Add your spouse to the benefits you have.
- Add any children who may be eligible for benefits.
- Adjust your life insurance, or purchase dependent life insurance.
- Confirm your insurance beneficiaries.
- Decide if you need a health care or dependent day care spending account, or if you need to increase or decrease the amount you originally elected.
- Submit documentation verifying your marriage and any additional children added. Documentation should be scanned and attached to the change in Workday.

### Divorce or death of a spouse

Getting divorced affects your benefits coverage. The death of your spouse also affects your benefits. You can drop or add coverage for dependents as well as make changes to your life insurance.

- Log on to Workday within **31 days of the event** to add, change or drop health care and/or life coverage. Note that you cannot remove your spouse from your benefit plans until your divorce is final.
- Adjust your life insurance, or purchase dependent life insurance.
- Verify or change your beneficiary information for your life insurance.
- If applicable, change your name and/or address.
- Decide if you need a health care or dependent day care spending account, or if you need to change the amount you originally elected.
- Submit a Qualified Medical Child Support Order (QMCSO), if applicable. Contact the Benefits team for more information.
- Submit a Qualified Domestic Relations Order (QDRO), if applicable. Contact the Benefits team for more information.
- In the event of the death of a spouse, covered as a dependent under the county’s life insurance plan, complete a life insurance claim form. Be sure to get several certified copies of the death certificate.

### Be aware! There’s only a 31-day window to make changes!

You must make changes to your benefits within 31 days of your life event or you will have to wait until the next open enrollment period. Some coverage begins on the date of the event (e.g., birth or adoption) while other changes will take effect on the 1st of the following month. Log on to Workday to make changes.

## DEALING WITH LIFE EVENTS continued



## BIRTH, ADOPTION AND CHILD CARE

When you welcome a new child into the family, or a child becomes ineligible for coverage, you may change certain benefits without waiting until the next open enrollment period. When you add a dependent to your coverage, you will be required to submit documentation of eligibility. See page two (dependent coverage page) for required documentation.

Family life events include:

- Birth, adoption, placement for adoption or legal custody of a child.
- Change in your child care costs or provider.
- Dependent no longer qualifies for coverage.
- Dependent becomes qualified for coverage.

A child becomes eligible at birth, adoption or when you gain custody.

### When you add a new child to your home

- Log on to Workday **within 31 days of the event** to add your child to your health plan coverage.
- Newborns of mothers covered under the plan are automatically covered for 31 days after birth. To continue coverage after 31 days, the newborn must be added to the plan.
  - If the addition of the newborn changes the medical benefit premium and notice to add the child was provided within 31 days, the additional premium will become effective after the 31-day period. If notice was not provided within 31 days, the additional premium will become effective retroactive to the date of birth.

- Adjust your life insurance, or purchase dependent life insurance.
- Verify or change your beneficiary information for your life insurance.
- Decide if you need a health care or dependent day care spending account, or if you need to increase or decrease the amount you originally elected.

### If your dependent is no longer eligible

- Log on to Workday **within 31 days of the date** that eligibility ends to drop your dependent from your health plan coverage.
- Adjust your life insurance, if necessary.
- Verify or change your beneficiary information for your life insurance.
- In the event of death, complete a life insurance claim form. Be sure to get several certified copies of the death certificate.
- Submit documentation as an attachment to your request in Workday.

## OPEN ENROLLMENT

**Begins Oct. 1 and continues through Oct. 26.**

Please plan to attend one of the Health, Benefits and Safety Expos to learn more, or check out the Employee Health and Benefits website at [scgov.net](http://scgov.net) (keyword benefits). **All employees and retirees are required to enroll in benefits this year, regardless if they are making changes or not.**



# RETIREMENT PLANNING

**Florida Retirement System (FRS):** Selecting the right retirement option is a key element of your retirement planning. As a new employee, you have a choice of two FRS retirement plans: the FRS Investment Plan or the FRS Pension Plan. The two plans have many differences — how service and salary affect benefits, vesting rules, types of risks, availability of the Deferred Retirement Option Program (DROP), survivor benefits and member contributions. To decide which option is best for you, contact an unbiased financial planner at 866-446-9377, or visit the FRS website at [myfrs.com](http://myfrs.com).

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**Deferred Compensation 457 plans:** A 457 plan is designed to supplement your retirement income. While a pension and/or social security may go a long way, they are unlikely to be enough. Saving to your 457 plan can help you maintain your desired standard of living.

Five reasons to select a 457 plan:

1. Convenience. Contributions are made automatically each paycheck.
2. Flexibility. You may contribute as little as \$10 per pay period; and stop, start or change your contribution at any time.
3. Tax benefits. Your contributions reduce your current taxable income, and you delay all taxes, including on earnings, until you make withdrawals.
4. Late-career catch up. Before retirement, you may be able to contribute to double the IRS limit.
5. No penalty tax. There is no 10 percent penalty for withdrawals, regardless of your age.

Terry Terry - Retirement Specialist for  
Nationwide Retirement Solutions, 941-524-4818,  
[terryt2@nationwide.com](mailto:terryt2@nationwide.com).

# SEPARATION FROM EMPLOYMENT

Benefits will end at midnight on the last day of the month in which you separate service unless you have salary continuation benefits. However, you may continue your medical, dental, EAP and vision benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA). A COBRA notice will be sent to you approximately two to four weeks after your termination date with instructions and enrollment information. You will have 60 days to elect coverage. You will be required to pay both the employee and employer share of the medical premiums, plus an administrative fee. If you incur claims prior to electing and paying your COBRA premium, you will need to pay the provider and then file a claim for reimbursement.

You may continue accident, cancer, long-term care, life, and long-term disability insurance coverage after you leave. You must contact the benefit providers as soon as possible to elect conversion and/or portability provisions because there are specific deadlines for each benefit. Find provider contact information at the end of this guide.

# GLOSSARY

Below is an alphabetical glossary of terms. Not all of them are used in this publication, but they all pertain to Sarasota County's benefit programs.

**AETNA CHOICE POS II (POS II):** One of two medical insurance plans available to SCG employees. This plan provides 100 percent coverage for preventive services. Members can use any doctor, in or out-of-network, but receive discounts when they seek care from Aetna's network of providers. No referrals are required.

**AETNA HEALTH FUND (AHF):** One of two medical insurance plans available to SCG employees. This plan provides 100 percent coverage for preventive services. Members can use any doctor, but receive discounts when they seek care from Aetna's network of providers. Health Fund members receive an annual Sarasota County-funded contribution of \$500 (single) or \$1,000 (family).

**Aetna Navigator:** An online resource for personalized health information. Available 24 hours a day, 7 days a week at [aetnavigators.com](http://aetnavigators.com). Aetna Navigator allows subscribers to find health care professionals, request a member ID card, and track claims and health and wellness information.

**Aetna's Find a Doctor:** An online directory of physicians, optometrists, facilities and Aexcel network providers (who offer lower co-pay or co-insurance) at [aetnavigators.com](http://aetnavigators.com).

**Aexcel Network MD/Provider:** A designation within Aetna's Performance Network for specialists who have a lower co-pay, due to their demonstrated effectiveness in the delivery of care based on a balance of measures of clinical performance and cost-efficiency.

Currently, there are Aexcel-designated physicians in 12 medical specialty categories: cardiology, cardiothoracic surgery, gastroenterology, general surgery, obstetrics and gynecology, orthopedics, otolaryngology, neurology, neurosurgery, plastic surgery, urology and vascular surgery. Aexcel providers are noted with a blue star on the Doc Find page within Aetna's website.

**Brand Name Drug:** A medication protected by patent for which a generic drug option is not available. It is generally more expensive than a generic equivalent. SCG coverage of brand name drugs varies according to the formulary (see glossary).

**Center of Excellence:** Facilities that have recognized expertise in treating certain diseases or procedures (e.g., bariatric surgery).

**Co-insurance:** The remaining portion of the cost of medical services to be paid by the patient after first meeting any applicable deductible(s). Co-insurance amounts, which are a percentage of the cost, vary by type of service. SCG's in-network co-insurance is usually 20 percent, but is reduced to 10 percent for Aexcel specialists in the Aetna Health Fund.

**Co-pay:** A fixed amount required by health plans to be paid by the insured for each visit or prescription.

**Cost of Care:** This suite of tools on Aetna's website allows members to compare the estimated average costs for approximately 200 different health care services in any geographic area. Members can also see how much they could potentially save by choosing a doctor who participates in Aetna's network.

**Deductible:** A fixed amount that an individual must pay for certain covered medical services before the health plan will begin to pay.

**Dependent Care Spending Account:** Lets you set aside pre-tax dollars to pay for eligible child care expenses for children up to age 13. Because the reimbursement account contributions are not taxed, you decrease your taxable income while increasing your available cash. Funds do not roll over from year to year, are not portable and do not accrue interest. SCG contributes 25 percent in matching funds, up to the maximum of \$5,000 allowable by the IRS. If an employee contributes the maximum election of \$153.84 per pay period, SCG will contribute \$1,000 for a combined IRS maximum total of \$5,000.

**Enhanced Clinical Review Program:** This program uses medical specialists and diagnostics tools to help you get the right test or procedure at a quality, cost effective facility. Tests and procedures such as MRI, CT and PET scans that are part of the program require prior authorization.

**Explanation of Benefits (EOB):** A form provided directly to the member to explain how a health benefits claim was paid. In addition to claims payment information, the EOB often includes information on the appeals process. EOBs are sometimes mailed, but are also available online at [aetnavigators.com](http://aetnavigators.com).

**Flexible Medical Spending Account (FSA):** A tax-advantaged account that can be used to pay for medical, prescription and dental expenses. Contributions to the FSA are made by the employee. The contributions are free of federal, Social Security and most state taxes. Funds are not portable and do not accrue interest.

**Formulary:** A list of covered prescription drugs. Generally includes both brand-name and generic prescription drugs. Within each category of covered drugs, there are different levels of coverage based on the drug's cost, efficacy or other considerations. Formularies are reviewed periodically and modified by BeneCard and Sarasota County. Co-pays for drugs vary depending on whether they are included in the formulary. The cost (co-pay) of a non-generic formulary drug to a patient is 20 percent of the drug's total cost, compared to 40 percent for a non-formulary drug.

## GLOSSARY continued

**Generic Drug:** A chemically equivalent version of a brand-name drug for which the patent has expired. Generic drugs are typically less expensive, and are sold under the common name for the drug, not the brand name.

**In-network Provider:** A physician, hospital, nursing facility or other health care provider that has contracted with Aetna to provide covered services for a negotiated charge; also called a “preferred care provider.” Employees enrolled in either the POS II or Aetna Health Fund enjoy lower co-pay and/or co-insurance rates for using an in-network provider.

**Mail Order Pharmacy:** Distributes prescribed medication directly to the patient via mail. Employees can purchase a 90-day supply for the same cost as a 75-day supply.

**Maximum out-of-pocket:** The annual limit on the amount an individual is required to pay for health care services covered by their medical plan.

**Medical Insurance Reward Credits:** Credits awarded to employees and their covered spouses for their participation in and completion of one or more of the “Medical Insurance Reward Credits” activities described in this brochure. Credits are applied to reduce one’s deductible or co-insurance; or to increase one’s balance in their Aetna Health Fund. Both the employee and covered spouse have the potential to earn \$150 (each) worth of Reward Credits.

**Open Enrollment:** A period of time, often in the fall, when employees may make choices regarding their benefits for the following year. You should read enrollment materials carefully, since there are often substantial differences between health benefits plans. Questions can be directed to the plan carriers at one of the Health, Benefits and Safety Expos.

**Out-of-network Provider:** Generally refers to physicians, hospitals and other health care professionals who have not contracted with a health plan to provide services; also called a “non-preferred provider.” Employees with either the POS II or Aetna Health Fund pay higher deductible and co-insurance rates for using an out-of-network provider.

**Premium (Insurance):** The amount charged, per pay period, for medical insurance. The cost of the premium is shared between the employee and Sarasota County. Your medical benefits are considered part of your total compensation (wages, vacation, training, etc.).

**Premium Reduction Requirement:** Refer to page 10 for details. Each plan year there are requirements established that both the employee and spouse must do in order to earn a reduction in the following year’s medical premium. For 2019, reductions are 20 percent for family coverage and \$15 per pay period for single coverage. These requirements and deadlines can be found on the Employee Health and Benefits website at [scgov.net](http://scgov.net) (keyword benefits).

**Prescription Step Therapy:** A type of pre-certification under which certain medications will be excluded from coverage unless members try one or more “prerequisite” drug(s) first, or unless a medical exception is obtained.

**Preventive Exam:** Exams or services that can help maintain good health (such as annual physical exams or immunizations) or are meant to detect early signs of disease (such as mammograms and colon cancer screenings). Sarasota County Government covers 100 percent of the cost of many exams coded as preventive that meet the U.S. Preventive Task Force Guidelines. Call your Aetna health and benefits professional at 941-861-5273 to confirm coverage.

**Rider:** An add-on provision to basic insurance that provides additional benefits to a policyholder.

**TRAC:** The online advertisement and registration system for all classes offered to SCG employees. Allows employees to register and reserve a seat in exercise, nutrition, stress management and many other types of classes. Access TRAC via EmployeeNet.

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### OPEN ENROLLMENT

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# PROVIDERS AND RESOURCES CONTACT INFORMATION

Vendor	Phone Number	Website
Advantica Vision	1-866-425-2323	advanticabenefits.com
Aetna Dental Services	877-238-6200	aetna.com
Aetna Medical Member Services	1-877-432-7733	aetna.com
Aetna Payflex COBRA, Retiree Billing	1-844-729-3539	payflex.com/about/contact-us
Aetna Payflex Flexible Spending Accounts	1-888-238-6226	aetna.com
Allstate	1-800-521-3535	allstateatwork.com/SarasotaCountyGov (offers Universal Life, Cancer and Accident insurance)
BeneCard PBF Prescription Services	1-877-335-6523	benecardpbf.com
EAP Sarasota	941-917-1240 1-800-425-7764	portal.lifeworks.com/portal/HomePages/ SelfService.aspx
InfoArmor Identity Protection	1-800-789-2720	infoarmor.com
Nationwide Retirement Solutions	941-524-4818	scgov457.com
Preferred Legal Plan	1-888-577-3476	preferredlegal.com info@preferredlegal.com
Sun Life FMLA and Short Term Disability	1-877-786-3652	fmla-sunlife-usa.com
Sun Life Long Term Disability	1-800-247-6875	fmla-sunlife-usa.com
Sun Life Term Life	1-800-247-6875	
Unum Long Term Care	1-800-227-4165	unum.com

Sarasota County Contact	Phone Number	Fax Number	Email
Employee Health and Benefits	941-861-5236	941-861-5825	askbenefits@scgov.net
Aetna Health and Benefits Professional	941-861-5273	AetnaHealthandBenefitsProfessional@AETNA.com	
Occupational Health and Wellness Center	941-861-6833	941-861-6835	



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