



**EMPLOYEE
BENEFITS
2023**



Sarasota County

**EMPLOYEE
HEALTH and
BENEFITS**

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A Letter from the Manager of Employee Health and Benefits

Dear Employees:

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

Open enrollment for the 2023 plan year will take place from October 3–21, 2022, and is mandatory for all employees. This means all employees must log into Workday, elect their benefits for 2023 and submit their elections. Even if you are not making any changes, this is the perfect opportunity to review your beneficiaries and update your phone number and mailing address. Also, if you use a Flexible Spending Account, you will need to set up your annual contributions during open enrollment for the 2023 plan year.

You will notice two new vendors this year when enrolling in your benefits. Effective Jan. 1, 2023, our vision benefit will now be with Aetna Vision Preferred and our disability, life insurance and Family Medical Leave Act (FMLA) administration will now be managed through The Hartford. Regarding vision, you will realize a similar if not bigger network, similar benefits and a reduction in your premium paid. The Hartford has a long-standing record with the benefits they will administer for us and has offered a one-time opportunity to elect supplemental life up to \$250,000.00 without the need for an evidence of insurability (EOI) form.

Our annual benefits fair is also going through a change. We are very excited about this year's benefits fair which will run from Oct. 3–7, 2022, and also be offered through a virtual platform called Employee Benefits vFairs. Participants will have the opportunity to chat with live representatives from our vendors, watch pre-recorded videos on the benefits offered and earn points towards winning some exciting prizes. Be on the lookout for information on attending the Employee Benefits vFairs.

The health of you and your family members is our priority so please remember to use the resources available to you through the benefits program. You can also use the Health and Benefits Professional Services offered through Aetna by calling 941-861-5273 (KARE).

We look forward to serving you!

Sincerely,



Susan S. Forness

Manager, Employee Benefits and Wellness



Sarasota County

**EMPLOYEE
HEALTH and
BENEFITS**

Employee Benefits and Open Enrollment

Mandatory Open Enrollment begins Oct. 3 and continues through Oct. 21.

All employees are required to enroll in benefits this year using Workday.

Benefits Team Schedule

The Benefits Team will be available at multiple county locations to assist employees during the mandatory Open Enrollment. If you have questions, or need assistance with enrollment, review the calendar to see when a Benefits Specialist will be available at a location near you. **The Administration Building, located at 1660 Ringling Blvd., Sarasota, will have a Benefit Specialist available for walk-in appointments.*



Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
EMPLOYEE BENEFITS VFAIRS	EMPLOYEE BENEFITS VFAIRS	EMPLOYEE BENEFITS VFAIRS	EMPLOYEE BENEFITS VFAIRS	EMPLOYEE BENEFITS VFAIRS
10	11	12	13	14
EHC 8 a.m.-5 p.m.	Field Ops/Lil' BOB 7 a.m.-5 p.m. SCAT/FLEET 7 a.m.-5 p.m.	Twin Lakes Park 8 a.m.-5 p.m.	RLA/Fleet 8 a.m.-5 p.m.	Field Ops/Lil' BOB 7 - 11:30 a.m. 17th Street 12:30-4 p.m.
17	18	19	20	21
	Twin Lakes Park 8 a.m.-5 p.m.	17th Street 7 a.m.-4 p.m. SCAT/FLEET 7 a.m.-4:30 p.m.	BOB 8 a.m.-5 p.m.	

Version 9.2.22

Click  to schedule 1:1 a session with your Benefits Specialist.

- Administration Center—1660 Ringling Blvd., Sarasota. Fourth floor-Benefits
- SCAT/Fleet—5303 Pinkney Ave., Sarasota
- BOB—1001 Sarasota Center Blvd., Sarasota
- Employee Health Center (EHC)—1301 Cattlemen Rd., Sarasota-Building B
- Field Ops/Lil' Bob—8781 Bee Ridge, Sarasota
- Twin Lakes Park—6700 Clark Rd., Sarasota
- RLA/Fleet —4531 Englewood Rd.,
- 17th Street—4730 17th St., Sarasota



Official plan documents are the definitive source of information and take precedence over the benefits described within this guide.



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.
Your child (or children): <ul style="list-style-type: none"> • Biological. • Adopted. • Stepchildren. • Children you are required to support under the terms of a Qualified Medical Child Support Order. 	<ul style="list-style-type: none"> • Up to age 26 (age 26-30 medical only). <p>The eligible dependent must be an insured child by blood or law and must meet the following additional criteria:</p> <ol style="list-style-type: none"> 1. Less than 30 years of age. 2. Single (unmarried). 3. Has no dependents of their own. 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.

*Dependents age 26-30

Employees who elect to cover dependents age 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 age 26-30 with a qualifying disability may continue to be coverage under the employee's policy without paying the additional premium.)**

REQUIRED DOCUMENTATION

If you are adding a new dependent, like a spouse, to your benefits, there is required documentation you are required to provide. This includes a birth certificate or a marriage certification.

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

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 for instructions.



Aetna Health and Benefits Professional Services

Contact a Health and Benefits Professional for all your benefit questions.

- 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.
- Facilitate coordination of care and communication between your providers.
- Collect medical records to help you make decisions.

- Simple claims issues or request new ID cards at 877-432-7733.
- Review billing issues/questions (medical, dental, vision, pharmacy).
- Two contacts from the same household qualify both employee and spouse for the \$50 medical insurance reward credit.

Let the Health and Benefits Professional assist you;
call 941-861-5273 (KARE)
email AHBP@aetna.com



Teladoc

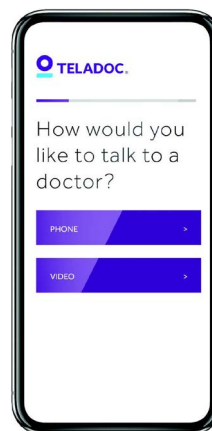
Teladoc to the rescue

At work, on weekends, traveling away from home or anytime you want to avoid sitting in a waiting room, **Teladoc** is a call or click away. Talk to a U.S. board-certified doctor by phone or video, 24/7. Teladoc doctors can diagnose, treat and even prescribe medicine, if needed, for a wide range of medical needs, including:

- Cold and flu symptoms
- Urinary tract infection
- Respiratory infection
- Sinus problems
- Skin problems
- Rash
- Pink eye
- Upset stomach, and much more

The cost for a Teladoc consult follows your plan's benefits for physician office visits.

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



How the Teladoc app works:

1. Download the app to set up your account.
2. Log in to complete or update your medical history.
3. Request a visit and talk to a doctor within minutes.

Medical Insurance options

Aetna

The charts on the following pages offer a general overview of the Sarasota County Government (SCG) medical plan options. For complete details, refer to the appropriate plan documents located online at scgov.net. Plan documents always 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			SCG Contribution: \$500 Individual \$1,000 Family (Contributions are prorated if enrolled after Jan.1,2023.)	
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"> • Health Fund dollars decrease your out-of-pocket expenses. • Prescriptions count toward deductible/ out-of-pocket maximum. 				
*Members may also be responsible for any additional amounts that were not payable under the plan.				
Preventive Care Covered at 100%				
Routine Preventive Screenings	The plan pays for 100% of costs based on US Preventive Services Task Force guidelines (preventive services do not reduce the 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 or three 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.			

Medical Insurance options continued

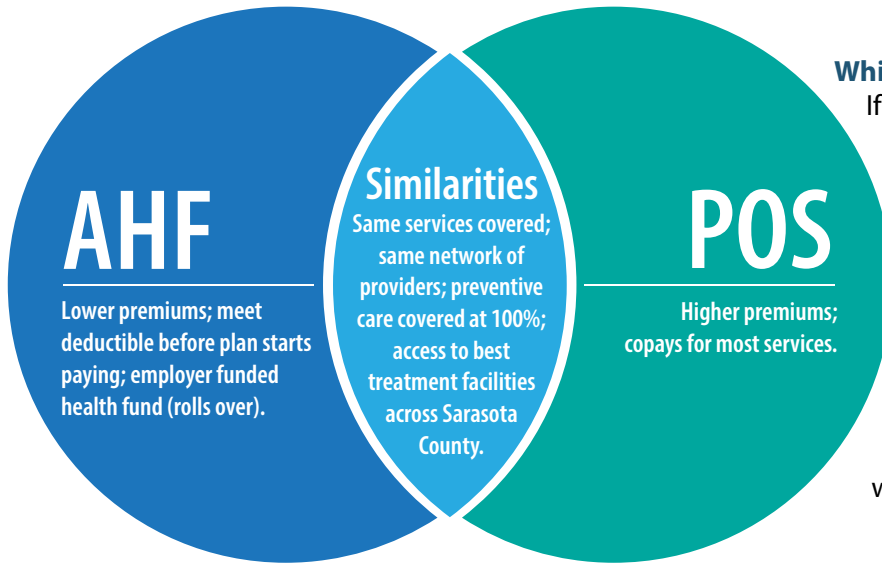
Benefits and Services	Aetna Choice POS II		Aetna Health Fund (AHF)	
	In Network	Out of Network	In Network	Out of Network
Physician Office Visits				
Primary Care Physician	\$25 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Specialist	\$35 co-pay	After 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 (subject to pre-certification requirements, see glossary under Enhanced Clinical Review).	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Emergency Care				
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%
Hospital Services				
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%
Prescription Drugs				
Retail (30-day supply)	<ul style="list-style-type: none"> • \$9 Generic • 20% Formulary Brand (\$35 min/\$70 max co-pay) • 40% Non-Formulary Brand (\$50 min/\$100 max co-pay) 		<ul style="list-style-type: none"> • \$9 Generic • 20% Formulary Brand (\$35 min/\$70 max co-pay) • 40% Non-Formulary Brand (\$50 min/\$100 max co-pay) 	
Mail Order (31-90 day supply)	<ul style="list-style-type: none"> • \$22.50 Generic • 20% Formulary Brand (\$87.50 min/\$175 max co-pay) • 40% Non-Formulary Brand (\$125 min/\$250 max co-pay) 		<ul style="list-style-type: none"> • \$22.50 Generic • 20% Formulary Brand (\$87.50 min/\$175 max co-pay) • 40% Non-Formulary Brand (\$125 min/\$250 max co-pay) 	
Mental Health Services				
Inpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient	\$25 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%

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
Alcohol/Drug Abuse Services				
Inpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient	\$25 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Other Services				
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.			
Family Planning				
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.

Medical Insurance Options continued



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 expenses down. Remember that the Aetna Health and Benefits Professional can help you decide which plan is best for you.

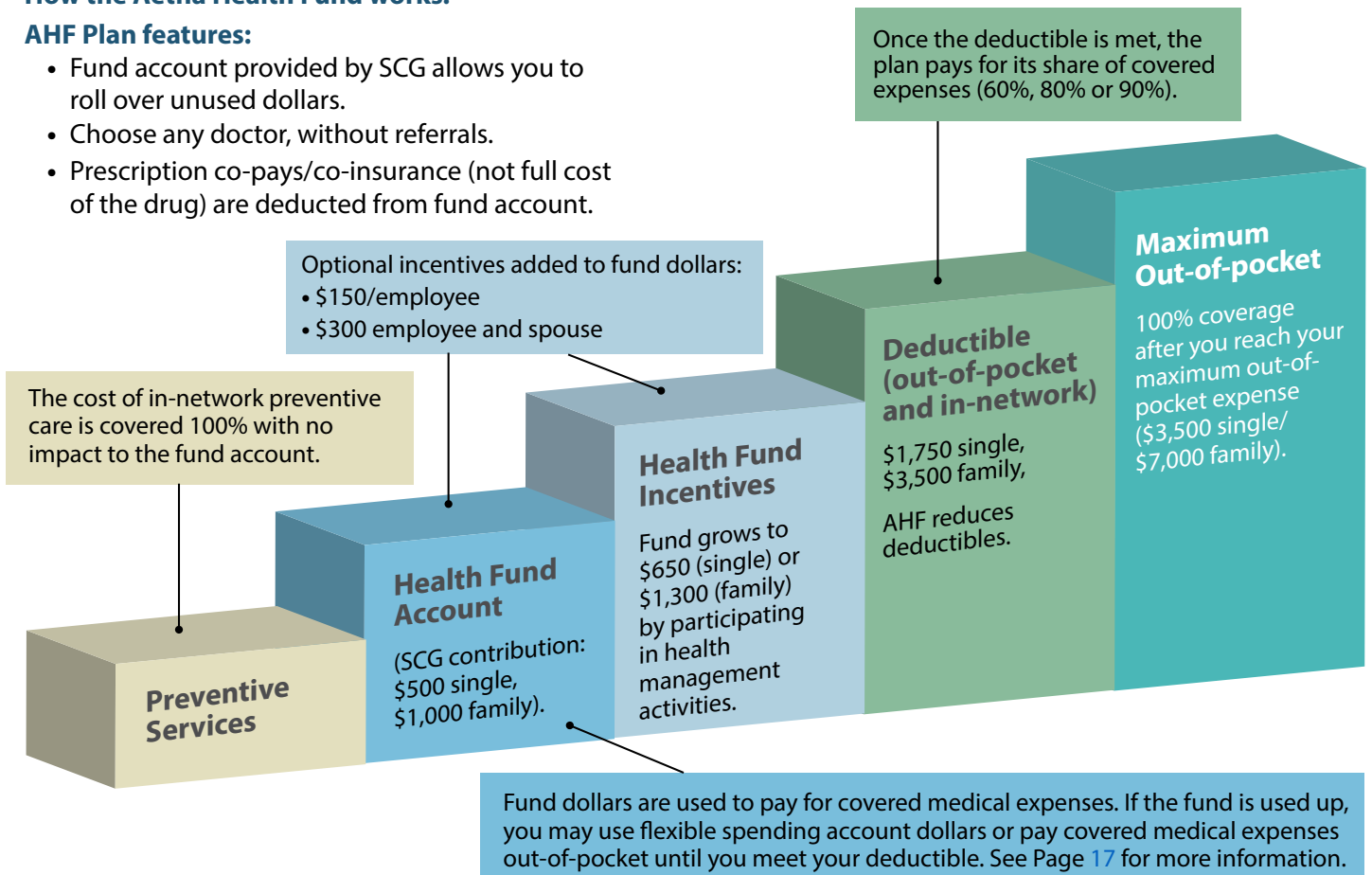
Medical coverage elsewhere?

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 and 24 for additional information about when you can change your benefits.

How the Aetna Health Fund works.

AHF Plan features:

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



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. See Page 19 for additional information about long-term disability coverage.

Benefit Tip

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

Medical Premiums

How to reduce your premiums

Sarasota County offers a program that helps you stay healthier and reduces your medical insurance premium, annually, by \$390 to \$1,700. Find complete details starting on Page 12.

**Premiums shown will be in addition to the premiums at right and will be deducted from the employee's earnings after tax. (Dependents age 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
Employee	\$49.09	\$35.54
Employee and Child (Children)	\$229.85	\$166.42
Employee and Spouse	\$269.98	\$195.48
Family	\$328.88	\$238.13
*Dependents age 26-30	\$327.24	\$236.96



Prescription Coverage Aetna

Prescription coverage is provided by Aetna. You may obtain a 30-day supply and some 90-day supplies at any retail pharmacy. Aetna also offers a mail-order program.

Prescription Coverage for POS II and AHF

Get your prescription filled at	Your responsibility
Network Pharmacy (30-day supply)	<ul style="list-style-type: none"> • Generic \$9 • Brand Formulary: 20% co-insurance (\$35 Minimum and \$70 Maximum) • Brand Non-formulary: 40% co-insurance (\$50 Minimum and \$100 Maximum)
Maintenance medications can be filled through CVS Mail Order or any participating pharmacy (31-90 day supply).	<ul style="list-style-type: none"> • Generic \$22.50 • Brand Formulary: 20% co-insurance (\$87.50 Minimum and \$175 Maximum) • Brand Non-formulary: 40% co-insurance (\$125 Minimum and \$250 Maximum)

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 card to ensure the claim is added to your prescription record.



2024 Medical Insurance Premium Reductions

Requirements for the 2024 Medical Insurance Premium Reduction Program

These requirements cover the compliance period from Oct. 1, 2022, to Sept. 30, 2023. All members and spouses covered under the county's medical plans must have completed each requirement that pertains to them before Sept. 30, 2023, in order to qualify for the 2024 medical insurance premium reduction program.

2023 Premium Reduction amounts:

- Single coverage-\$15 reduction per pay period.
- Family coverage tiers-20% reduction per pay period.

How do you know if you've met all the requirements?

Log on to the [Aetna Member Portal](https://www.aetna.com) at [Aetna.com](https://www.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 ahbp@aetna.com if you have questions.

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, 2022)

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

Females between the ages of 21-65 (as of Oct. 1, 2022)

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 the [Aetna Member Portal](https://www.aetna.com) at ahbp@aetna.com to confirm your compliance.

Females between the ages of 50-74 (as of Oct. 1, 2022)

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 the [Aetna Member Portal](https://www.aetna.com) at ahbp@aetna.com to confirm your compliance.

New hires in 2023

Employees hired by Sept. 30, 2023, may qualify for the 2024 reduction if they are able to verify that they have met all of the requirements above prior to Sept. 30, 2023. Be prepared to provide dates and locations of exams and labs for verification. Employees hired after Sept. 30, 2023, are not eligible for the 2024 premium reduction.

Requirements for new spouses

Employees who are married prior to Sept. 30, 2023, 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, 2023.

Employees who are married after Sept. 30, 2023, and add their spouse to the medical plan may continue to earn the single coverage premium reduction of \$15 per pay period for 2024 if they were previously eligible for it. They will not be eligible for any additional discount for their spouse.

New hires and new spouses should contact the health and benefits professional at ahbp@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, 2022).	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, 2022).	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, 2022).	Every three years	Claim submitted by physician to Aetna.

WHAT IS A 100% COVERED BENEFIT?

These are preventive exams or vaccinations provided at no cost, some annually and some at longer intervals. No co-pay is required:

- 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) (annually, after age 65).
- Pediatric physical (once every 12 months, more frequently for three years or younger).
- Pneumonia vaccine (two doses).
- Shingles vaccine (once, 50 years or older).
- Tetanus (Tdap or TD).



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 reward credits can my spouse and I earn? (\$150/year)

The more you earn, the more you save:

- Employees and covered spouses may each accumulate \$150 per year.
- Reward credits not used towards the 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 a Health and Benefits Professional annually at ahbp@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.
- 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.

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 to submit a Dental Exam Reward Credit form. For preventative codes visit scgov.net. 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 Aetna vision plan, the reward credit will be automatically credited to your Aetna incentive balance within approximately 60 days after your exam. If you obtain an eye exam that is outside of your Aetna vision insurance it will require that you submit a Medical Reward Credit Form. Form located at scgov.net (keywords HR Forms) or contact askbenefits@scgov.net.

How do I check my reward credit incentive balance?

Log onto your personal [Aetna Member Portal](#) to view your medical, dental and vision claims as well as your medical reward credit balance.

Who do I contact if I am missing reward credits?

Call Aetna member services at 1-877-432-7733 or email ahbp@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.



Dental Insurance

Aetna

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.

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

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 Plan 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.

Aetna Dental Premiums (per pay period)

	PPO	DMO
Employee	\$0	\$0
Employee and Child (Children)	\$19.79	\$5.69
Employee and Spouse	\$19.79	\$5.67
Family	\$26.39	\$9.56

Deductibles, Maximums and Co-pays

	PPO	DMO
Preventive Care	100% covered (if you have not met the \$1,750 annual maximum benefit)	100% covered
Deductible	\$50	\$0
Basic	90% or 80% after deductible	Co-pay system based on procedure
Major	60% or 50% after deductible	Co-pay system based on procedure
Comprehensive Orthodontia	\$1,750 Lifetime Benefit	\$2,250-\$2,350
Annual Maximum	\$1,750	No Limit



Vision Insurance

Aetna Vision Preferred

Neither of Sarasota County's medical plan covers routine vision exams. Sarasota County offers Aetna Vision Preferred, which offers vision exams and glasses with co-pay.

Aetna Vision Preferred Plan

The Aetna Vision Preferred 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.

Premiums (per pay) – Aetna Vision Preferred	
Employee	\$2.69
Employee and Child (Children)	\$5.18
Employee and Spouse	\$5.28
Full Family	\$9.16

Aetna Vision Preferred Plan Costs			
Coverage	In-network Benefits	*Out-of-network Reimbursement	Benefit Frequency
Comprehensive eye exam with dilation	\$10 co-pay	Reimbursed up to \$33 (less applicable co-pay)	Once every 12 months
Eyeglass lenses (standard plastic)	\$15 co-pay includes: <ul style="list-style-type: none"> • Single • Bifocal • Trifocal • Lenticular 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"> • Single up to \$28 • Bifocal up to \$40 • Trifocal up to \$53 • Lenticular up to \$84 • Standard Progressive \$53 No out-of-pocket reimbursement for adult polycarbonate or photochromic lenses; Children up to 19 years of age have a \$15 reimbursement for polycarbonate.	Once every 12 months
Eyeglass frames	\$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).	\$93 reimbursement	Once every 24 months
Contact lens exam	Member pays discounted fee up to \$40.	No reimbursement	Once every 12 months
Contact lenses (in lieu of eyeglasses)** (conventional/disposable)	\$175 Allowance; Additional 15% off balance over the allowance.	\$100 Reimbursement	Once every 12 months
Contact lenses (in lieu of eyeglasses)** (medically necessary)	\$0 Copay	\$210 Reimbursement	Once every 12 months
Laser Vision Correction (LASIK)	15% discount off retail or 5% discount off the promotional price.	No reimbursement	
* Submit member out-of-network reimbursement form and copy of paid receipt to Aetna Vision Preferred.			
** This benefit is paid only once during the group's benefit period and must be fully utilized at the time of purchase.			



Flexible Spending Accounts

PayFlex

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 (12 years of age or younger) receiving day-care 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 are not used during a calendar year.

Dependent care flexible spending accounts are capped at \$5,000 annually. 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.

Medical Flexible Spending Account

Members that elect the medical FSA and are enrolled in any Aetna benefit (medical, pharmacy, dental or vision) will automatically be reimbursed, whereas members that elect the FSA account and are not enrolled in any of the Aetna benefits, will be required to pay for services out of pocket and submit their receipts to PayFlex for reimbursement. To submit receipts, you can download the PayFlex app or go to payflex.com. For more information, please call 888-678-8242.

As of Nov. 10, 2021, the Internal Revenue Service (IRS) increased the pre-tax contribution limit to \$2,850 per year. Sarasota County matches 5% of the employee's contribution into their Medical Flexible Spending Account.

Special Notice to Employees with Spouses

The IRS has special rules that govern tax-free contributions into if your spouse has a Health Savings Account an 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.

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 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.
- You must incur all claims in the calendar year (Jan. 1, 2023, through Dec. 31, 2023).
- 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, 2024.

Here is how 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
Annual Pay	\$65,000	\$65,000
FSA Contribution	\$0	\$7,000
Taxable income (W-2 earnings)	\$65,000	\$58,000
Federal income tax (25% bracket)	\$16,250	\$14,500
Social Security and Medicare	\$4,972	\$4,437
Total Taxes	\$21,222	\$18,937
After tax expenses	\$7,000	\$0
Net spendable income	\$36,778	\$39,063
Increase in spendable income		\$2,285



Life Insurance The Hartford

Sarasota County Provides Basic Life Insurance at no cost to you. Basic life insurance provided by The Hartford 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 \$250,000.00

	For You	For Your Covered Spouse	For Your Children
County-paid coverage	1X-3X your salary depending on your employment status.		
Additional amount you may purchase	1X or 2X your annual salary.	\$5,000 Policy \$10,000 Policy	\$200 under six months \$2,000 six months to 26
What it will cost you	See enrollment system for age-rated premium.	\$.78 for \$5,000 Policy \$1.39 for \$10,000 Policy	\$.78 to include dependent child coverage.



Universal Life Insurance Allstate

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.





Short-Term & Long-Term Disability The Hartford



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

- Short-term disability coverage that replaces 70% of your weekly earnings, 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. In addition, it is not available to the members of the IAFF due to bargaining agreements.
- 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 and then select Insurance-Life and Disability.



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 five 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 or visit allstateatwork.com/SarasotaCountyGov for additional details.





Cancer Insurance

Allstate Group

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.



Identity Theft Insurance

Allstate Identity Protection

Allstate Identity Protection delivers identity, financial, and privacy protection products and services to help fight evolving online threats. They combine unparalleled research network with big data analysis, actionable intelligence, and the best in personalized service to meet your dynamic security needs.

With the Allstate Identity Protection AIP Pro+ plan, features include credit monitoring and alerts, enhanced identity monitoring, family digital safety tools, social media monitoring, lost wallet protection, digital identity report through Allstate Digital Footprint™, highly trained in-house experts to fully

restore compromised identities, a \$1,000,000 identity theft reimbursement policy including reimbursements for 401k/HSA fraud, deceased family member fraud, home title fraud, stolen wallet emergency cash, professional fraud expense, stolen funds, and stolen tax refund advance, along with guidance on how to limit exposure to fraud and resource centers like Unemployment Fraud Center and Elder Fraud Center.

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).



Legal Plan Preferred Legal

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 or email info@preferredlegal.com.



Employee Assistance Program-EAP Resources for Living

Resources for Living helps employees and their dependents with personal issues.

The program offers:

- Expansive network of providers.
- 24/7 access (call-in).
- Unlimited issues (six sessions/issue) available to anyone in the household including children up to 26 whether they live at home or not.
- Robust website with videos, articles, assessments and more.
- Talkspace—A mobile app with in-the-moment assistance via text.
- Full or part-time; private, confidential sessions with high-quality providers.

How do I connect?

Connect and work with a counselor anytime and just about anywhere.

Four Easy Steps

1. Call 1-888-238-6232 or visit resourcesforliving.com.
 - a. Username: sarasota
 - b. Password: eap
2. Complete a short questionnaire.
3. Choose a therapist.
4. Connect with a counselor in-person, virtually (televideo) or with text.





Wellness Resources

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

Heartmath and other Stress Reduction Programs

HeartMath uses research regarding the heart-brain connection to help you transform stress and make good decisions under pressure. Studies show that people who have gone through the program sleep better, have decreased anxiety and physical symptoms, enjoy improved relationships and increase overall well-being. Contact Polly Pitchford at ppitchford@scgov.net or 813-924-1834 for HeartMath and other stress reduction options.

Diabetes Educator

The nationally accredited Diabetes Education and Lifestyle Improvement (D.E.L.I.) Program offers free diabetes education and support, free qualified diabetes medications, supplies, including both insulin pump and continuous glucose meter supplies, to employees, spouses and dependents covered on one of Sarasota County's Medical Plans. Contact Liz Lawhon RN, BSN, CDCES at 941-861-5239 or elawhon@scgov.net to enroll!

REST Program

The Restoring Employee Sleep-Time (REST) Program offers assistance to reverse (even long-term) Insomnia and get treatment for Sleep Apnea to help you get the high-quality sleep you need. Contact Angela Deem at adeem@scgov.net or 941-650-9908 to begin.

Movement Coaches and On-site Exercise Classes

Work with a Personal Movement Coach or join your fellow coworkers for fun and exciting on-site exercise classes like Strength and Toning, Yoga and many more. Contact Polly Pitchford at ppitchford@scgov.net to get started.

Note: While exercise classes are to be attended during personal time, wellness education classes do not have the same requirement for BOCC employees. Constitutional offices may have a different requirement; please check with your Human Resources office.

Fitness centers are available to employees and spouses. Access is 24/7 at some locations. [Click here for a Gym Access Request.](#)

Locations are:

- **Administration Center**–1660 Ringling Blvd., Sarasota. Fifth floor.
- **SCAT Transit**–5303 Pinkney Ave., Sarasota.
- **BOB**–1001 Sarasota Center Blvd., Sarasota.
- **Employee Health Center**–1301 Cattlemen Rd., Sarasota. Building B.
- **Public Safety Building**–4531 S.R. 776, Venice.

EVE (Employee Virtual Experience)-A portal to virtual, on-demand and live wellness programs.

- Cooking Classes
- Brain Health Video Series
- The "Behavior Change That Sticks" Video Program
- Nutrition Tips
- Mindfulness
- Health & Benefit Highlights
- Calendar of Classes with Links (Live and Virtual)
- Financial Health Classes
- Fitness Classes
- Postural Stretch and Strength videos

[Click here to go the EVE page.](#)

Additional Free Wellness Resources for Employees

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

For more details about the above benefits on the Employee Health and Benefits website [visit scgov.net](http://visit.scgov.net).



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 benefits 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 2 (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 a 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 a 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 first of the following month.



Log on to  **workday.** to make changes.

Dealing with Life Events continued



Birth, Adoption and Dependent coverage

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 2 (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 benefits 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.

Aetna's Beginning Right Maternity Program

Services and educational materials to help from the moment you begin planning a pregnancy to after your baby is born. To enroll, contact Aetna toll-free at 800-272-3531.



Retirement Planning

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.

Sarasota County offers 457 retirement savings plans through Nationwide.

Employees may schedule an appointment with a Nationwide local retirement specialist to discuss deferred compensation questions, enroll in the plan or receive a personalized account review. Call Jessica Rosen at 239-224-3494, email Jessica.Rosen@nationwide.com or login to <https://bit.ly/Sarasota457> to schedule a 1:1 appointment.

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 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 benefits programs.

Aetna Choice 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: 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 Member Portal: An online resource for personalized health information. Available 24 hours a day, seven days a week at aetna.com. Aetna Member Portal allows subscribers to find health care professionals, request a member ID card and track claims and health and wellness information.

Aetna's Find Care and Pricing: An online directory of physicians, optometrists, facilities and network providers (who offer lower co-pay or co-insurance) at aetna.com.

Aetna Vision Preferred: The Aetna Vision Preferred 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.

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.

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: This allows you to 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 aetna.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.

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 Aetna. 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.

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 referred to as 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.

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 referred to as 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 12 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 2023, 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.

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 (KARE) to confirm coverage.

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

Mission

Exceptional resources dedicated to providing premiere services to enhance the quality of life, health and culture of our employees and their families.



Vision

To cultivate the healthiest workforce by pledging unparalleled programs that empower all to thrive.

Providers and Resources Contact Information

Vendor	Phone Number	Website
Aetna Vision Preferred	1-877-973-3238	aetna.com
Aetna Dental Services	877-238-6200	aetna.com
Aetna Medical Member Services	1-877-432-7733	aetna.com
Aetna Pharmacy Services	1-877-432-7733 (option 4)	aetna.com
Allstate Identity Protection	1-800-789-2720	www.myaip.com
Allstate -Universal Life, Cancer and Accident	1-800-521-3535	allstateatwork.com/SarasotaCountyGov
Nationwide Retirement Solutions	239-224-3494	scgov457.com
Payflex Flexible Spending Accounts	1-888-678-8242	payflex.com
Preferred Legal Plan	1-888-577-3476	preferredlegal.com
Resources for Living-Employee Assistance Program	888-238-6232	resourcesforliving.com/login
The Hartford	1-888-301-5615	TheHartford.com/mybenefits

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 (KARE)		AHBP@aetna.com
Occupational Health and Wellness Center	941-861-6833	941-861-6835	