

2014

Leon County Benefit Booklet



**Board of County Commissioners
Clerk of Courts
Supervisor of Elections**

Board of County Commissioners
Clerk of Courts
Supervisor of Elections

Welcome to your Employee Benefits!

This Benefit Booklet describes the many benefits that are available to you as an eligible Leon County employee. These benefits are an important part of your compensation package. You are encouraged to read this booklet, which provides a brief summary of your benefits. Keep this Benefits Booklet for reference throughout the year. Should you have any questions concerning the benefits or eligibility described in this booklet, refer to the insurance certificates, policies, or other benefit brochures provided to you.

If you have further questions, please contact your Human Resources office:

Board of County Commissioners at 606-2400

Supervisor of Elections at 606-8613

Clerk of Courts at 577-4230

TABLE OF CONTENTS

Benefits Summary	4-6
Service Directory	7
Employee Payroll Premiums	8
Value Based Design Program	9
Medical Insurance Contribution Changes	10
Health Insurance Stipend	11
Medical Insurance	12-40
Health Care Reform	41-42
Dental Insurance	43-45
Vision Insurance	46
Term Life Insurance	47-48
Long Term Disability	49-50
Legal Services	51-53
AFLAC Supplemental Insurance	54-55
Colonial Supplemental Insurance	56-57
Deferred Compensation & County Match Retirement Savings Program	58-61
Florida Retirement System Resources	62-63
FRS Plan Comparison Charts	64-65

Benefits Summary

Eligibility for Employee Benefits January 1, 2014

Full-Time Employees

- All regular full-time employees may participate in the Benefit Plans that are offered by Leon County.

Part-Time Employees

- Part-time employees who are regularly scheduled to work 30 or more hours per week are eligible to participate in Medical Insurance.
- Part-time employees who are not regularly scheduled to work 30 or more hours per week may be offered Medical Insurance Coverage if they have worked an average of at least 130 hours per month during a 12 month Measurement Period.
- Part-time employees who are regularly scheduled to work 20 hours or more per week may participate in Dental, Vision, Flexible Spending Accounts, ARAG Legal, AFLAC, Colonial, Deferred Compensation and the Match Retirement Savings Plan.

OPS & PRN Employees

- OPS or PRN employees who are not regularly scheduled to work 30 hours or more hours per week may be offered Medical Insurance Coverage if they have worked an average of at least 130 hours per month during a 12 month Measurement Period.
- Any OPS or PRN employee may participate in the Deferred Compensation Program.

Pre-Tax Advantage:

Medical, dental & vision premiums deducted from your pay can be made from pre-tax dollars. This means that the premiums deducted from your paycheck are before Federal taxes and Social Security taxes are withheld. That's a tax savings for you. Pre-tax payments allowed under the IRS regulations do not allow you to change your coverage during the year except for certain change in status events.

Benefit Options

Medical

- You can choose to participate in Capital Health Plan or Florida Blue (formerly Blue Cross Blue Shield).
- If you are a regular full time employee, you can also choose to Opt-Out of medical insurance coverage if you can provide proof that you have medical insurance coverage elsewhere. You can receive \$300 per month in a payment for opting out of coverage. This is taxable income to you. If a husband & wife both work for Leon County, they are not eligible for the Opt-Out Program. Employees must provide written proof of other medical coverage within 30 days of employment in order to participate.
- New employees wishing to enroll in medical insurance must submit an enrollment application within 30 days of employment. It may be necessary to contact the physician's office before making your selection in Florida Blue & CHP to determine if the physician is accepting new patients.

Dental

- We offer a wide variety of dental plan choices. Each plan has different co-payments, services and providers. You should closely review these plans to determine which one will best fit the needs of you and your family.

Vision

- This plan provides for coverage for eye exams, glasses, lenses & frames. You can choose to have your eye care provided by a Network Doctor (which provides you the least out-of-pocket expenses) or a Non-Network Doctor.

Group Term Life Insurance

Basic Life

- Leon County pays for basic term life insurance coverage in an amount equal to your annual salary if you are a Career Service or Executive Support Employee or an amount of two times your annual salary if you are in Executive or Senior Management.

Supplemental Life

- You can purchase additional life insurance in the amount of two times your annual earnings if you are a Career Service or Executive Support Employee or one times your annual salary if you are in Executive or Senior Management.
- You will need to complete an "Evidence of Insurability" form & approval is subject to the underwriting requirements of the insurance company. You could be declined coverage.

Dependent Life

- You can apply for coverage for your spouse and/or dependent children
- You can choose from the following coverage amounts:
Spouse: \$20,000 \$10,000 \$5,000
Children: \$ 5,000 \$ 2,500 \$1,500
- You will need to complete an "Evidence of Insurability" form & approval is subject to the underwriting requirements of the insurance company. Your spouse &/or children could be declined coverage.

Long Term Disability Insurance (Leon County Board of County Commissioners, Supervisor of Elections and Clerk of Courts)

- You can apply for coverage that could pay you 60% of pay up to age 70 + after you have been disabled for 90 or 180 days.
- You will need to complete an "Evidence of Insurability" form and approval is subject to the underwriting requirements of the insurance company. You could be declined coverage.

Flexible Reimbursement Accounts

- You can choose to participate in this program which allows you to pay for certain health care & dependent care expenses through payroll deduction with pre-tax dollars.
- You can contribute a maximum of \$2,500 to the health care account and \$5,000 to the dependent care account.

Voluntary Plans

- Opportunity to participate in ARAG-Legal Plan which provides coverage for legal services that you may need.
- Opportunity to apply for coverage with AFLAC or Colonial Life which provides insurance coverage for: Cancer, Intensive Care, Accident, Disability & Hospital Indemnity. You may need to provide “Evidence of Insurability” & approval of your application is subject to the underwriting requirements of the Insurance Company. You could be declined coverage.
- Opportunity to enroll in limited additional Life Insurance with Reliance Standard Life without Evidence of Insurability.

Retirement (Contact Human Resources for information)

- Automatic participation in the Florida Retirement System. A 3% employee contribution is required. You can choose to participate in the Pension Plan or the Investment Plan.
- Opportunity for you to save for retirement through payroll deduction with pre-tax dollars in Deferred Compensation Plans through VALIC, ICMA or NACO. You can choose to participate any time during the year.
- Opportunity to participate in the Match Retirement Savings Program for employees earning less than \$50,000 base annual salary.

Other Benefits Available (Contact Human Resources for information)

- Sick Leave Pool (BOCC)
- Tuition Assistance
- Employee Assistance Program (EAP) and Mediation Program (BOCC & Clerk)
- Florida PrePaid College Savings Program
- Annual & Sick Leave Accruals
- Volunteer Service-Project Lead (BOCC)
- Parking (Cost deducted Pre-Tax)

Service Directory

For all service related issues please call:

Brown & Brown, Inc
3520 Thomasville Rd. Suite 500
Tallahassee, FL 32309
850.656.3747

HUMAN RESOURCES	
Board Of County Commissions	850.606.2400
Supervisor of Elections	850.606.8613
Clerk Of Court	850.577.4230
MEDICAL	
Capital Health Plan	850.383.3311
Florida Blue (formerly Blue Cross Blue Shield)	1.800.352.2583
DENTAL	
Guardian	1.800.541.7846
VISION	
Advantica	1.866.425.2323
TERM LIFE INSURANCE	
Florida Combined Life	1.800.333.3256
Reliance Standard Life	1.800.644.1103
THE STANDARD LONG TERM DISABILITY	
Michael J. Milton North Florida Insurance Service, Inc. 4356 Lafayette St. Marianna, FL 32446	1.800.652.5032
LEGAL	
ARAG Group	1.800.523.5299
SUPPLEMENTAL PRODUCTS	
AFLAC	850.224.2204 Local Office 850.339.8463 Local Cell 800.992.3522 World Wide Headquarters
Colonial Life	850.519.2599 800.325.4368
FLEXIBLE SPENDING ACCOUNT, MEDICAL REIMBURSEMENT ACCOUNT, DEPENDENT DAYCARE	
Fringe Benefits Management Company, a Division of WageWorks 3101 Sessions Road Tallahassee, FL 32303 Customer Service:	800.342.8017

2014 EMPLOYEE CONTRIBUTIONS PER BI-WEEKLY PAY CHECK

Your employee contributions are deducted from your paycheck 24 times per year. The rates below reflect what you would pay for your benefits each paycheck.

	Employee	Coverage Type Employee + 1 Dependent	Family
MEDICAL PLANS			
Capital Health Plan & Florida Blue			
Standard Contribution	\$40.00	\$97.55	\$160.02
Value Based Contribution	\$33.34	\$83.61	\$142.24

Overage Dependents – Ages 26-30

-Capital Health Plan \$587.92 per dependent added to your plan
-BCBS-PPO Plan The same as the group rate above. If you add an overage dependent and it causes your plan to change tiers e.g. Employee to Employee +1,etc. you will be charged the new tier rate. The value of the coverage will also be added to your taxable gross as imputed earnings.

Domestic Partner The same as the group rate above. If you add a domestic partner and it causes your plan to change tiers e.g. Employee to Employee +1,etc. you will be charged the new tier rate. The value of the coverage will also be added to your taxable gross as imputed earnings.

Spouses If both spouses are employed by Leon County Government (Board or Constitutional Offices) then no employee contribution is required.

GUARDIAN DENTAL		OPTIONS	
Split Value-Option 1	\$11.05	\$21.07	\$38.03
Value-Option 2	\$15.78	\$34.17	\$58.40
Network Access-Option 3	\$15.78	\$34.17	\$58.40
ADVANTICA EYECARE	\$2.86	\$5.72	\$8.12

FLORIDA COMBINED: SUPPLEMENTAL TERM LIFE INSURANCE: \$0.56 cents per thousand dollars of coverage
DEPENDENT LIFE INSURANCE **COVERAGE**

Spouse	Children	Premium
\$20,000	\$5,000	\$4.13
\$10,000	\$2,500	\$2.08
\$ 5,000	\$1,500	\$1.14

STANDARD LONG TERM DISABILITY	Age Band	90 Day Rate	180 Day Rate
Rates based on Age & \$100 of Pay	Under 25	\$0.16	\$0.11
	25-29	\$0.21	\$0.13
	30-34	\$0.33	\$0.23
	35-39	\$0.47	\$0.36
	40-44	\$0.62	\$0.51
	45-49	\$0.85	\$0.67
	50-54	\$1.20	\$0.95
	55-59	\$1.51	\$1.24
	60-64	\$1.50	\$1.28
	65 -69	\$1.85	\$1.32
	70 +	\$3.21	\$2.61

ARAG LEGAL PLAN: \$9.75

AFLAC & Colonial Voluntary Plans: Rates are based on the type of Plan. Contact the AFLAC & Colonial Rep for plans and rates.

Reliance Life Insurance: Please contact a Brown & Brown Rep. for information on Reliance Standard Life

Leon County Value Based Program (VBD)

Definition:

Value Based Design (VBD) is an employer-driven benefit strategy that builds employee incentives into the benefit design and healthcare premium contributions structure to encourage employees to use specific high value services or to adopt or maintain healthy behaviors. For Leon County, the proposed VBD Program would gradually integrate the Wellness Program into the Health Insurance Program by offering discounted premium contributions for employee participation.

Objective:

The primary objective of the program is to slow down the acceleration of employer costs while improving employee health. This is accomplished by encouraging participation in Wellness programs and offering discounts and incentives that are tied to the Health Insurance Program.

Eligibility:

The VBD Program premium incentive will be offered to Board and Constitutional Office employees voluntarily participating in Wellness Program activities with the following eligibility criteria:

- a. The Wellness Program is a voluntary program for all employees.
- b. All employees will be able to participate in the Wellness Program.
- c. The VBD health insurance premium incentive will only be provided to benefits eligible employees who are enrolled in CHP or Florida Blue (BCBS). These employees will be offered a lower employee contribution rate on Health Insurance premiums if they participate in Wellness Program activities and screenings (ex. Health Risk assessment, My Rewards Program and other programs and activities offered by the Wellness Program).
- d. Employees currently enrolled in the health insurance Spousal Program or Opt-Out program will not be eligible for the VBD premium incentive, however, these employees may participate in the Wellness Program.

The table below shows the various 2014 employee contribution percentages and monthly premium with and without participation in the VDB Program:

2014 Employee Monthly Premium (Health Insurance)

Category	Board Established Contribution Strategy No VBD Participation		Value Based Design (VBD) Contribution Strategy With VBD Participation		Monthly Savings with VBD Participation
	Cont. %	EE	Cont. %	EE	
Single	85/15	\$80.00	87.5/12.5	\$66.68	(\$13.32)
EE+1	82.5/17.5	\$195.10	85/15	\$167.22	(\$27.88)
Family	77.5/22.5	\$320.04	80/20	\$284.48	(\$35.56)

Effective January 1, 2014, a monthly Health Insurance Stipend will be provided to current employees with dependent health insurance coverage (EE+1 and Family). The stipend is designed to off-set the 2014 increase in the contribution strategy for dependent coverage. Employees with single coverage are not eligible for the stipend since they will not have an increase in their contribution strategy. New hires and rehires with coverage effective after Jan 1, 2014 will not be eligible for the Health Insurance Stipend.

Medical Insurance Employee Contribution Changes

The following chart reflects the Employer & Employee Monthly Contribution Rates for the Board Established Standard Contribution and the Value Based Contribution

Employer/Employee Monthly Premium Costs

Category	Board Established Standard Contribution			Category	Value Based Benefit Design (VBD)		
	ER	EE	Total		ER	EE	Total
Single (85%/15%)	\$453.36	\$80.00	\$533.36	Single (87.5%/12.5%)	\$466.69	\$66.68	\$533.36
EE+1 (82.5%/17.5%)	\$919.73	\$195.10	1,114.83	EE+1 (85%/15%)	\$947.61	\$167.22	\$1,114.83
Family (77.5%/22.5%)	\$1,102.34	\$320.04	1,422.38	Family (80%/20%)	\$1,137.90	\$284.48	\$1,422.38

The following chart shows how much an employee can save in contributions by participating in the Value Based option:

Monthly/Annual Premium Savings

Employee Savings (VBD)		
Category	Monthly	Annual
Single	\$13.32	\$159.84
EE+1	\$27.88	\$334.56
Family	\$35.56	\$426.72

The following chart reflects the employee contribution increase over calendar year 2013:
Employee Monthly Premium and Fiscal Impact

	Board Established Standard Contribution			Value Based Design (VBD)		
	Contribution Percentage	Monthly Employee Amount	Increase Over 2013 Premium	Contribution Percentage	Monthly Employee Amount	Increase Over 2013 Premium
Single	85%/15%	\$80.00	\$2.90	87.5%/12.5%	\$66.68	\$2.44
EE + 1	82.5%/17.5%	\$195.10	\$35.40	85%/15%	\$167.22	\$34.12
Family	77.5%/22.5%	\$320.04	\$115.57	80%/20%	\$284.48	\$114.18

Employee Eligibility for Health Insurance Stipend-January 1, 2014

Who Is Eligible for the Health Insurance Stipend?

A current employee must be employed on 1/1/2014 and have health insurance coverage in order to be eligible for the stipend.

New hires and Rehires as of 1/1/2014 are not eligible.

What is the Dollar Amount of the Health Insurance Stipend?

The dollar amount of the stipend depends on whether the employee has Employee + 1 Coverage or Family Coverage

Value of the Stipend: Employee + 1 Coverage=\$13.93/pay Family Coverage=\$53.34/pay

The Value of the Stipend will not change unless approved by the Board of County Commissioners.

The stipend will be available to the employee throughout their employment with Leon County as long as the employee has Employee + 1 or Family coverage. Employees with Single coverage will not be eligible for the stipend since there was no change in the employee contribution percentage.

What types of Qualifying Event changes and changes during Open Enrollment will affect the value of the stipend?

The dollar value of the stipend will change if the employee makes any of these changes during the year or during Open Enrollment:

- Changing from Family to Employee + 1 Coverage: Stipend changes from \$53.34 to \$13.93/pay
- Changing from Family to Single: Stipend changes from \$53.34 to Stipend Ends
- Changing from Family to Opt-Out: Stipend changes from \$53.34 to Stipend Ends
- Changing from Employee + 1 to Family: Stipend changes from \$13.93 to \$53.34/pay
- Changing from Employee + 1 to Single: Stipend changes from \$13.93 to Stipend Ends
- Changing from Employee + 1 to Opt-Out: Stipend changes from \$13.93 to Stipend Ends
- Changing from Single to Employee + 1: Stipend changes from \$0.00 to \$13.93/pay
- Changing from Single to Family: Stipend changes from \$0.00 to \$53.34/pay
- Changing from Opt-Out to Employee + 1: Not eligible for Stipend after 1/1/14
- Changing from Opt-Out to Family: Not eligible for Stipend after 1/1/14
- Changing from Not Eligible (PRN/OPS, Part time) to Eligible for Employee + 1: Not eligible for Stipend after 1/1/14
- Changing from Not Eligible (PRN/OPS, Part time) to Eligible for Family: Not eligible for Stipend after 1/1/14

MEDICAL INSURANCE



Capital Health
P L A N





Big Bend Choice Selection \$7/ \$30/ \$50 Rx Schedule of Copayments

Benefits	Unit	Your Cost (Copayment)
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours	Per Visit	\$10
Specialty Care: Office visit for services provided by a participating provider when authorized by your primary care physician	Per Visit	\$40
Urgent Care: Office visit for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours	Per Visit	\$25
Preventive Services: Tests, immunizations and services as defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act.	Covered in full	
Chiropractic Care	Per Visit	\$40
Dermatology Care	Per Visit	\$40
Mental health and Substance Use Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention	Per Visit	\$40
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	\$40
Podiatry Care	Per Visit	\$40
Routine eye exams	Per Visit	\$10
Visits for short-term physical/speech or other rehabilitation therapies	Per Visit	\$40
Hospital Services (including maternity care)		
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement	Per Admission	\$250
Outpatient procedures performed in a hospital	Per Visit	\$250
Mental health inpatient hospital care	Per Admission	\$250
Prescriptions		
Outpatient Prescription drugs <i>(Capital Health Plan reserves the right to add, remove or reclassify any prescription drug between tiers at any time. Covered prescription drugs must be medically necessary, prescribed by a medical professional acting within the scope of his/her license, and dispensed by a pharmacist.)</i>	Tier 1 Tier 2 Tier 3	\$7 \$30 \$50



Capital Health
P L A N



An Independent Licensee of the
Blue Cross and Blue Shield Association

Benefits	Unit	Your Cost (Copayment)
Emergency Services		
Emergency room visit	Per Visit	\$250
Medically necessary ambulance service	Per Transport	\$100
Other Health Services		
Home health services	Per Occurrence	\$0
Hospice care	Per Occurrence	\$0
Skilled nursing facility for up to 60 days per admission with subsequent admission available following 180 days from discharge date of the previous admission	Per Confinement	\$0
Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$100
Durable medical equipment	Per Device	\$0
Orthotic and Prosthetic medical appliances	Per Appliance	\$0
Diagnostic Imaging including MRI, PET, and CT Scan	Per Scan	\$100
Outpatient prescription drugs	Covered by endorsement only	
Value Added Features		
CHP Health Information Line, a 24/7 health information and decision support line	Included	
Health Crossroads web modules offering decision support, treatment options and prevention tips about back pain, depression, diabetes, smoking cessation, weight loss, and much more	Included	
Diabetes prevention and weight management program	Included	
CHPConnect: Online resource to help you manage your care	Included	
Fitness Reimbursement - Up to \$150 per year per household for membership at qualified health and fitness centers	Included	
Local fitness center discounts	Included	
Exclusions		
<ul style="list-style-type: none"> • Services not specifically listed in the Covered Services section of Member Handbook • Service, which in our opinion was, or is, not Medically Necessary • Hearing aids and devices • Nonprescription drugs and vitamins • Cosmetic surgery • Custodial care 		
<ul style="list-style-type: none"> • You are responsible for the payment of charges for Health Care Services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Schedule of Copayments. • The maximum amount of copayment required in any calendar year is limited to \$2,000 per member and \$4,500 per family, excluding copayments for prescription drugs. • It is the member's responsibility to retain receipts and to notify and document to the satisfaction of Capital Health Plan that the copayment limit has been reached. After notification, services will be provided with no copayment charge for the remainder of the calendar year. 		


Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Employee or Family | Plan Type: HMO

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes \$2,000 single coverage \$4,500 family coverage	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, prescription drug copayments, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. For a list of participating providers , see www.capitalhealth.com or call 850-383-3311.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u> ?	Some specialists require a referral. For a list of specialists that require a written referral, see www.capitalhealth.com .	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 850-383-3311 or visit us at www.capitalhealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary.

You can view the Glossary at www.capitalhealth.com or call 850-383-3311 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Employee or Family | Plan Type: HMO

-  **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10 / visit	Not Covered	_____none_____
	Specialist visit	\$40 / visit	Not Covered	Prior authorization required for certain specialist visits.
	Other practitioner office visit	\$40 / visit for chiropractor	Not Covered	_____none_____
	Preventive care/screening/immunization	No charge	Not Covered	As defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not Covered	_____none_____
	Imaging (CT/PET scans, MRIs)	\$100 / scan	Not Covered	Prior authorization required for certain imaging services.

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Capital Health : Big Bend Choice Selection \$7/\$30/\$50 Rx Coverage Period: 1/1/2014-12/31/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Employee or Family | Plan Type: HMO

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider		Limitations & Exceptions
		Your Cost If You Use a Participating Provider	Your Cost if You Use a Non-Participating Provider	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at www.capitalhealth.com</p>	Tier 1: Generic drugs	<p>\$7/30-day supply</p> <p>\$21/90-day supply (retail and mail order)</p>	Not Covered	Covers up to a 90-day Tier 1 Generic supply (retail and mail order prescription) for 3 co-pays. If a generic drug is available, and a more expensive brand name drug is dispensed at the request of the member or the prescriber, the member must pay the copayment amount for the brand name drug plus pay the pharmacist 100% of the additional cost for the more expensive brand name prescription drug. Additional rules may apply.
	Tier 2: Preferred brand drugs	<p>\$30/30-day supply</p> <p>\$90/90-day supply mail order</p>	Not Covered	Excluding Preferred Specialty products. Additional rules may apply. See www.capitalhealth.com for more information.
	Tier 3: Non-preferred brand drugs	<p>\$50/30-day supply</p> <p>\$150/90-day supply mail order</p>	Not Covered	See www.capitalhealth.com for more information. Specialty products are limited to a 30-day supply.
<p>If you have outpatient surgery</p>	Facility fee (ambulatory surgery center)	\$100 / visit	Not Covered	Prior authorization may be required.
	Facility fee (hospital)	\$250 / visit	Not Covered	Cost share applies to all outpatient services.
	Physician/surgeon fees	\$40 / visit / provider	Not Covered	
<p>If you need immediate medical attention</p>	Emergency room services	\$250 / visit	\$250 / visit	_____none_____
	Emergency medical transportation	\$100 / transport	\$100 / transport	Covered if medically necessary.
	Urgent care	\$25 / visit	\$25 / visit	_____none_____
<p>If you have a hospital stay</p>	Facility fee (e.g. hospital room)	\$250 / admission	Not Covered	Prior authorization required.
	Physician/surgeon fee	No Charge	Not Covered	_____none_____

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Employee or Family | Plan Type: HMO

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider		Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$40 / visit		Not Covered	Prior authorization required after 15 combined Mental/Behavioral health and Substance use disorder visits.
	Mental/Behavioral health inpatient services	\$250 / admission		Not Covered	Prior authorization required.
	Substance use disorder outpatient services	\$40 / visit		Not Covered	Prior authorization required after 15 combined Mental/Behavioral health and Substance use disorder visits.
	Substance use disorder inpatient services	\$250 / admission		Not Covered	Prior authorization required.
If you are pregnant	Prenatal and postnatal care	\$40 / visit		Not Covered	_____none_____
	Delivery and all inpatient services	\$250 / admission		Not Covered	Prior authorization required.
If you need help recovering or have other special health needs	Home health care	No Charge		Not Covered	Prior authorization required.
	Rehabilitation services	\$40 / visit		Not Covered	Limited to the consecutive 62-day period immediately following the first service date.
	Habilitation services	Not Covered		Not Covered	_____none_____
	Skilled nursing care	No Charge		Not Covered	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.
	Durable medical equipment	No Charge		Not Covered	Prior authorization required for certain devices.
If your child needs dental or eye care	Hospice service	No Charge		Not Covered	Prior authorization required for inpatient services.
	Eye exam	\$10 / visit		Not Covered	_____none_____
	Glasses	Not Covered		Not Covered	_____none_____
	Dental check-up	Not Covered		Not Covered	_____none_____

Questions: Call 850-383-3311 or visit us at www.capitalhealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary.

 You can view the Glossary at www.capitalhealth.com or call 850-383-3311 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Employee or Family | **Plan Type:** HMO

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- | | | |
|-----------------------|-------------------------|--|
| • Acupuncture | • Glasses | • Massage therapy |
| • Bariatric Surgery | • Habilitation services | • Non-emergency care when traveling outside the US |
| • Cosmetic surgery | • Hearing aids | • Private-duty nursing |
| • Dental care (Adult) | • Infertility treatment | • Routine foot care |
| • Dental care (Child) | • Long-term care | • Work-related conditions |

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- | | | |
|---------------------|----------------------------|------------------------|
| • Chiropractic care | • Routine eye care (Adult) | • Weight loss programs |
|---------------------|----------------------------|------------------------|

Questions: Call 850-383-3311 or visit us at www.capitalhealth.com.

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Capital Health : **Big Bend Choice Selection \$7/\$30/\$50 Rx Coverage Period: 1/1/2014-12/31/2014**

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Employee or Family | Plan Type: HMO

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 850-383-3311. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cchio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Capital Health Plan Member Services at 850-383-3311, or contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or contact the Florida Department of Financial Services at 1-877-693-5236, the Agency for Health Care Administration at 1-888-419-3456, or the Federally Administered External Review Program at 1-877-549-8152.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

Questions: Call 850-383-3311 or visit us at www.capitalhealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary.

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Employee or Family | Plan Type: HMO

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,530
- Patient pays \$1,010

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Copays	\$860
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$1,010

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,640
- Patient pays \$760

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$680
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$760

Questions: Call 850-383-3311 or visit us at www.capitalhealth.com.

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You can view the Glossary at www.capitalhealth.com or call 850-383-3311 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Employee or Family | Plan Type: HMO

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✖ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✖ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Questions: Call 850-383-3311 or visit us at www.capitalhealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary.

You can view the Glossary at www.capitalhealth.com or call 850-383-3311 to request a copy.

Can I use Coverage Examples to compare plans?

- ✔ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✔ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.



Health/Fitness Center Reimbursement Form

Subscribers are eligible for reimbursement once per calendar year.
Requests must be made no later than March 31 of the following calendar year.

Section 1—Subscriber Information (as it appears on your CHP ID card)

(Note: The subscriber is the health plan policyholder.)

Subscriber's last name	First name	Middle initial
Address	City	State ZIP
Subscriber's ID # (located on the front of your card)	() Telephone number	

Section 2—Health/Fitness Center Information

Name/Address/Type of facility or activity	Calendar year [†]	Amount requested ^{**}

[†] Calendar year is the 12-month period, beginning January 1 and ending December 31, for which reimbursement is being requested.

^{**} You can request up to \$150 per family per CHP contract.

Section 3—Information for Reimbursement

Please submit each item and check off the boxes below:

- This completed form.
- A copy of any/all applicable health center contracts or agreements. These must show the beginning and ending dates of membership activity and the names of enrolled members.
- Dated original receipts or copies of bank/credit statements showing the charge for membership or classes (original receipts will not be returned). These should reflect the dollar amount you are requesting. CHP will reimburse only for the amount reflected on those receipts/statements up to \$150 per family per CHP contract.

A brochure from the health club or facility may be requested in some instances.

Certification and Authorization (This form must be signed and dated below by the subscriber)

Reimbursement subject to approval by Capital Health Plan. All payments will be made with subscriber's authorization. Subscriber's signature required. Please allow 30 days from receipt for reimbursements.

To the best of my knowledge and belief, my statements in the Health/Fitness Center Reimbursement Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable calendar year and for eligible members. I certify that these expenses have not previously been reimbursed in this or any calendar year.

Subscriber's signature _____ Date _____

Plan features may vary.

Mail completed form to:
Capital Health Plan
Claims Department
P.O. Box 15349
Tallahassee, FL 32317-5349

Keep copies of all documentation before sending in your Health/Fitness Center form.

Health & Fitness Reimbursement - Live Well and Receive Up to \$150 a Year!

CHP members can receive up to \$150 per calendar year (per household) for membership at a qualified health and fitness center during that year. Check here for information on how the program works and to find the forms you need.

Here is how it works:



Reimbursement Requirements

- You must be a CHP member for at least four consecutive months
- **AND** You must be a member of a qualified health and fitness center for at least four consecutive months in a calendar year
- **OR** You must be enrolled in either Weight Watchers or TOPS (Take Off Pounds Sensibly) for at least four consecutive months
 - For more information about the TOPS program, please call 800-932-8677 or visit www.TOPs.org.
- Fitness reimbursement requests may only be filed once per calendar year and must be filed by March 31 of the following year. You must be a current member of CHP at the time CHP receives your request for reimbursement. All reimbursements will be made to the subscriber (the person who holds the CHP policy).
- The Fitness Reimbursement Program reimburses you for payments you have made (up to a maximum of \$150) during the calendar year toward health and fitness center membership for yourself or your covered dependents. **The maximum fitness reimbursement for you and any covered dependents (in other words per household) is \$150 per calendar year.**

- Facilities and/or programs that don't qualify for reimbursement include country or social clubs, spas, gymnastics centers, martial arts studios, tennis facilities, sports teams or leagues, and personal trainers.

Please check with your physician before starting your exercise program.

To obtain your reimbursement just send the following items to CHP at P.O. Box 15349 Tallahassee, FL 32317-5349:

1. A signed and dated [Fitness Reimbursement Form](#) (pdf 113.73 kB) .
2. All applicable receipts, credit card records, cancelled checks, and/or pay stubs that show payment to the health or fitness club.
3. A copy of the health club agreement or contract, showing the name and address of the health club and name of contractee, including beginning and ending dates of membership or class.

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

Questions?

Call CHP Member Services at (850) 383-3311 or TDD (for hearing impaired) (850) 383-3534

BlueOptions
For Large Groups
Health Benefit Plan 03559



An Independent Licensee of the
 Blue Cross and Blue Shield Association

Summary of Benefits for Covered Services

Amount Member Pays

Office Services	
Physician Office Services	
In-Network Family Physician	\$20 Copayment
In-Network Specialist	\$40 Copayment
Out-of-Network Office Visit	DED ¹ + 40% Coinsurance
In-Network e-Office Visit	\$10 Copayment
Out-of-Network e-Office Visit	DED + 40% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	
In-Network	\$150 Copayment
Out-of-Network	DED + 40% Coinsurance
Maternity Initial Visit	
In-Network Specialist	\$40 Copayment
Out-of-Network	DED + 40% Coinsurance
Allergy Injections (per visit)	
In-Network Family Physician	\$10 Copayment
In-Network Specialist	\$10 Copayment
Out-of-Network	DED + 40% Coinsurance
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)	
In-Network Monthly Out-of-Pocket (OOP) Maximum ²	\$200
In-Network Provider	20% Coinsurance
Out-of-Network	DED + 50% Coinsurance
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under your <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.	
Preventive Care	
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	
In-Network	\$0
Out-of-Network	40% Coinsurance
Mammograms	
In-Network and Out-of-Network	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies)	
In-Network and Out-of-Network	\$0
Emergency Medical Care	
Urgent Care Centers	
In-Network	\$45 Copayment
Out-of-Network	DED + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted)	
In-Network and Out-of-Network	\$100 Copayment
Ambulance Services	
In-Network and Out-of-Network	In-Network DED + 20% Coinsurance

¹ DED = Deductible

² In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

BlueOptions

For Large Groups

Health Benefit Plan 03559

Summary of Benefits for Covered Services

Amount Member Pays

Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) In-Network Diagnostic Services (except AIS) In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) Out-of-Network	\$50 Copayment \$150 Copayment DED + 40% Coinsurance
Independent Clinical Lab (e.g. Blood Work) In-Network Out-of-Network	\$0 DED + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	\$200 Copayment / \$300 Copayment DED + 40% Coinsurance
Other Provider Services	
Provider Services at Hospital and ER In-Network and Out-of-Network	In-Network DED + 20% Coinsurance
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network	In-Network DED + 20% Coinsurance
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	DED + 20% Coinsurance DED + 20% Coinsurance DED + 40% Coinsurance
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP³ Max) Outpatient Rehab Therapy Center In-Network Out-of-Network Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network	35 Visits \$40 Copayment DED + 40% Coinsurance \$45 Copayment / \$60 Copayment DED + 40% Coinsurance
Durable Medical Equipment, Prosthetics and Orthotics In-Network Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
Home Health Care (PBP Max) In-Network Out-of-Network	20 Visits DED + 20% Coinsurance DED + 40% Coinsurance
Skilled Nursing Facility (PBP Max) In-Network Out-of-Network	60 days DED + 20% Coinsurance DED + 40% Coinsurance
Hospice In-Network Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
Hospital/Surgical	
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	\$100 Copayment DED + 40% Coinsurance

³ PBP = Per Benefit Period

BlueOptions

For Large Groups

Health Benefit Plan 03559

Summary of Benefits for Covered Services

Amount Member Pays

Hospital/Surgical (Continued)	
Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max) In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 30 days \$600 Copayment / \$1,000 Copayment DED + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 / Option 2) In-Network – All other Services (Option 1 / Option 2) Out-of-Network	\$45 Copayment / \$60 Copayment \$200 Copayment / \$300 Copayment DED + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$100 Copayment
Mental Health/Substance Dependency	
Inpatient Hospital Facility Services (per admit) In-Network (Option 1 and Option 2) Out-of-Network	\$0 40% Coinsurance
Outpatient Hospitalization Facility Service (per visit) In-Network (Option 1 and Option 2) Out-of-Network	\$0 40% Coinsurance
Emergency Room Facility Services (per visit) In-Network and Out-of-Network	\$0
Provider Services at Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 \$0
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 40% Coinsurance
Outpatient Office Visit In-Network Family Physician / Specialist Out-of-Network	\$0 40% Coinsurance
Financial Features	
Deductible (DED) (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (DED is the amount the member is responsible for before Florida Blue pays)	\$500 / \$1,500 \$750 / \$2,250
Coinsurance In-Network Out-of-Network (Coinsurance is the percentage the member pays for services)	20% 40%
Out-of-Pocket Maximum (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,500 / \$5,000 \$5,000 / \$10,000
Total Lifetime Maximum Benefit	No Maximum

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

BlueOptions

For Large Groups

Health Benefit Plan 03559

Additional Benefits and Features

BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them.

An Array of Value-Added Programs and Services

- **Access to valuable health information and resources**, including care decision support, our online provider directory at floridablue.com and other interactive web-based support tools.
- **Expert advice on call.** We encourage you to call our care consultants team at 1-888-476-2227 to find out how much they can help you SAVE. Whether comparing the cost of your medications between local pharmacies or researching the quality and cost of treatment options before you make a decision, we can help you shop for the best value for you and your family.
- Online access to everything about your health benefit plan as well as all of our self-service tools.
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more.*
- BlueOptions members receive a **Member Health Statement** that summarizes your health care activity for the preceding month.

Access to Our Strong Networks

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

Physician Discount

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

* As a courtesy, Florida Blue has an arrangement with a vendor to provide secure online communication between its members and participating physicians as a value-added feature. The written terms of your policy, certificate or benefit booklet determine what is covered.

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

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

For BlueOptions Plans (Mail Order Available)

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

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

See below for your specific plan details.

	In-Network	Out-of-Network	Mail Order (90 days)
Pharmacy Deductible	\$0		
Preferred Generic Prescription Drugs	\$10	50%	\$25
Preferred Brand Name Prescription Drugs	\$30	50%	\$75
Non-Preferred Prescription Drugs	\$50	50%	\$125

Advantages of our Pharmacy Program

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

Save When Purchasing Your Prescription Drugs

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

Generic Prescription Drugs

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

1. The copayment applicable to Brand Name Prescription Drugs; and

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

More Convenient Than Ever

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

1. Your doctor can prescribe a 3-month supply and you can have it filled at select participating retail pharmacies. A 3-month out-of-pocket cost (copay, coinsurance, and/or deductible) applies.
2. For additional savings, fill prescriptions via our mail order program. This program allows covered members taking prescription drugs to receive up to a 3-month supply for one Mail Order Copayment, after Pharmacy Deductible, if applicable. Prescription drugs ordered through this program are provided by Prime Therapeutics® mail order facility, PrimeMail®.

Vaccines at the Pharmacy

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

Contraceptive Coverage

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

Diabetic Supplies

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

Medication Guide

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

Pharmacy Options Affect Your Out-of-Pocket

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

- **Retail Pharmacy Network**

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

- **Specialty Pharmacy Network**

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

- **Non-Participating Pharmacy**

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

- **The National Pharmacy Network**

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

Utilization Management/Responsible Rx Programs

Prior Coverage Authorization

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

Responsible Quantity

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

Responsible Steps

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

Drugs that are Not Covered

Your Pharmacy benefit may not cover select medications. The Medication Guide contains a list of non-covered drugs. Some reasons a medication may not be covered are:

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

Prescription Discounts

With the BlueSaver® prescription savings card program, you will receive special discounted pricing on non-covered prescription medications when you show your BlueSaver ID card at select participating pharmacies. This card provides savings for you or any of your covered family members on medications that are not covered under your BlueScript pharmacy benefit. The BlueSaver savings program is not an insurance product or part of your health benefit plan.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.



BlueOptions 03559
with Rx \$10/\$30/\$50

Coverage Period: 01/01/2014 - 12/31/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual and/or Family | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.floridablue.com or by calling 1-800-352-2583. In the event there is a conflict between this summary and your Florida Blue coverage documents the terms and conditions of the coverage documents will control.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	In-Network: \$500 Per Person/ \$1,500 Family. Out-Of-Network: \$750 Per Person/ \$2,250 Family. Does not apply to In-Network preventive care.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. In-Network: \$2,500 Per Person/ \$5,000 Family. Out-Of-Network: \$5,000 Per Person/ \$10,000 Family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premium, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. For a list of participating providers , see www.floridablue.com or call 1-800-352-2583.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services .

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.floridablue.com or call 1-800-352-2583 to request a copy.

1 of 9

SBCID: 125703



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 Copayment	Deductible + 40% Coinsurance	Additional cost shares may apply for physician administered drugs.
	Specialist visit	\$40 Copayment	Deductible + 40% Coinsurance	Additional cost shares may apply for physician administered drugs.
	Other practitioner office visit	\$40 Copayment	Deductible + 40% Coinsurance	Additional cost shares may apply for physician administered drugs.
	Preventive care/ screening/immunization	No Charge	40% Coinsurance	Additional cost shares may apply for physician administered drugs.
If you have a test	Independent Clinical Laboratory: No Charge	Independent Clinical Laboratory: No Charge		
	Diagnostic test (x-ray, blood work)	Independent Diagnostic Testing Center: \$50 Copayment Outpatient Hospital Option 1: \$200 Copayment Option 2: \$300 Copayment	Deductible + 40% Coinsurance	_____none_____

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.floridablue.com or call 1-800-352-2583 to request a copy.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at www.floridablue.com.</p>	Imaging (CT/PET scans, MRIs)	Physician Office: \$150 Copayment Independent Diagnostic Testing Center: \$150 Copayment Outpatient Hospital Option 1: \$200 Copayment Option 2: \$300 Copayment	Deductible + 40% Coinsurance	Prior authorization may be required.
	Generic drugs	\$10 Copayment per prescription at retail, \$25 Copayment per prescription by mail	50% Coinsurance	Covers up to 30 day supply at retail pharmacy. Covers up to 90 day supply for mail order. Responsible Rx programs such as Prior Authorization, Responsible Steps or Responsible Quantity may apply for each covered drug tier. Additional information can be found in the Medication Guide.
	Preferred brand drugs	\$30 Copayment per prescription at retail, \$75 Copayment per prescription by mail	50% Coinsurance	Covers up to 30 day supply at retail pharmacy. Covers up to 90 day supply for mail order.
	Non-preferred brand drugs	\$50 Copayment per prescription at retail, \$125 Copayment per prescription by mail	50% Coinsurance	Covers up to 30 day supply at retail pharmacy. Covers up to 90 day supply for mail order.
	Specialty drugs	Specialty drugs are subject to the cost share based on applicable drug tier.	Specialty drugs are subject to the cost share based on the applicable drug tier.	Covers up to 30 day supply at retail pharmacy. Specialty Drugs are not available through mail order Out-of-Network.

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.floridablue.com or call 1-800-352-2583 to request a copy.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$100 Copayment Outpatient Hospital Option 1: \$200 Copayment Option 2: \$300 Copayment	Deductible + 40% Coinsurance	_____none_____
	Physician/surgeon fees	Deductible + 20% Coinsurance	Hospital: In-Network Deductible + 20% Coinsurance Ambulatory Surgical Center: Deductible + 40% Coinsurance	_____none_____
If you need immediate medical attention	Emergency room services	\$100 Copayment	\$100 Copayment	_____none_____
	Emergency medical transportation	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	_____none_____
	Urgent care	\$45 Copayment	Deductible + 40% Coinsurance	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	Inpatient Hospital Option 1: \$600 Copayment per admission Option 2: \$1,000 Copayment per admission	Deductible + 40% Coinsurance	Inpatient Rehabilitation Services are limited to 30 days per benefit period.
	Physician/surgeon fee	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	_____none_____
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No Charge	40% Coinsurance	_____none_____
	Mental/Behavioral health inpatient services	No Charge	Physician Services: No Charge Inpatient Hospital: 40% Coinsurance	_____none_____
	Substance use disorder outpatient services	No Charge	40% Coinsurance	_____none_____
	Substance use disorder inpatient services	No Charge	Physician Services: No Charge Inpatient Hospital: 40% Coinsurance	_____none_____

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.floridablue.com or call 1-800-352-2583 to request a copy.

Common Medical Event	Services You May Need	Your cost if you use a			Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	Out-Of-Network Provider	
If you are pregnant	Prenatal and postnatal care	\$40 Copayment	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance	none
	Delivery and all inpatient services	Physician Services: Deductible + 20% Coinsurance Inpatient Hospital Option 1: \$600 Copayment per admission Option 2: \$1,000 Copayment per admission	Physician Services: In-Network Deductible + 20% Coinsurance Inpatient Hospital: Deductible + 40% Coinsurance		none
If you need help recovering or have other special health needs	Home health care	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance	Coverage is limited to 20 visits per benefit period.
	Rehabilitation services	Physician Office: \$40 Copayment Outpatient Rehabilitation Center: \$40 Copayment Outpatient Hospital Option 1: \$45 Copayment Option 2: \$60 Copayment		Deductible + 40% Coinsurance	Coverage is limited to 26 manipulations within 35 visits per benefit period.
	Habilitation services	Not Covered	Not Covered	Not Covered	Not Covered
	Skilled nursing care	Deductible + 20% Coinsurance	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Coverage is limited to 60 days per benefit period.
	Durable medical equipment	Deductible + 20% Coinsurance	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	none
	Hospice service	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance	none
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	Not Covered	Not Covered
	Glasses	Not Covered	Not Covered	Not Covered	Not Covered
	Dental check-up	Not Covered	Not Covered	Not Covered	Not Covered

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com.

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Dental care (Adult) • Habilitation services | <ul style="list-style-type: none"> • Hearing aids • Infertility treatment • Long-term care • Pediatric dental check-up • Pediatric eye exam | <ul style="list-style-type: none"> • Pediatric glasses • Private-duty nursing • Routine eye care (Adult) • Routine foot care unless for treatment of diabetes • Weight loss programs |
|--|--|---|

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care - Coverage limited to 26 manipulations within 35 visits per benefit period.
- Most coverage provided outside the United States. See www.floridablue.com.
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-352-2583. You may also contact your state insurance department at 1-877-693-5236, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

For more information on your rights to a grievance or appeal, contact the insurer at 1-800-352-2583. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or your state insurance department at 1-877-693-5236.

For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236.

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com.

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Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-352-2583.

Tagalog (Tagalog): Kung kailangan niyo ang tulong sa Tagalog tumawag sa 1-800-352-2583.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-352-2583.

Navajo (Dine): Dinek'ehgo shuka at'ohwol ninisingo, kwiijigo holne' 1-800-352-2583.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.floridablue.com or call 1-800-352-2583 to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,640
- Patient pays \$900

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Copays	\$700
Coinsurance	\$0
Limits or exclusions	\$200
Total	\$900

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,250
- Patient pays \$1,150

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$70
Copays	\$1,000
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$1,150

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com.

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.
- If the SBC includes both individual and family coverage tiers, the coverage examples were completed using the per-person deductible and out-of-pocket limit on page 1.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com.

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Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

Highlights of Health Care Reform: From 2010 to the Present

On March 23, 2010, the Patient Protection and Affordable Care Act (PPACA) was signed into law. The law put in place comprehensive health care reforms that are rolled out over several years. This summary reflects the changes that have already taken place as well as what is changing in the near future.

The following changes have already taken effect:

January 1, 2011

- No Lifetime or Annual Dollar Limits on Essential Benefits
 - Provide coverage for Adult Children to age 26
 - Requires plans to provide coverage for preventive services without co-pays
 - Plans can't require preauthorization for emergency services, limit coverage to only in-network providers or impose higher cost sharing for services received from an out of network provider
 - Plans can't require preauthorization for OB/GYN services.
 - Plans can require or provide for designation of a primary care physician, but participants must be permitted to designate any primary care physician or pediatrician participating in the plan.
 - No reimbursements for over the counter medications in Flexible Spending Accounts
 - Plans must not impose pre existing condition exclusions for children age 19 or younger
 - Plans must provide for an enhanced internal appeals process.
 - Plans must not rescind coverage retroactively, except in situations involving fraud.
- **On June 28, 2012**, the Supreme Court upheld the Affordable Care Act (ACA) with one exception related to Medicaid. With the Court's decision, employers and plan sponsors have to proceed with complying in implementing the future provisions of the Act.

January 1, 2013

- Expansion of Preventive Health Services for Women at a \$0 cost share for: Human Papillomavirus (HPV) Testing, Counseling for sexually transmitted infections, Counseling and screening for human immune-deficiency virus (HIV), Screening for gestational diabetes, Contraceptive methods and counseling, Breastfeeding support, supplies and counseling, Annual Well Woman Visits
- Group Health Plans must provide a Summary of Benefits and Coverage (SBC) at Open Enrollment and at specified times such as upon application and enrollment in the plan. The SBC for CHP and Florida Blue is included in your 2013 Benefit Booklet.
- The cost of health insurance must be reported on the employee's 2012 W-2 Form due by January 31, 2013.
- The employee paid portion of the Medicare tax will increase for high wage earners. Employers must withhold an additional 0.9% Medicare tax for employees with income over \$200,000.
- Health Care FSA's must must comply with a \$2,500 limit on employee contributions.

Effective July 31, 2013

- A new fee is assessed to finance comparative clinical effectiveness research through the Patient-Centered Outcomes Research Institute. The amount of the fee is based upon the average number of covered lives under a health plan during the plan year.

Effective October 1, 2013

- Employees receive a notice regarding availability of the Health Insurance Exchanges (Marketplaces) available to purchase individual health insurance coverage.
- Open Enrollment starts for the Individual Marketplaces.

Effective January 1, 2014:

- State Health Insurance Exchanges should be available for individuals and for employers with less than 50 employees.
- The Wellness Incentive Cap increases from 20% to 30% of the cost of health care.
- Removes the Annual Maximum on Essential Health Benefits (phased in)
- Prohibits Pre-existing Limitations for all enrollees.
- Applies maximum caps on Cost Sharing
- Requires new employee waiting period not to exceed 90 days
- Prohibits excluding from coverage because of health status or clinical trial participation.
- Penalties for employers not offering their employees health insurance coverage. Full time is defined as working at least 30 hours per week. Employer must offer health coverage to substantially all (at least 95%) of the employers full time employees.
- Penalties for large employers that do not offer essential health benefits to their employees or don't provide a minimum value to their employees or if coverage is not affordable. Minimum value is defined as the plan pays at least 60% of the total cost of benefits. Affordable is defined as the employee only coverage is no more than 9.5% of the employees income.
- A new fee is imposed to fund reinsurance for insurers in the individual market in 2014, 2015 and 2016. It is estimated that the fee is \$63 per covered person. For fully insured plans, the fee is paid by the insurer.

Originally effective January 1/2014 but no regulations have been issued. These will not take effect until regulations are issued:

- Requires automatic enrollment for employers of 200 or more employees and allows for opt outs.
- Nondiscrimination rules have been extended to fully insured plans.
- Employers must report to the IRS whether they offer minimum essential coverage to employees.

Dental

Option 1

SPLIT VALUE PLAN

	Split Value Plan: In-network benefits pay higher coinsurance than Out-Of-Network benefits. In and Out-Of-Network benefits are paid based on the PPO Fee Schedule. If you utilize Out-Of-Network providers you may be subject to balance billing.	
	<u>In-Network</u>	<u>Out-Network</u>
	Negotiated Fee Schedule	
Deductible Amount (Single/Family)	\$50 / \$150	\$100 / \$300
Deductible waived for	Preventative	None
Charges covered for you (Co-insurance)		
Preventative Care e.g. cleanings, Floride, Oral Exam, Sealants	100%	100%
Basic Care e.g. Anesthesia, Fillings, Root Canal, Simple Extractions	80%	50%
Major Care e.g. Bridges, Dentures, Inlays, Outlays, Crowns	50%	25%
Orthodontia	Not Covered	
Annual Maximum Benefit	\$1,000	\$1,000
Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1,000	
Lifetime Orthodontia Maximum	Not Applicable	
Network	DentalGuard Preferred	

Notes:

(1) This is not a contract or an offer. It is a partial list of benefits. For complete details, refer to your certificate of coverage.

(2) For complete details on Maximum Rollover feature, refer to your certificate of coverage.

Dental Option 2 VALUE PLAN

	Value Plan - In-Network benefits and Out-Of-Network benefits are paid at the same coinsurance percentage. In and Out-Of-Network benefits are paid based on the PPO Fee Schedule. If you utilize Out-Of-Network providers you may be subject to balance billing	
	<u>In-Network</u>	<u>Out-Network</u>
	Negotiated Fee Schedule	
Deductible Amount (Single/Family)	\$50 / \$150	\$50 / \$150
Deductible waived for	Preventative	Preventative
Charges covered for you (Co-insurance)		
Preventative Care e.g. cleanings, Floride, Oral Exam, Sealants	100%	100%
Basic Care e.g. Anesthesia, Fillings, Root Canal, Simple Extractions	100%	100%
Major Care e.g. Bridges, Dentures, Inlays, Outlays, Crowns	60%	60%
Orthodontia	50% - Child only	50% - Child only
Annual Maximum Benefit	\$1,250	\$1,250
Rollover		Yes
Rollover Threshold		\$600
Rollover Amount		\$300
Rollover In-network Amount	\$450	
Rollover Account Limit		\$1,250
Lifetime Orthodontia Maximum		\$1,000
Network	DentalGuard Preferred	

Notes:

- (1) This is not a contract or an offer. It is a partial list of benefits. For complete details, refer to your certificate of coverage.
- (2) For complete details on Maximum Rollover feature, refer to your certificate of coverage.

Dental Option 3 NETWORK ACCESS

	Network Access Plan - In-Network benefits and Out-Of-Network benefits are paid at the same coinsurance percentage. In-network benefits are paid based on the PPO Fee Schedule. Out-Of-Network benefits are paid based on the 90th percentile of Usual, Reasonable & Customary Charges for your area. This means that 90 percent of the dental providers in your area charge at or below this level.	
	<u>In-Network</u>	<u>Out-Network</u>
	Negotiated Fee Schedule	UCR 90th Percentile
Deductible Amount (Single/Family)	\$50 / \$150	\$50 / \$150
Deductible waived for	Preventative	Preventative
Charges covered for you (Co-insurance)		
Preventative Care e.g. cleanings, Floride, Oral Exam, Sealants	100%	100%
Basic Care e.g. Anesthesia, Fillings, Root Canal, Simple Extractions	80%	80%
Major Care e.g. Bridges, Dentures, Inlays, Outlays, Crowns	50%	50%
Orthodontia	50% - Child only	50% - Child only
Annual Maximum Benefit	\$1,250	\$1,250
Rollover		Yes
Rollover Threshold		\$600
Rollover Amount		\$300
Rollover In-network Amount	\$450	
Rollover Account Limit		\$1,250
Lifetime Orthodontia Maximum		\$1,000
Network	DentalGuard Preferred	

Notes:

- (1) This is not a contract or an offer. It is a partial list of benefits. For complete details, refer to your certificate of coverage.
- (2) For complete details on Maximum Rollover feature, refer to your certificate of coverage.



LEON COUNTY SELECT PLUS 100 PLAN

COVERAGE	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS ^{/1}
Comprehensive Eye Examination with Dilation	\$10 copayment	Reimbursed up to \$40 (less applicable copayment)
Eyeglass Lenses	Standard Plastic CR39 Lenses \$10 copayment includes: <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Lenticular 	Reimbursed (less applicable copayment) <ul style="list-style-type: none"> • Single Vision up to \$20 • Bifocal up to \$40 • Trifocal up to \$60 • Lenticular up to \$100
	Polycarbonate Lenses \$0 member cost for members age 19 and younger; \$30 over age 19	No reimbursement available
	Standard Progressive Lenses \$50 copayment	No reimbursement available
	Transitions (Photochromic) Lenses \$60 copayment	No reimbursement available
Eyeglass Frames (in lieu of Contact Lenses)	\$10 copayment includes \$100 eyeglass frame allowance towards any frame. Copayment waived if included with Eyeglass Lenses.	Reimbursed up to \$40 (less applicable copayment; no copayment if included with Eyeglass Lenses)
Contact Lens Examination	\$30 allowance	No reimbursement available
Contact Lenses - Elective (in lieu of Eyeglasses) ^{/2}	\$10 copayment \$100 materials allowance	Reimbursed up to \$60 (less applicable copayment)
Contact Lenses - Medically Necessary ^{/2 /3}	\$10 copayment \$250 materials allowance	Reimbursed up to \$250 (less applicable copayment)
Laser Vision Correction	Discount Pricing	No reimbursement available
Discount Plan	Plan includes savings on additional purchases once the initial benefit has been used.	No discounts available
Frequency	Eye Examination: Once every 12 months Lenses: Once every 12 months Frames: Once every 24 months Contact Lenses: Once every 12 months	
Semi-Monthly Rate	Employee Only	\$2.86
	Employee + One	\$5.72
	Employee + Family	\$8.12

^{1/} Submit Member Reimbursement Request Form and the ORIGINAL paid receipt to Advantica, within 60 days of service.

^{2/} This benefit is paid only once during the Group's Benefit Period and must be fully utilized at the time of purchase.

^{3/} Limited to Aphakia, Keratoconus or Severe Anisometropia and requires pre-authorization by Advantica.

Insurance coverage underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a/k/a The Guardian or Guardian Life. (Policy Form Series NVIGRP 5/07 and/or NVIGRP2002).



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association. Serving Residents and Businesses of Florida.

**TERM LIFE INSURANCE
FLORIDA COMBINED LIFE**

<u>ELIGIBILITY</u>	<u>BASIC LIFE</u> Full Time Employee	<u>SUPPLEMENTAL LIFE</u> Full Time Employee	<u>DEPENDENT LIFE</u> Full Time Employee
<u>WAITING PERIOD FOR NEW HIRES</u>	1 st Day of the Month Following Date of Hire	1 st Day of the Month Following Receipt of Application (Must submit Application within 30 days of Date of hire)	1 st Day of the Month Following Receipt of Application (Must submit Application within 30 days of date of hire)
<u>WAITING PERIOD FOR CURRENT EMPLOYEES</u>	1 st Day of the Month Following Evidence of Insurability Approval by Insurance Company	1 st Day of the Month Following Evidence of Insurability Approval by Insurance Company	1 st Day of the Month Following Evidence of Insurability Approval by Insurance Company
<u>WHO PAYS FOR THE PLAN</u>	Leon County	Employee	Employee
<u>COVERAGE AMOUNT EXECUTIVE & SR. MANAGEMENT</u>	2 x Basic Annual Salary	1 x Basic Annual Salary	Options: Spouse and Dependents \$20,000 and \$5,000 \$10,000 and \$2,500 \$ 5,000 and \$1,500
Applies to Board and Supervisor of Election only			
<u>EXECUTIVE SUPPT. & CAREER SERVICE</u>	1 x Basic Annual Salary	1 or 2 x Basic Annual Salary	Options: Spouse and Dependents \$20,000 and \$5,000 \$10,000 and \$2,500 \$ 5,000 and \$1,500

ADDITIONAL INFORMATION

- Maximum coverage amount is \$250,000 for Basic and Supplemental Life Insurance
- Coverage amount reduces to 65% at Age 65
- Dependent Life Insurance amount cannot exceed 50% of the employee's Basic and Supplemental life combined amounts
- Insurance provided by Florida Combined Life Insurance Company
- Complete benefit provisions are available in the master contract and certificate of life insurance coverage.

RELIANCE STANDARD

Life Insurance Company

SUPPLEMENTAL & DEPENDENT TERM LIFE INSURANCE

RELIANCE STANDARD LIFE

<u>ELIGIBILITY</u>	<u>SUPPLEMENTAL LIFE</u> Any employee working 30 or more hours	<u>DEPENDENT LIFE</u> Any employee working 30 or more hours
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<u>WAITING PERIOD FOR NEW HIRES</u>	1 st Day of the Month Following Date of Hire	1 st Day of the Month
--	---	----------------------------------

<u>WAITING PERIOD FOR CURRENT EMPLOYEES</u>	1 st day of the month following receipt of application	1 st day of the month following receipt of application
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<u>WHO PAYS FOR THE PLAN</u>	Employee	Employee
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<u>COVERAGE AMOUNT</u>	Employee Option of \$10,000 to \$500,000 in increments of \$10,000 Guarantee Issue amount under Age 60- \$100,000 Guarantee Issue Amount Age 60 to 70 - \$10,000	Spouse Option of \$10,000 to \$500,000 in increments of \$10,000 Guarantee Issue Amount under Age 60 - \$40,000 subject to employee coverage of at least \$50,000	Children Coverage options 1 2 3 4 \$1,000 \$1,000 \$1,000 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000
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ADDITIONAL INFORMATION

- Choices of life insurance in increments of \$10,000 to \$500,000
- Dependent Coverage Available
- Guaranteed Acceptance Amounts for Employee, Spouse and Dependent Children
- Guarantee Issue is for NEW HIRES ONLY
- Guarantee Issue for Employees under age 60 is \$100,000
- Guarantee Issue for Employees age 60 to 70 is \$10,000
- Guarantee Issue for Spouse under age 60 is \$40,000, provided the employee applies for at least \$50,000
- No Medical Evidence is required on dependent children
- Liberal Conversion and Portability Provisions
- Living Benefit



The Standard®

VOLUNTARY LONG TERM DISABILITY COVERAGE

Leon County Board of County Commissioners
The Standard Insurance Company

Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through Leon County Board of County Commissioners. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Long Term Disability (LTD) Employee Brochure included in your packet or check with your human resources representative.

Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary LTD coverage can become effective. This level of participation has been agreed upon by Leon County Board of County Commissioners and The Standard.

Eligibility

To become insured, you must be:

A regular, full-time employee of Leon County Board of County Commissioners or its entities participating in this plan, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors

Actively working at least the minimum number of hours specified in the contract

A citizen or resident of the United States or Canada

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

Eligibility requirements

An eligibility waiting period

An evidence of insurability requirement – for late entrants or reinstatements

An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Benefit Amount

Your monthly benefit is 60 percent of your insured predisability earnings reduced by deductible income. Please contact your human resources representative for additional information regarding what is included in predisability earnings and deductible income.

Plan Maximum Monthly Benefit: \$10,000

Plan Minimum Monthly Benefit: \$100

Benefit Waiting Period

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

Pre-existing Condition Exclusion

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

Pre-existing Condition Period: The three (3) month period just before your insurance becomes effective

Exclusion Period: twelve (12) months

Own Occupation Period

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

Maximum Benefit Period

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

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

When Benefits End

LTD benefits end automatically on the earliest of:

The date you are no longer disabled

The date your maximum benefit period ends

The date you die

The date benefits become payable under any other LTD plan under which you become insured through employment during a period of temporary recovery

The date you fail to provide proof of continued disability and entitlement to benefits

Group Insurance Certificate

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

UltimateAdvisor®

Affordable and Trusted Legal Protection for You



LEON COUNTY BOARD OF COMMISSIONERS

Protect Yourself from the Uncertainty in Life

As you go through life, chances are you'll experience a life event or unexpected occurrence that comes with personal challenges, legal implications or financial impact. **In fact, 7 out of 10 employees experience one or more legal events in a year.**¹ When life happens, where will you turn for help?

Save Time and Money with a Legal Plan from ARAG®

When you need legal help, don't waste time looking for the right attorney or paying high-cost attorney fees, which currently average **\$294 per hour.**² Turn to ARAG for help. We'll help you identify your legal options and choose which approach works best for you and your situation. Available legal services include:



Online Resources

The ARAG Legal Center provides online tools and useful information to help you learn more about your legal issues **on your own.**

- **Education Center** helps you understand your legal situation and provides:
 - The Law Guide
 - Guidebooks and Videos
 - *LawExpresso*® (e-newsletter)
- **DIY Docs™** offers the convenience and control of creating state-specific, legally valid documents online on your own.
- **Online Financial Tools** help you map out a solid financial strategy with articles, calculators, a personalized financial plan and more.



Telephone Advice

Talk to a knowledgeable professional when you need information and direction to address your legal and financial matters.

- **Legal Hotline** offers you unlimited legal advice from Network Attorneys to help you address everyday legal issues. Legal services also include:
 - Reviewing and preparing documents
 - Making follow-up calls and writing letters
 - Preparing a Standard Will
- **Identity Theft Services** provided by Certified Identity Theft Case Managers who can help you protect or recover your identity.
- **Financial Wellness Hotline** includes guidance and education on a wide range of financial topics from a Financial Counselor.



In-Office Services

Meet with an experienced attorney who can advise and represent you when you need **an attorney on your side.**

- **Attorney Services** available include:
 - Reviewing and preparing documents
 - Making follow-up calls and writing letters
 - Providing legal advice and consultation
 - Representation in court
- **Comprehensive Coverage** protects you from costly legal fees. Most covered legal matters are **100% paid-in-full** when you work with a Network Attorney. *(See reverse side of flyer for details.)*
- **Reduced Fee Benefits** are available for non-covered personal legal matters. You can receive at least 25% off a Network Attorney's normal hourly rate.

Your Opportunity to Enroll is Limited – Take Control Today!

We're proud to offer you UltimateAdvisor – at an affordable cost – to protect your family, finances and future from everyday legal issues. Simply visit ARAGLegalCenter.com and enter Access Code 11353lcb or call us toll-free at 800-247-4184 to find out how to enroll.

Family: \$19.50 Per Month

Questions about your plan? Call us toll-free at **800-247-4184** or visit **ARAGLegalCenter.com**, Access Code 11353lcb.

UltimateAdvisor®

Affordable Legal Protection for the Uncertainty in Life

LEON COUNTY BOARD OF COMMISSIONERS

Comprehensive Coverage You Can Trust

With UltimateAdvisor® you have access to a wide-range of covered legal matters – most of which are **100% paid-in-full** when you work with a Network Attorney. For complete details on these legal matters, visit ARAGLegalCenter.com and enter Access Code 11353lcb.

■ Civil Damage Claims (Defense)

- Civil Damage
- Pet-Related Matters

■ Consumer Protection Issues

- Auto Repair
- Buying a New or Used Automobile
- Consumer Fraud
- Consumer Protection for Goods or Services

■ Criminal Matters

- Juvenile Matters
- Misdemeanor Matters
- Parental Responsibilities

■ Debt-Related Matters

- Debt Collection Matters

■ Family Law

- Adoption
- Alimony (up to 8 hours)
- Child Custody (up to 8 hours)
- Child Support (up to 8 hours)
- Divorce/Annulment/Separation (up to 15 hours)
- Guardianship/Conservatorship
- Name Change
- Premarital Agreements

■ Landlord/Tenant Matters

- Contracts/Lease Agreements
- Eviction

- Security Deposit

- Tenant Disputes with a Landlord

■ Real Estate Matters

- Buying/Selling a Home
- Foreclosure
- Home Improvement/Contractor Issues
- Neighbor Disputes/Easements
- Promissory Note

■ Small Claims Court

- Small Claims Court Issues

■ Tax Issues

- IRS Audit Protection
- IRS Collection Defense

■ Traffic Matters

- Drivers License Suspension, Revocation and Restoration without DUI

■ Wills and Estate Planning

- Codicil (amendment to a Will)
- Complex Will
- Durable/Financial Power of Attorney
- Healthcare Power of Attorney
- Living Will
- Standard Will

Give Us a Call. We're Here to Help You.

When you have questions about the solutions available to you, call the ARAG Customer Care Center toll-free at **800-247-4184** or visit ARAGLegalCenter.com and enter **Access Code 11353lcb**. Our team of highly-trained and caring professionals can help answer your questions and walk you through your options.

¹ "Legal Needs of Today's Multi-Generational Workforce," a national study conducted by Russell Research and commissioned by ARAG, September 2008.

² Average attorney rates in the United States of \$294 per hour for attorneys with 11 to 15 years of experience, Survey of Law Firm Economics, The National Law Journal and ALM Legal Intelligence, July 2010.

Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG, LLC, ARAG Services, LLC or Advisory Communication Systems, Inc., depending on the product and state. Some products are only available through membership in the ARAG Association LC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

Reduced Fee Benefit

- **Reduced Fee Attorney Network - If you have a legal issue that is not covered by your plan, a Reduced Fee Network Attorney will provide a rate of 25% off for personal legal needs such as representation and other legal issues for most non-covered, non-excluded matters.**
- **Reduced Contingency Fees –** A Network Attorney will represent you under a contingent fee arrangement. The fee paid to the attorney is based on the success of your case and is a percentage of the amount of money rewarded. The contingent fee cannot exceed 25% of the amount awarded before or after trial, or cannot exceed 30% of the amount successfully resolved only after an appeal.

Value-Added Services

- **Financial Planning To Enrich Your Life**
 - Unlimited toll-free confidential telephone access to an experienced and objective financial planner for advice and personal planning reports
 - Unlimited access to an interactive financial planning Web site that includes calculators, a library of content, planning resources and more
 - Online financial information record keeper and financial modeling tools
- **Identity Theft Protection**
 - Explain what identity theft is and how to prevent it
 - Provide you assistance from our Identity Theft Case Managers who will walk you through the recovery process
 - Assist you in finding available legal assistance from our network of attorneys
 - Provide an identity theft victim action kit
- **Immigration Assistance**

If you are required to utilize the United States Immigration Process, UltimateAdvisor will help you by:

 - Providing toll-free access to an Immigration Case Manager who can give information on the immigration process
 - Providing access to In-Office Network Attorneys at a reduced fee for covered matters

How To Enroll

Enrolling in UltimateAdvisor is easy. Just fill out an enrollment form in your HR office and your premium is payroll deducted!

For more information on UltimateAdvisor:

- Visit <http://members.ARAGgroup.com/sglcp> to view detailed information on plan benefits, how to use the plan and FAQs.
- Talk to an ARAG Customer Care Counselor toll-free from 7 a.m. to 7 p.m. Central time, Monday through Friday at **800-247-4184**.
- E-mail an ARAG Customer Care Counselor at service@ARAGgroup.com.

Insurance products are underwritten by ARAG[®] Insurance Company of Des Moines, Iowa or GuideOne[®] Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Of West Des Moines Iowa. Additional services may be provided by ARAG LLC, ARAG Services LLC, or Advisory Communication Systems Inc. Some products are only available through membership in the ARAG Association LC.

This document is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, visit our web site or call our toll-free number.



Today matters ...
so does Aflac!

In case of an accident or illness, it's reassuring to know that you have a poised and compassionate friend in Aflac. Immediate and responsive, our insurance policies help give you control when life seems to take it away. Cash benefits ... personally owned and managed ... to help you get back on your feet ... that's the *real* Aflac difference. Use the money to help reduce the financial impact of rising deductibles and copayments, out-of-network charges, daily living costs and out-of-pocket expenses, as well as the loss of income.

A brief overview of our major insurance policies is featured on the back of this flyer. Find out for yourself why more than 40 million people worldwide* are turning to Aflac for greater control and financial security *and why you should be one of them!*

Aflac. We pay. You decide.

*Company statistic, May 2005

American Family Life Assurance Company
of Columbus (Aflac)
Worldwide Headquarters • 1932 Wynnton Road
Columbus, Georgia 31999 • aflac.com
1.800.99.AFLAC (1.800.992.3522)
En español: 1.800.SI.AFLAC (1.800.742.3522)

MMC0089B1 9/06

THE PRODUCT	THE BENEFIT	THE NECESSITY
Accident/Sickness/Disability Policy	Helps provide a financial cushion beyond an accident to include sickness and off-the-job disability riders	According to the National Safety Council, ¹ over 23,200,000 unintentional disabling injuries in 2004 alone negatively impacted the economy by nearly \$575 billion! With over 40 million visits to hospital emergency rooms (in 2003), accidents continue to be one of the leading causes of death and disability in this country.
Short-Term Disability Policy	Helps with the loss of pay resulting from a sickness or off-the-job injury through monthly benefits	According to the National Safety Council, an average of 2,650 disabling injuries occurs every hour during the year. ¹
Cancer/Specified-Disease/Limited Benefit Health Policy	Helps with the medical expenses related to cancer treatment	In the United States, men have a little less than a 1-in-2 <i>lifetime risk</i> of developing cancer; for women, the risk is a little more than 1-in-3. About 1,399,790 new cancer cases are expected to be diagnosed in 2006. ²
Hospital Intensive Care Policy	Covers confinement in hospital intensive care	ICU costs can soar well above those of a general room as well as above the benefit levels of standard health insurance policies.
Hospital Confinement Indemnity Policy	Helps with the noncovered expenses of a hospital stay	In 2004, the average hospital expense, adjusted per inpatient day, was \$1,450.35. ³
Term Life Insurance Policy	Combines individually owned, economical protection now with the ability to switch later to permanent coverage	Growing families are most at risk if one or both of the breadwinners suffer an untimely death.
Specified Health Event Policy	Helps with the medical expenses related to a covered life-threatening health event	Certain life-threatening events pose special financial risks because of their statistically high levels of incidence and cost.



Colonial Representatives: Becky Porter-Yawn

Local Office Phone: (850) 519-2599 Fax: (850) 270-2483

**Corporate Office
Customer Service & Claims: 1-800-325-4368**

Emails: Becky.Porter-Yawn@coloniallife.com

Website: www.coloniallife.com

SUPPLEMENTAL BENEFITS

With Colonial's Supplemental Benefits:

- **You're paid regardless of any other insurance you may have with other insurance companies.**
- **Benefits are paid directly to you unless you specify otherwise**
- **If you change jobs or leave your employer, you can take your coverage with you at no additional cost.**

Plans Offered:

- **Disability Income Protection Insurance** – Help protect your most valuable asset – your income. Your income is the financial security that helps protect your family and lifestyle. **Colonial pays a monthly benefit like a paycheck** if you are out of work due to accidents or sickness (On & off job coverage available) Maternity is included as a covered sickness.
- **Accident Insurance** – Accidents happen. You can't pick when or where accidents will strike, but you can choose to help protect yourself from financial loss when they do. 24-hour coverage for accidents that occur **on-job and off-job**. Optional spouse and dependent coverage. Disability income for spouse is available as an optional rider.
- **Cancer Insurance** - With improved technology, chances of surviving cancer have improved dramatically. However, this new age of technology means higher cost for cancer treatment. Individual or family plans available.
- **Critical Illness** – Pays a lump sum (up to \$50,000 for employee and \$30,000 for spouse) for critical illnesses, such as, heart attack, stroke, end stage renal failure, etc.
- **Hospital Income** – Individual or family plans available.
- **Life Insurance** – Colonial offers Term Life (10, 20 and 30 year), Universal Life and Whole Life.



HIGHLIGHTS OF THE LEON COUNTY MATCH AND 457 PROGRAMS

For Employees of the Board of County Commissioners and Supervisor of Elections

Leon County currently offers employees the opportunity to save for retirement with the Deferred Compensation/457 Plans. **Leon County will also match what you put in to your 457 account!** 457 Plans are a convenient way for you to save for retirement. The sooner you start participating in the 457 Plan, the sooner your money can start working for you. You can take advantage of the benefits of before-tax savings and the tax-deferred growth of your money. And best of all--enjoy a cash match provided by the County! **Leon County provides an excellent opportunity for you to save for retirement with the current 457 Plan and the Match Program!**

VOLUNTARY 457/DEFERRED COMPENSATIONS PLANS

What is the 457 Plan? The plan is a way for government employees to save for Retirement through the convenience of payroll deduction. It is a voluntary, long-term supplemental retirement savings program to help you reach your retirement goals.

What are the advantages of contributing to the 457 Plan? Your payroll deduction amounts are deducted from your paycheck before federal income taxes are withheld. This helps reduce your current taxable income so that you can save more for retirement. Your retirement investments also have the ability to grow tax-deferred. That's because current taxes on interest and earnings are deferred until withdrawal, usually at retirement.

What is the minimum and maximum I can contribute? You should contribute as much as you can afford to put away for retirement. You can contribute as little as **\$10 per pay check**. The maximum you can contribute is determined by Section 457 of the Internal Revenue Code. This could change from year to year based on IRS regulations.

If I am close to retirement, is there a way to contribute more? Yes, the IRS regulations do allow for additional contributions, if you meet certain requirements. Please check with your deferred compensation vendor for details.

How often can I change my payroll deduction amount? You can start, change or stop your payroll deduction amount at any time by completing and submitting change form to Human Resources.

Can I withdraw my money while I am still employed at Leon County? Because your funds receive the benefit of tax-deferred status, and because this is a savings for retirement, there are limits to when you can withdraw. The IRS rules provide for distributions at retirement, termination of employment or death. You may be able to withdraw under certain severe financial hardship, if you meet the strict IRS guidelines; however this is very limited.

What happens when I leave Leon County employment? There are many options available to you. You can leave the money in the account or roll it over into another qualified plan or IRA, or take a distribution from the plan.

Are there any penalties when I withdraw my money? Maybe. If you withdraw before age 59½, you could be subject to IRS early withdrawal penalties. You may also be assessed fees by the company you have chosen. Please check with your deferred compensation vendor.

Will I have to pay taxes on the funds I withdraw? When you withdraw your funds or start to receive distributions, they are considered taxable income. This means you will have to pay taxes on them. Distributions are usually taken at retirement when participants may be receiving less income, and might be in a lower tax bracket

What company provides Deferred Compensation Programs at Leon County? Our employees can participate in the Plans of **Nationwide, Valic and ICMA**. Each company provides for a wide variety of investment options to choose from. They will assist you to understand the investments you make, their potential return, risks, as well as the costs involved in making or changing your investments. Contact a vendor representative if you would like to enroll.

MATCH PROGRAM

What is the Leon County Match Program? Leon County has developed a **Discretionary 401 (a) Retirement Savings Match Plan** as a way to help you save for retirement by providing an additional dollar amount to supplement your retirement savings. The availability to provide the County Match will be determined annually based on our financial budget. There is no guarantee that the County will be able to provide the Match amount every year.

How much will Leon County contribute? That all depends on what you contribute. Leon County will match **50% of every dollar** you contribute to your 457 account, up to a maximum employee contribution amount of **3% of your base pay**. This is an added benefit to help you reach your retirement goals. For Example: If your annual salary is \$30,000 and you contribute \$900 per year (3% of your base pay) to your 457 account—then the County will contribute \$450 (50% of your contribution) per year. The maximum match amount equates to about 1.5% of your base pay. Another way to look at this example is by pay period. If you make \$30,000 per year, your bi-weekly pay is approximately \$1,153. If you contribute 3% to your 457 account—about \$34 per pay; then the County will match 50%—about \$17 per pay.

How much do I have to contribute to the 457 to be eligible for the match? You can contribute as little as **\$10 per pay check**. Payroll deductions will occur every pay period—**26 pay-checks per year**.

How can I maximize what the County matches to my 457 account? Your payroll deductions must be at least **3% of your base pay**.

Do I have to start participating in the 457 Program at this time? No, you can start your payroll deductions at any time during the year. However, the County match amount will not start until you start to participate in the 457 Program.

Who is eligible to receive the Match amount? You must be a regular full time or part time benefits eligible employee, with **6 months of service**, to receive the Match amount from Leon County. Your base annual earnings must be **less than \$50,000**.

You must also be participating in the 457 Plan and have payroll deductions coming out of your paycheck. **You will not receive a Match amount if you do not have payroll deduction amounts coming out of your paycheck.**

When will vesting occur in the Match amount? Once you have **6 months of service** you will become 100% vested. This means that when you leave employment, the match amount belongs to you.

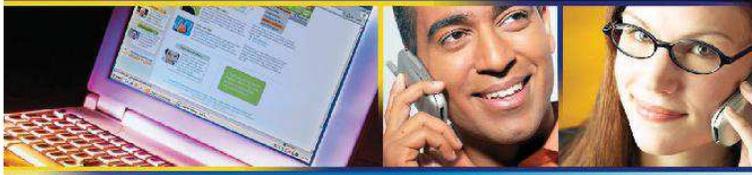
When will I see the County Match appear in my account? The County's matching contribution will be credited to your account on a bi-weekly basis. Account statements will be mailed to you on a quarterly basis by the vendor that you selected.

When can I take a withdrawal of the Match account? The only time you will be able to withdraw the account is at the end of your employment with Leon County.

Are there any penalties when I withdraw my money? Maybe. If you withdraw before age 59½, you could be subject to IRS early withdrawal penalties. You may also be assessed fees by the company you have chosen. Please check with your deferred compensation vendor.

How do I sign-up to participate in the 457 Plan so that I can receive a Match from the County? You will need to complete a 457 and a 401 Enrollment form with one of the participating vendors. Our vendor representatives will be happy to meet with you to assist you in com

YOUR Guide to FRS Resources



This document provides an overview of the resources available from the Florida Retirement System (FRS). Please keep it for future reference.

The FRS offers valuable support to help you make informed decisions about your personal retirement goals. You can receive free, confidential, and unbiased retirement and financial planning services online, by phone, or even in person via workshops.

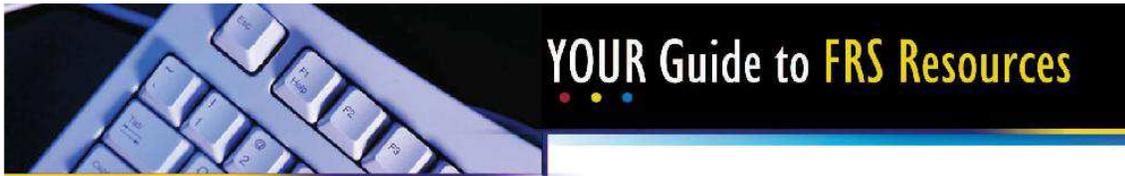
MyFRS Financial Guidance Line

I-866-446-9377 (or Telecommunications Relay Service 711)

Monday through Friday between 9:00 a.m. and 8:00 p.m. Eastern Time

The free MyFRS Financial Guidance Line is staffed by experienced, **unbiased financial planners who are available to discuss any issue you think is important to your financial future.** Retirement counselors are also available to discuss Pension Plan issues or questions. After dialing the Financial Guidance Line, you will hear a recorded message offering you the following options. The phone map below shows the information you can access when you say or press the corresponding number on your telephone key pad.

Press or Say	To	
1	<p>Speak with an Ernst & Young financial planner and receive guidance about:</p> <ul style="list-style-type: none"> Your one-time 2nd Election (2nd Election CHOICE SERVICE). Information that's available on the <i>MyFRS.com</i> website. 	<p>About Ernst & Young</p> <p>The FRS provides all Pension Plan and Investment Plan members with free access to Ernst & Young (E&Y) financial planners. Your E&Y financial planner does not sell any investment or insurance products. They are there to serve as your personal retirement and financial advocate; available to answer any retirement and financial questions you have.</p>
2	<p>Speak with an Ernst & Young financial planner about any financial matter, including:</p> <ul style="list-style-type: none"> Retirement planning. Investment planning, including your investments outside the FRS. Investment fund performance. Estate planning. Debt, spending, and credit issues. <p>Register for an educational workshop on retirement and financial planning in your area.</p>	
3	<p>Connect to the Division of Retirement, your Pension Plan Administrator, to:</p> <ul style="list-style-type: none"> Learn about the Pension Plan. Determine your eligibility for Pension Plan retirement benefits, the Deferred Retirement Option Program (DROP), Health Insurance Subsidy (HIS) benefits, and disability and death benefits. Request an estimate of your Pension Plan benefits. Receive guidance to determine: <ul style="list-style-type: none"> At what age you may consider retiring. How to apply for Pension Plan benefits. How to change your Pension Plan beneficiaries. Request assistance with your Pension Plan benefits after you retire. 	<p>About the Division of Retirement</p> <p>The Division of Retirement administers the FRS Pension Plan and other statewide retirement systems, offering information and administrative services to both active and retired members.</p>
4	<p>Connect to Aon Hewitt, your Investment Plan Administrator, to:</p> <ul style="list-style-type: none"> Access your Investment Plan account: <ul style="list-style-type: none"> Check your account balances. Change your investment fund elections. Request a distribution from your Investment Plan account. Transfer available fund balances. Request Investment Plan forms and documents. Speak with an Investment Plan customer service representative. 	<p>About Aon Hewitt</p> <p>Aon Hewitt, the Investment Plan Administrator, is one of the nation's largest retirement plan recordkeepers, offering administrative services to both active and retired Investment Plan members.</p>
5	<p>Repeat the above options.</p>	



YOUR Guide to FRS Resources

MyFRS.com

This website serves as your gateway to a host of tools and information about the FRS Pension Plan and Investment Plan. This user-friendly and easy-to-navigate site is a place you should visit frequently.

It's here that you'll find:

- Summary Plan Descriptions for both the Investment Plan and Pension Plan, which outline the provisions of the plan you selected.
- Answers to frequently asked questions.
- A list of the investment funds in the Investment Plan and their historical performance.
- Simple financial calculators that let you estimate savings goals, mortgage and loan payments, inflation impact, expenses, etc.
- Details about some of the free retirement and financial planning workshops sponsored by the FRS.
- And much more.

When you log in, you'll be connected to your custom home page where you can access:

- Your personal retirement forecast.
- Current prices and values of your investments (for Investment Plan members).
- Links to the online ADVISOR SERVICE and 2nd Election CHOICE SERVICE.
- The Pension Plan Retirement Calculator by selecting the Manage My Benefits link, then clicking *Manage Pension*, and finally, *Current Estimate* or *Create Estimate*.

ADVISOR SERVICE

The free online Financial Engines® ADVISOR SERVICE creates a picture of your current financial situation and helps you answer the following questions:

- ✓ Will I have enough money to retire?
- ✓ How do I invest my retirement savings?
- ✓ How do I stay on track to achieve my goals?

Depending on which retirement plan you elected, the ADVISOR SERVICE gives you access to a host of important retirement planning information. You can even include investment accounts outside the FRS such as your 457, 403b, or IRA accounts to get a better picture of where you stand financially. Your FRS data has been preloaded to save you time. If you need help getting set up, you can call the toll-free MyFRS Financial Guidance Line, select Option 2, and a financial planner will assist you.

Pension Plan participants can:

- Receive a total retirement income forecast that includes your FRS Pension Plan benefits, a projected Social Security benefit, and any outside assets you add.
- Receive an estimate of the likelihood of meeting your preset retirement income goal.
- Get free investment guidance on all of your taxable and tax-deferred retirement accounts, such as your 457 or 403b savings account.

Investment Plan participants can:

- Receive a total retirement income forecast that includes your FRS Investment Plan benefits, a projected Social Security benefit, and any outside assets you add.
- Receive an estimate of the likelihood of meeting your preset retirement income goal.
- Get free investment guidance on the portfolio mix of the investments in your FRS Investment Plan account.
- Get free investment guidance on all of your taxable and tax-deferred retirement accounts.

2nd Election CHOICE SERVICE

Regardless of which FRS retirement plan you select, you have a one-time opportunity to transfer into the other FRS retirement plan during your active working FRS career. This is called your 2nd Election. If your personal situation changes, the 2nd Election CHOICE SERVICE can help you evaluate your current retirement plan against the other plan to see which one works best for you. Once you've gone through this exercise, you'll know whether to use your once-in-a-lifetime opportunity to switch FRS plans. You can call the MyFRS Financial Guidance Line to discuss your options under both plans, or in some cases, you can use the online 2nd Election CHOICE SERVICE to:

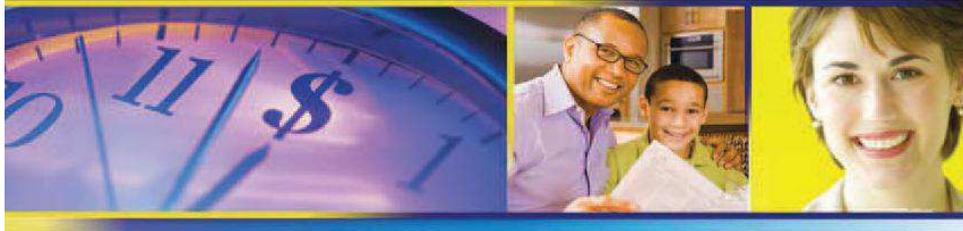
- ✓ Estimate your benefit under the alternate retirement plan.
- ✓ Get a customized view of your retirement benefits based on the assumptions you provide.
- ✓ Make your 2nd Election online or access and print the 2nd Election form.

Not all FRS members have access to the online 2nd Election CHOICE SERVICE at this time, but free help is available by calling the MyFRS Financial Guidance Line and selecting Option 1.

This publication is a summary of the resources available to FRS retirement plan members. To the extent possible, it has been written in non-technical terms. This resource guide is not intended to include every program detail. Complete details can be found in the respective Summary Plan Descriptions; Chapter 121, Florida Statutes; and the rules of the State Board of Administration in Title 19, Florida Administrative Code. In case of a conflict between the information in this publication and the statutes and rules, the provisions of the statutes and rules will control.

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What's the **DIFFERENCE?**



Comparing the FRS Investment Plan and the FRS Pension Plan

Before you make your retirement plan selection, it's important to know the key differences between the two Florida Retirement System (FRS) plan options. Review the chart that follows to learn about some of the similarities and differences.

	FRS Investment Plan	FRS Pension Plan
When am I vested in my benefit?	After 1 year of FRS service. You are always fully vested in your own contributions, as long as you remain in the Investment Plan. ¹	After 8 years ² of FRS service. You are always fully vested in your own contributions, as long as you remain in the Pension Plan. ¹
Who contributes and how much?	Your FRS-covered employer provides the majority of your FRS retirement plan contribution based on a fixed percentage of your gross salary (total employee and employer rate is 6.3% for Regular Class employees). A mandatory 3% pretax contribution is deducted from your paycheck and deposited into your retirement account.	Your FRS-covered employer provides the majority of your FRS retirement plan contribution based on a fixed percentage of your gross salary as determined by the state legislature. A mandatory 3% pretax contribution is deducted from your paycheck and deposited into the Pension Plan trust fund.
Where are the monthly contributions deposited?	Into an investment account that is established in your name by the FRS.	Into a single Pension Plan trust fund for all FRS Pension Plan members.
Can future funding increases impact future contributions and benefit levels?	Yes. Pension Plan underfunding or future cost increases to fund the FRS may make it necessary for the Florida Legislature to lower the amount that employers contribute to Investment Plan members' accounts or to increase the amount that employees contribute to their Investment Plan accounts.	Yes. During years when the Pension Plan is determined to be less than 100% actuarially funded, the Florida Legislature may take steps to improve the funding level by increasing employee or employer contributions or to lower Plan costs by reducing future Pension Plan benefits.
Who invests the money?	You can elect how to allocate your account balance among the funds available to Investment Plan participants. You are responsible for managing your account and can change your investment elections at any time. Investment results will affect your benefit.	The State Board of Administration of Florida manages the Pension Plan trust fund for all FRS-covered employees. Investment results do not affect benefits.
Can I switch plans after making my initial election?	Yes. You have a one-time 2 nd Election that you can use during your FRS career to switch to the other FRS retirement plan, provided you are actively employed by an FRS-covered employer and earning retirement service credit at the time your election is received.	

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MyFRS Financial Guidance Line 1-866-446-9377 (or TRS 711)

YOUR Money YOUR Choice



What's the DIFFERENCE?

Continued from previous page

	FRS Investment Plan	FRS Pension Plan
What other factors affect my benefit?	The length of your FRS service is most important, but salary growth, FRS membership class, vesting, inflation, your age at hire and retirement, how long you live after retiring, and DROP participation also make a difference.	
How is my retirement benefit calculated?	Your retirement benefit is based on your account balance, made up of: <ul style="list-style-type: none"> • Employer and employee contributions to your account. • Plus or minus investment returns (gains and losses). • Minus expenses and fees. 	Your retirement benefit is a guaranteed benefit based on a formula that includes your: <ul style="list-style-type: none"> • Age, • FRS membership class (e.g., Regular Class, Special Risk Class, etc.), • Years of FRS service, and • The average of your 8 highest years of salary.³
What if I change jobs after vesting?	If you go to work for another FRS-covered employer, you will remain enrolled in the Investment Plan, and contributions will continue to be made to your account. If you leave FRS-covered employment, you have the option of: <ul style="list-style-type: none"> • Leaving your money in the Plan,⁴ OR • Taking a distribution and retiring.⁵ 	If you go to work for another FRS-covered employer, your Pension Plan benefit will continue to grow. If you go to work for a non-FRS-covered employer, your Pension Plan benefit will be frozen until you either begin receiving monthly retirement benefits or return to FRS-covered employment.
How is my benefit paid at retirement? (Note that you cannot receive a distribution unless you have terminated from all FRS-covered employment)	Flexible distribution options are available. As long as your balance is more than \$1,000, you can: <ul style="list-style-type: none"> • Leave your money in the plan until age 70½, when mandatory distributions must begin. • Purchase an annuity that provides guaranteed monthly payments for life using all or part of your account balance. Surviving beneficiary and cost-of-living adjustment options are available. • Receive periodic distributions.⁵ • Elect a lump sum when you retire or at any future date.⁵ • Roll it over into another qualified retirement plan. 	Guaranteed monthly checks for life. Cost-of-living adjustment will be applied to the portion of your benefit that is based on service earned prior to July 1, 2011. You can choose payout options that provide continued monthly payments to your surviving beneficiary/joint annuitant.
Does the plan provide other benefits?	Yes, including disability benefits and retiree Health Insurance Subsidy (HIS) payments.	Yes, including DROP, ⁶ disability benefits, and retiree Health Insurance Subsidy (HIS) payments.

Free help is available... personalized for you

- To learn more about your retirement plan options:
- ✓ Visit MyFRS.com and review the New Hire Roadmap.
 - ✓ Call the FRS toll-free at 1-866-446-9377 (TRS 711).
 - Select Option 1 to speak with an unbiased financial planner about both plans.

¹ How your employee contributions are distributed or refunded to you depends on a number of factors, especially if you use your 2nd Election to switch plans in the future. You can call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2, for information.

² If you have any Pension Plan service prior to July 1, 2011, you are subject to 6-year vesting. If you join the Pension Plan on or after July 1, 2011 and have no previous Pension Plan service, you are subject to 8-year vesting.

³ If you are a rehired employee who has any Pension Plan service prior to July 1, 2011, your retirement benefit will be calculated based on the average of your 5 highest years of salary.

⁴ Account maintenance fees of \$6 per quarter may apply. Distribution is mandatory if the account balance is \$1,000 or less.

⁵ Cash distributions will be taxed according to the member's tax bracket. Penalties may apply depending on the member's age at distribution.

⁶ Deferred Retirement Option Program. Visit MyFRS.com for details.

This flyer highlights some of the differences between the two FRS Plans. For a more detailed comparison, go online to MyFRS.com and select "FRS Programs."

The materials contained in this booklet do not constitute an insurance certificate or policy. The information provided is intended only as a summary to assist in the selection of benefits. Final determination of benefits, exact terms, and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies.

Leon County Board of County Commissioners, Clerk of Courts, and Supervisor of Elections reserve the right to amend, reduce, or terminate the plans described in this booklet at any time.

