2024 Employee Benefits Guide

Leon County Board of County Commissioners

Supervisor of Elections

Clerk of Courts

WELCOME TO YOUR 2024 BENEFITS GUIDE

Leon County Government is committed to providing a competitive and comprehensive benefits program that provides you with several options, enabling you to select the benefits that are best suited for you and your family. We understand the important role benefit programs play in the lives of our employees and their families, and we are committed to offering quality benefit options that not only protect your physical and financial health but provide peace of mind when it comes to protecting your lifestyle and planning for the future.

This Benefit Guide is designed to provide basic information on our employee benefit plans and programs. Our benefit program includes medical, dental, vision, life insurance, health care and dependent care flexible spending accounts, long-term disability, wellness initiatives, retirement plans and a variety of voluntary supplemental benefits. Included in this Guide are general summaries of available options that should help to increase your awareness of policies and procedures.

For important notices, benefit summaries, plan certificates of coverage, available forms, updates subsequent of printing this Guide and much more, please visit Leon County Benefits Page. For further explanation or assistance answering specific questions to your personal situation, please refer to the Benefits Provider Directory at the end of this Guide to speak with the plan administrators directly.

We look forward to serving you in maintaining your best possible health and wellness in the coming year!

Sincerely,

Candice Wilson

Candice Wilson
Human Resources Director

This Guide does not constitute the Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act. If you would like a copy of your Summary Plan Description (SPD) please contact your Human Resources Department.

What's Inside

2024 EMPLOYEE CONTRIBUTIONS PER SEMI-MONTHLY 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.

	Coverage Type		
	Employee	**Employee + 1 Dependent**	**Family**
MEDICAL PLANS			
Capital Health Plan & Florida Blue			
Value Based Contribution	$50.97	$135.63	$231.08
Standard Contribution	$65.80	$158.24	$259.96

****Due to the percentage decrease in the IRS health plan affordability threshold (Safe Harbor), the Single Rate Plan has been reduced to remain in compliance with federal law.**

Overage Dependents – Ages 26-30

-Capital Health Plan $944.48 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.

Registered 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 (Including Same-Sex Spouses) If both spouses are employed by Leon County Government (Board or Constitutional Office then no employee contribution is required.

THE STANDARD DENTAL	**Employee**	**Employee + 1 Dependent**	**Family**
Option 1	$11.94	$22.78	$41.10
Option 2	$17.06	$36.94	$63.14
Option 3	$17.06	$36.94	$63.14

SUPERIOR VISION (by MetLife)			
Balanced Plan	$2.78	$5.54	$ 7.88
Enhanced Plan	$4.85	$9.68	$13.75

USAble **SUPPLEMENTAL TERM LIFE INSURANCE:** $0.80 cents per thousand dollars of coverage

DEPENDENT LIFE INSURANCE COVERAGE

Spouse	**Children**	**Premium**
$20,000	$5,000	$5.16
$10,000	$2,500	$2.60
$ 5,000	$1,500	$1.43

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: **$12.13** (For LCBCC and Supervisor of Elections employees only)

Total Pet Benefits (NEW for 2024): **$5.88** for one pet, **$9.25** for a family plan (For LCBCC and Supervistor of Elections employees only).

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

Reliance Standard Life Insurance: Please contact the Brown & Brown Representative for information on Reliance Standard Life.

Group Insurance Eligibility

Full-Time Employees

- All regular full-time employees may participate in the Leon County Government benefits program.

Part-Time Employees (Leon County Government & Supervisor of Elections employees only)

- Part-time employees who are regularly scheduled to work 30 or more hours per week are eligible to participate in medical insurance.

- Part-time employees who are not regularly scheduled to work 30 or more hours per week may be offered medical insurance coverage if they have worked on average, at least 30 hours per week during the 12-month look back measurement period as defined by the Affordable Care Act (ACA).

- Part-time employees who are regularly scheduled to work 20 hours or more per week may participate in dental, vision, ARAG legal, AFLAC, Colonial Life, Deferred Compensation and the Match Retirement Savings plan.

OPS & PRN Employees (Leon County Government & Supervisor of Elections only)

- OPS or PRN employees who are not regularly scheduled to work 30 hours or more per week may be offered medical insurance if they have worked an average of at least 30 hours per week during a 12-month look-back measurement period as under the Affordable Care Act (ACA).

- Any OPS or PRN employee may participate in the Deferred Compensation Program.

If you do not complete your enrollment during your designated window, you may not be able to elect or make benefit changes unless you experience a Qualifying Life Event, or until the next Open Enrollment period. ***See page 9***

Group Insurance Eligibility (continued)

Dependent Eligibility

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

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

Dependent Age Requirements

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

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

Dental, Vision and Life Insurance Coverage: Dependent child(ren) are eligible to remain on Dental, Vision, and Life Insurance plans until the *end* of the calendar year in which they turn 26.

Please see Taxable Overage Dependents (page 7) if covering eligible dependents over age 26.

Disabled Dependents Eligibility

Coverage for an unmarried dependent child(ren) may be continued beyond the age of 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured

Proof of disability will be required upon request. If the dependent is disabled, the employee should contact Human Resources for further clarification if needed.

Group Insurance Eligibility (continued)

Taxable (Overage) Dependents

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

Employees enrolled in the Florida Blue Plan covering an overage dependent will have coverage premiums payroll deducted on an **after-tax** basis semi-monthly (24 pay-checks annually). The value of the overage dependent coverage is **$877.37** per month for **each** overage dependent enrolled.

Capital Health Plan charges an additional monthly premium of **$944.48** for each overage dependent; therefore, no imputed earning value will be added to your taxable gross.

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

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

Leon County Spouse Health Insurance Program

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

Domestic Partners

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

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

Group Insurance Eligibility (continued)

Domestic Partners (continued)

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

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

Domestic Partners and the dependents of the Domestic Partner that lose coverage are not eligible for COBRA.

Separation of Employment

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

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

Qualifying Life Events and Section 125

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

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

Examples of Qualifying Events:

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

Remember!!

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

Please Note:

- ***Purchasing or dropping an individual policy for a covered dependent is not a Qualifying Event and does not permit adding or dropping a dependent from group health coverage outside of Open Enrollment.***
- ***Qualifying Events allow employees to make changes to existing coverage, it does not allow new plan elections.***

Medical Plans

Leon County Government offers two different medical plans to eligible employees. Capital Health Plan is a Health Maintenance Organizations (HMO) plan which includes local in-network health care providers coordinated through the Primary Care Physician (PCP), and features co-pays for all covered services. With HMO's, the out-of-pocket cost are generally lower than PPO plans.

Florida Blue is a Preferred Provider Organization (PPO) Plan which includes in or out-of-network health care providers and allows more flexibility and choices in your health care options. However, remaining in network is the best way to keep your medical costs low. The Florida Blue plan features co-pays for most covered services, but some services will require you to pay up to the deductible amount and coinsurance. Please see the subsequent pages of this guide for detailed summaries of both plans.

****Refer to the Leon County Government Intranet site for additional information regarding the Value Based Program, eligibility for the Health Insurance Stipend and to access the CHP and Florida Blue Summary of Benefits and Coverage.***

Medical Plan Options

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

Semi-Monthly Employee Contributions		
Coverage Level	**Value Based Rates**	**Standard Rates**
Employee Only	$50.97	$65.80
Employee + 1	$135.63	$158.24
Employee + Family	$231.08	$259.96

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

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Search the App store or Google Play for Amwell

Step 1: Enroll to create your account
Step 2: Enter Service Key **CHP**
Step 3: Select the doctor you'd like to see

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capitalhealth.com/amwell

amwell

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

You can use Amwell when:

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

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

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

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

Capital Health PLAN℠
An Independent Licensee of the Blue Cross and Blue Shield Association

2018.03.003

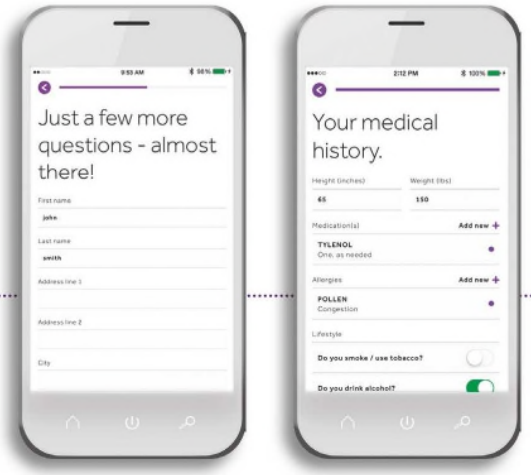
TELADOC®

Florida Blue

Get started with the **Teladoc Mobile App**

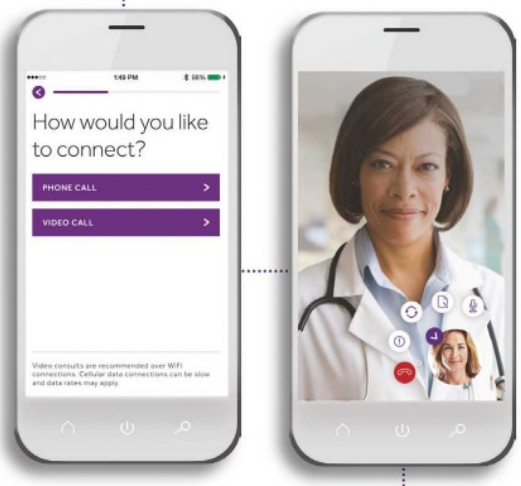
DOWNLOADING THE APP IS QUICK AND EASY!

Visit Teladoc.com/mobile or visit your app store.
Then follow the instructions below.



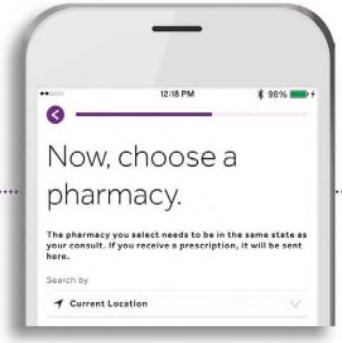
1. CREATE AN ACCOUNT

Setting up your Teladoc® account through the mobile app only takes a few minutes. After downloading the app, you'll provide medical history to give doctors the information they need to provide you with quality medical care. You can also add family members to give them around-the-clock care.



2. TALK WITH A DOCTOR NOW

Speak with the first available Teladoc doctor or schedule an appointment. Within minutes, a doctor will call ready to listen, diagnose and prescribe medication, if medically necessary. After your consult, you can choose to share the results with your primary care physician.



3. PICK UP YOUR PRESCRIPTION

If medically necessary, a prescription can be sent to your local pharmacy. Search for nearby pharmacies or use one of your favorites. Teladoc is the convenient and a□ordable way to get the care you need now.

Talk to a doctor anytime!

Teladoc.com

1-800-Teladoc (835-2362)

Available on the iPhone App Store

ANDROID APP ON Google play

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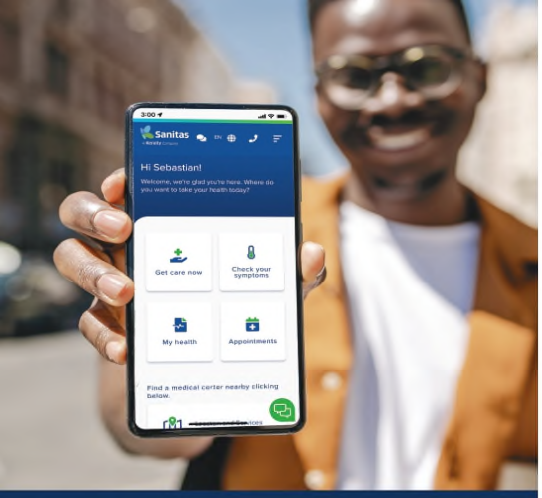

When your health can't wait, you can get the medical advice you need, on demand. Sanitas is Always on. Always by your side.

- Connect with Sanitas doctors and care teams 24/7 for immediate care
- Book and manage appointments
- Get personal health notifications instantly
- Access your medical record and health history
- Get answers to health concerns with our virtual symptom checker
- Smart search provides real-time health care information

Download at
mysanitas.com/app

Get $0 copays at Sanitas and take the pain out of health care.

Sanitas Medical Centers offer comprehensive health care that goes beyond doctor appointments, tests and medications. As a Florida Blue plan member, you'll save money with $0 copays on primary care visits, $0 copay for your first two urgent care visits and all-around lower-cost services. That's why Florida Blue and Sanitas are better together.

Sanitas Medical Center

For members of Florida Blue

Apalachee
904 E. Lafayette St.

Killearn
1415 Timberlane Rd.

North Monroe
2415 N. Monroe St.

South Tallahassee
5032 Capital Circle SW

With four locations in Tallahassee to serve you, 40 more centers across the state, and 24/7 on-demand access through the mysanitas app, you'll never go without the care you need.

Experience the difference.

1-866-807-0781

mysanitas.com/tally

Sanitas Medical Center is a Value Choice Provider, a designation Florida Blue gives to some in-network providers including Sanitas. Primary care and urgent care visits at $0 do not apply to Health Savings Account (HSA) plans; the deductible will still apply. A total of two (2) urgent care visits are $0 for non-HSA plans regardless of which Value Choice Provider rendered services. After that, the urgent care cost share applies. Sanitas is an independent medical center, serving people insured by Florida Blue (or other Blue Cross Blue Shield plans), original Medicare or self-paying for medical treatment.

Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.

Services you need, all in one place

Our state-of-the-art medical centers offer one-stop care for all generations – children, adults and seniors. That means less time spent running from doctor to doctor to get care for your entire family.

- Primary and urgent care
- Telehealth and app access
- Specialty services and care coordination
- Lab work, imaging and more

We're in your neighborhood

With so many locations throughout the state and extended hours, we make it convenient to get care on your time. And when you can't get in to see us, you can tap our app to talk or text instantly with a Sanitas care team member.

Making care matter

There is a difference in where you choose to go for care. The quality, trust, compassion and understanding that you're looking for is at Sanitas. Our doctors, nurses, health coaches, nutritionists and clinical social workers take all the time you need.

Always on. Always by your side.

You'll never be alone in your health concerns. Download our free app to get advice at your fingertip. You'll have 24/7 access to Sanitas care teams 365 days a year.

mysanitas.com/app

The care your health deserves

Always on. Always by your side.

Sanitas Medical Center

For members of Florida Blue

Experience the Sanitas difference

We go beyond typical medical services. Get reminders for screenings, vaccines, or follow-up visits, so you don't have to keep track. Plus, get extra value by saving on:

- Referral support
- Medication management
- Education and coaching
- Nutrition planning
- Mental health programs
- Stress management
- Health and wellness classes
- Care at home
- Social and community services

Open the door to $0 copays and health care the way it should be – pain-free. On the app, on the phone, or in-person:

1-866-807-0781 **mysanitas.com/tally**

Medical Insurance Opt-Out Program

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

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

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

Employees are unable to elect or opt-out of any medical plan outside of their initial benefits eligibility period or the Annual "Open Enrollment" period **unless** there is a Qualifying Life Event. ***(see Qualifying Life Event pg. 7).***

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

Please Note:

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

Flexible Spending Accounts

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

The FSA Plan Year is January 1, 2024 through December 31, 2024.

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

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

- Annual maximum contribution is **$3,050**
- You have access to your full annual contribution at any time during the plan year
- You cannot change your annual contribution amount during the plan year, so be conservative in determining the amount you decide to contribute
- Deadline to incur claims for this plan year is **March 15, 2025**
- Deadline to submit claims is **March 31, 2025**

Health Care FSA Eligible Expenses

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

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

Important Note:

If you do not elect to continue your health care FSA through COBRA, you will only have until the end of the month in which you terminate employment to receive reimbursement for claims that incurred prior to your termination.

Dependent Care Flexible Spending Account

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

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

You ONLY have access to funds as they are deducted each pay period. Deadline to incur claims for this plan year is December 31, 2024.

You may request reimbursement by:

- Using your HealthEquity/WageWorks Healthcare card
- Fax: 1-855-291-0625
- Online at www.healthequity.com/wageworks
- Deadline to incur claims for this plan year is **March 15, 2025**
- Deadline to submit claims is **March 31, 2025**

Dependent Care Partial List Eligible Expenses

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

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

Dental Plan

The County offers dental insurance through The Standard. In order to provide the best options for employees, Standard offers the choice of three dental plans.

- **Plan 1:** In-Network benefits pay higher coinsurance than Out-of-Network benefits. In and Out-of-Network benefits are paid based on the negotiated fee schedule. If you utilize an Out-of-Network provider, you will pay a higher coinsurance and may be subject to balance billing.
- **Plan 2:** In-Network benefits and Out-of-Network benefits are paid at the same coinsurance percentage however In and Out-of-Network benefits are paid based on the same fee schedule. If you utilize Out-of-Network providers on this plan you may be subject to balance billing.
- **Plan 3:** This plan was created for people who utilize an Out-of-Network dentist. Out-of-Network benefits are paid based on the 90th percentile of Usual, Customary and Reasonable charges for your area. Reimbursements from Standard to your Out-of-Network provider will most likely be higher than the negotiated fee schedule associated with Plans 1 & 2.

Benefits	Plan 1	Plan 2	Plan 3
	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network
Annual Deductible (3 Family Max)	$50 / $100	$50	$50
Annual Plan Maximum	$1,000	$1,250	$1,250
Orthodontia Lifetime Maximum	Not Covered	$1,000	$1,000
Type I: Preventive Services			
Routine Exam	0% / 0%	0% / 0%	0% / 0%
Teeth Cleaning	0% / 0%	0% / 0%	0% / 0%
X-rays	0% / 0%	0% / 0%	0% / 0%
Type II: Basic Services			
Extractions (Simple & Complex)	20% / 50%	0% / 0%	20% / 20%
Root Canal Endodontic	20% / 50%	0% / 0%	20% / 20%
Periodontics	20% / 50%	0% / 0%	20% / 20%
Type III: Major Services			
Full & Partial Dentures	50% / 75%	40% / 40%	50% / 50%
Bridges	50% / 75%	40% / 40%	50% / 50%
Crown & Crown Repair	50% / 75%	40% / 40%	50% / 50%
Type IV: Orthodontic Services			
Treatment—Child to age 19	Not Covered	50%	50%

Semi-Monthly Employee Contributions		
Coverage Level	**Plan 1**	**Plans 2 & 3**
Employee Only	$11.94	$17.06
Employee + 1	$22.78	$36.94
Employee + Family	$41.10	$63.14

Vision Insurance

Caring for your eyes is a very important part of your overall health and wellness. Leon County offers vision insurance through Superior Vision.

The vision plan provides you with the freedom to use an eye doctor of your choice or access the Superior Vision network of providers. If you use a provider participating in the network, your out-of-pocket expenses will be reduced. If you use a non-network provider, in-network benefits and discounts will not apply and benefits will be paid according to a set benefit reimbursement schedule.

Extra Savings: ***In addition to the coverage below, the plan provides savings on retinal screening, and laser vision correction.***

Benefits	Base Vision	Enhanced Plan
	In-Network	In-Network
Eye Exams	$10 copay	$10 copay
Eyeglass Lenses and Frames		
Single Standard Lenses	$10 copay	$10 copay
Bifocal Standard Lenses	$10 copay	$10 copay
Trifocal Standard Lenses	$10 copay	$10 copay
Progressives Standard Lenses	$10 copay; covered at Trifocal level	$10 copay; covered at Trifocal level
Frames	$100 allowance; 20% off balance	$130 allowance; 20% off balance
Contact Lenses		
Standard Fit and Follow Up	$30 copay	$30 copay
Specialty Fit and Follow Up	$50 retail allowance	$50 retail allowance
Conventional Lenses	$100 allowance; 20% off balance	$130 allowance; 20% off balance
Medically Necessary Lenses	Paid in Full	Paid in Full
Frequency		
Eye Exam	Once every 12 months	Once every 12 months
Lenses—Eyeglasses or Contacts	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 12 months

Semi-Monthly Employee Contributions		
Coverage Level	**Base Plan**	**Enhanced Plan**
Employee Only	$2.78	$4.85
Employee + 1	$5.54	$9.68
Employee + Family	$7.88	$13.75

***Out-of-network benefits are included on both plans. Please refer to the full benefit summary for details.**

USAble Life and AD&D Insurance

Group Life and AD&D Insurance

Group Life and Accidental & Dismemberment Insurance (AD&D) is offered through USAble Life. All eligible employees receive a Group Life and AD&D insurance benefit of 1 or 2 times salary depending on your job classification. This benefit is provided at no cost to you.

Voluntary Life Insurance

All full-time Leon County Government and Supervisor of Elections employees are eligible to apply for additional life insurance of up to 1 times or 2 times their basic annual salary. The waiting period for new hires is the first (1st) day of the month following receipt of application and must be submitted within 30 days of date of hire or eligibility. The waiting period for current employees is first of the month following Evidence of Insurability approval from USAble.

The cost of this coverage is $0.80 cents per $1,000 of coverage.

Dependent Life Insurance

You can also enroll your spouse and children in supplemental life insurance coverage. There are three election options available. Those are:

Spouse	Children	Cost
$20,000	$5,000	$5.16
$10,000	$2,500	$2.60
$5,000	$1,500	$1.43

Important Reminders

- The maximum coverage amount is $250,000 for basic and supplemental life insurance.
- Dependent Life insurance amount cannot exceed 50% of the employee's Basic and Supplemental Life Combined amounts.
- Coverage amounts reduce to 65% at age 65, rounded to the next higher $1,000.

Reliance Standard Term Life Insurance

Voluntary Life Insurance

New hires and newly eligible employees may purchase additional life insurance coverage of up to $100,000 without completing an Evidence of Insurability. Eligible employees that work thirty (30) or more hours per week may also apply for additional life insurance. The waiting period for new hires is the 1st of the month following your date of hire, and for current employees outside of their initial eligibility period, the 1st of the month following Evidence of Insurability approval by Reliance Standard. Coverage amounts range from $10,000 to $500,000 and can be elected in increments of $10,000.

The Guaranteed Issue amount for new hires under the age of 60 is $100,000.
The Guaranteed Issue amount for new hires age 60 to 70 is $10,000.

You can also elect between $10,000 to $500,000 in increments of $10,000 of coverage for your spouse. The Guaranteed Issue amount for your spouse under age 60 is $40,000, subject to employee coverage of at least $50,000.

Dependent coverage is also available as:

- $1,000 for children 14 days to 6 months old.
- $2,500, $5,000, $7,500 or $10,000 for children ages 6 months to 20 years of age (26, if a full-time student.

Important Reminders Regarding Your Life Insurance

Supplemental Term Insurance benefits reduce:

- 60% of in force amount at age 75
- 35% of in force amount at age 80
- 27.5% of in force amount at age 85
- 20% of in force amount at age 90
- 7.5% of in force amount at age 95
- 5% of in force amount at age100+

- Employees do not have to enroll in coverage for themselves in order to enroll their spouse.
- Employees may not have coverage as both an employee and dependent.
- Only one insured employee may cover dependent children.
- Employees have the option to convert or port their coverage at termination.
- Waiver of premium is included.

For rates and additional information please refer to the Reliance Standard Benefit Summary and rate sheet available through your Human Resources Department or by contacting a Brown & Brown representative.

ELOP *Employee Life Option plus*

LIFE INSURANCE THAT WORKS FOR E

Whole Life Insurance – *Policy endows at age 95.*

It's All About the Guarantees

- ✓ **Guaranteed Premium** – As long as you pay your premiums, the cost of your Life insurance policy can never go up.
- ✓ **Guaranteed Cash Value** – The cash value illustrated at the time of purchase when you reach age 65 is guaranteed as long as your coverage stays in force.
- ✓ **Guaranteed Portability** – Even if your employer changes, you can keep this coverage and pay us directly for the premiums.
- ✓ **Guaranteed Issue** – Full-time employees who are actively at work can purchase this Life insurance up to certain limits despite past or present health problems.
- ✓ **Guaranteed Additional Purchase** – If you buy a minimum amount of coverage, you guarantee yourself the right to purchase any remaining portion of the guarantee issue limit at future approved enrollments *(subject to product and payroll deduction availability).*

Life Insurance that Works for Life!

Customer Service Phone: 800-669-2668
Fax: 781-770-0575

To speak with a Claim Services Representative,
contact us toll free at: 877-212-2950

BOSTON MUTUAL
LIFE INSURANCE COMPANY
- 1891 -

Disability Insurance

Voluntary Long Term Disability Insurance

The County offers Voluntary Long-Term Disability (LTD) insurance to all benefit eligible employees through The Standard. LTD insurance is “income replacement” insurance that pays a percentage of monthly earnings in the event of a covered illness, injury or disability. The coverage cost is based on your age and your monthly income.

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 or seasonal employees, full-time members of the armed forces, and independent contractors.
- Actively working at least, the minimum number of hours specified in the contract and a citizen or resident of the United States or Canada.

Amount of Coverage

The maximum monthly benefit is **60%** of salary to a maximum of $10,000 a month. Health statement may be required.

Benefit Waiting Period

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

Pre-existing Condition Exclusion

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

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

Exclusion Period: Twelve (12) months

Own Occupation Period

For the plans’ definition of disability, as described in your brochure, the Own Occupation Period is the first twenty-four (24) months for which LTD benefits are paid. The Any Occupation Period begins at the end of the Own Occupation Period and continues until the end of the maximum benefit period.

Disability Insurance *(continued)*

Maximum Benefit Period

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

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

Rates Based on Age and $100 of Pay

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

Group Insurance Certificate

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

Open enrollment planning isn't complete until you have Aflac

Aflac for Leon County Government

Who hasn't been blindsided by an unexpected medical bill? That's why there's Aflac. We can help take care of the expenses health insurance doesn't cover, so you can take care of everything else.

Aflac supplemental benefits

Our product portfolio is as broad as your needs, with individual insurance policies that help cover the expected – and unexpected – that's sure to come life's way.

Short-Term Disability: How would you pay your bills if you're disabled and can't work? An Aflac short-term disability insurance policy can help provide you with a source of income while you concentrate on getting better.

Cancer/Specified-Disease: Aflac's cancer/specified-disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer occurs.

Hospital Confinement Indemnity: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.

Juvenile Life: Whether you are looking for whole or term life insurance coverage for your child, Aflac has a policy that's right for you.

Accident: Accidents happen. When a covered accident happens to you, our accident insurance policy pays you cash benefits, unless assigned otherwise, to help with the unexpected medical and everyday expenses that begin to add up almost immediately.

Critical Illness (Specified Health Event): An Aflac specified health event insurance policy is designed to help with the costs of treatment if you experience a covered health event.

Whole or Term Life: With Aflac's whole life or term life insurance, you can rest easy knowing that your family can have financial security when they need it most.

To learn more, contact your Aflac agent, Miriam Watkins, at miriam_watkins@us.aflac.com or 850.339.8463.

Aflac

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EXP 4/24

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The benefits of good hard work.℠

MEDICAL BRIDGE

A hospital stay can result in high out of pocket expenses at a time when you can least afford them. Medical Bridge pays a flat amount for the following medical procedures.

Major Benefits

- $1000 Hospital Admission Payment
  Paid once per calendar year per covered person when admitted to hospital as the result of a covered accident or sickness.
- $100 Daily Hospital Confinement Payment
  Paid up to 365 days per covered person per calendar year.
- $500 or $1,000 for Outpatient Surgery
  Paid based on Tier coverage level up to $1,500 per covered person per calendar year.
- $100 Ground Ambulance, $1,000 Air Ambulance
  Paid once per calendar year per covered person.
- $100 Emergency Room Benefit
  Paid twice per calendar year per covered person.
- $250 or $500 Advanced Diagnostic Procedures
  Paid based on Tier coverage level up to $500 per calendar year per covered person for tests such as MRI or CAT scan.
- $25 Doctor's Office Visit
  Paid up to 3 visits per calendar year for employee only coverage or 5 visits if dependents coverage is selected.
- $25 X-ray Benefit
  Paid twice per calendar year per covered person.
- $100 Wellness Testing Benefit
  Paid once per calendar year per covered person for a qualified health screening test. .

Semi-Monthly Premium				
Age	EE Only	EE + SP	EE + CH	EE + FM
17 - 49	$20.85	$39.01	$29.36	$47.50
50 - 59	$26.14	$49.10	$34.63	$57.61
60 - 64	$33.76	$63.53	$42.25	$72.03
65 - 75	$42.58	$80.36	$51.09	$88.86

Based on IMB Plan 3 coverage in FL. Plan is subject to a 12/12 pre-existing condition clause. Limitations & Exclusions apply, see the policy for complete details.

ACCIDENT

Pays you and your covered dependents benefits for injuries received in accidents on or off the job. These payments can help offset expenses incurred such as time off work, medical and non-medical expenses resulting from an accident.

Guaranteed Issue to age 79.

Major Benefits

- $2,000 Hospital Admission Payment
  Paid each time insured is admitted to hospital as result of accident
- $300 per day Hospital Confinement
  Paid for up to 365 days while confined in hospital as result of accident
- $50 Optional Health Screening Rider
  Paid annually for 1 covered person per calendar year upon completion of annual physical exam with 1 qualified screening test. Benefit begins following a 30 day waiting period from effective date of coverage.
- $75 - $7,500 for Fractures or Dislocations
  Payment varies depending on injury and treatment received.
- $75,000 Accidental Death Benefit
  for principal insured & Spouse (payment reduced for covered children)
- $100,000 Catastrophic Accident Benefit
  for principal insured & Spouse (payment reduced for covered children)

Many Other Benefits Per Accident:

Ambulance	$500 per trip
Emergency Room Treatment	$200 per accident
Initial Doctors Office Visit	$120 per accident
Follow up Treatment	$120 per treatment up to 3 visits per accident

Semi-Monthly Premium	
Employee Only	$9.88
Employee + Spouse	$13.25
Employee + Child(ren)	$15.88
Employee, Spouse, Child(ren)	$19.25

Premiums above are for Plan 1 with Health Screening Benefit in FL. Other options available. Limitations & Exclusions apply, see policy for details.

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SHORT TERM DISABILITY

Do you have enough savings to pay your bills if you were disabled and not able to work? You may replace up to 60% of your gross salary, up to $6,500 monthly.

Features

Elimination Period Options:

- 0 Days Accident / 7 Days Sickness
- 7 Days Accident / 7 Days Sickness
- 0 Days Accident / 14 Days Sickness
- 14 Days Accident / 14 Days Sickness
- 0 Days Accident/ 30 Days Sickness
- 30 Days Accident/ 30 Days Sickness

Benefit Duration Options – 3 , 6, 12 or 24 Months

Includes accident and physical or psychological illness disability coverage

Off Job Coverage Only or On/Off Job Coverage

Optional $50 Wellness Rider

First Day Hospital Confinement Benefit waives Elimination period upon hospital confinement

Semi-Monthly Premium				
Age	$1000 Monthly Benefit	$1,500 Monthly Benefit	$2,000 Monthly Benefit	$2,500 Monthly Benefit
17 - 49	$10.25	$15.38	$20.50	$25.63
50 - 64	$13.10	$19.65	$26.20	$32.75
65 - 74	$16.60	$24.90	$33.20	$41.50

Rates are based on AA Risk Category, 3 months coverage, Off job only coverage, with 14/14 elimination period and First Day Hospital Coverage n FL.

Plan is subject to a 12/12 pre-existing condition clause. Limitations and Exclusions apply, please see the policy for complete details.

SUPPLEMENTAL DENTAL with Optional Vision Rider

Pays you and your covered dependents benefits for preventive, routine and major dental services. These payments can help offset expenses incurred at a dentist either in or outside of the network.

Major Benefits

- 100% Coverage of Preventive Services
  Not subject to the deductible
- 80% Coverage of Basic Services
  Subject to the deductible
- 50% Coverage of Major Services
  Subject to the deductible, and 12 month waiting period
- $2000 Annual Maximum Benefit
  Per covered person per calendar year.
- $50 Annual Deductible
  Per covered person per calendar year (maximum three deductibles per family per calendar year)
- In Network Dentists are paid at the agreed contract rate. Out of Network Dentists are paid at the same rate and may balance bill the patient.
- Optional Vision Rider Available

Semi-Monthly Premium	
Employee Only	$16.58
Employee + Spouse	$31.18
Employee + Child(ren)	$39.15
Employee, Spouse, Child(ren)	$57.94

Rates are based on Plan 4 Premier in North FL. Rates are based on the zip code of the employee's home address. Other options available. Limitations and exclusions apply, see policy for details.

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CANCER

Almost everyone knows someone affected by cancer, and has seen its devastating financial effects. A few facts that most people don't know, should be considered:

1 out of 2 men and 1 out of 3 women will get cancer during their lifetime.
63% of all costs associated with cancer are ***NOT*** covered by health insurance

This policy helps offset the out-of-pocket medical and indirect non-medical expenses related to cancer that most medical plans may not cover. From lost income and travel expenses, to experimental treatment and specialty hospitals, this coverage also provides benefits for specified cancer-screening tests.

Major Benefits

- $5,000 Initial Diagnosis payment
  Paid upon the diagnosis of an Internal Cancer
- $150 per day while hospitalized *(Days 1 - 30)*
- $300 per day while hospitalized *(Days 31+)*
- $250 per day Experimental Treatment *(up to $12,500 lifetime)*
- $500 per week for Chemo & Radiation Treatment
- $100 Wellness Benefit *(paid annually to each covered member of the family upon completion of a cancer or wellness screening)*

Many Other Benefits:

Transportation	up to $1,000 per trip
Hospice	$50 / day
Blood/Plasma	$150 / day
Surgical Procedures	up to $3000 / procedure

Semi-Monthly Premium	
Employee Only	$12.88
Employee + Spouse	$25.75
Employee + Child(ren)	$13.28
Employee & Family	$26.15

Premiums above are for Cancer Assist Level 2 Plan, with $5,000 initial diagnosis benefit in FL. Other options available. Benefits begin following a 30 day waiting period from the effective date of coverage. Limitations & Exclusions apply, see policy for complete details.

CRITICAL ILLNESS

Colonial Life's individual Specified Critical Illness 1.0 insurance provides you and your family a lump sum benefit to maintain financial security during a period of a critical illness.

Face amounts for the employee range from $5,000 to $75,000 in $1,000 increments. Spouse benefits are 50% of the employee's face amount. Dependent child(ren) benefits are 25% of the employee's face amount.

Major Benefits

Covered Illnesses Include:

- Heart Attack *(Myocardial Infarction)*, Stroke, Coma
- Major Organ Failure
- End Stage Renal *(Kidney)* Failure
- Permanent Paralysis due to a Covered Accident
- Blindness
- Occupational Infectious HIV or Hepatitis B, C or D

Subsequent Diagnosis: *employees can use more than once (reductions in benefits may apply)*

Wellness *(Health Screening)*: *$50 payable once per year per covered person*

Semi-Monthly Premium				
Age	**EE Only**	**EE + SP**	**EE + CH**	**EE + FM**
17 - 24	$1.53	$2.30	$1.58	$2.40
25 - 29	$1.78	$2.70	$1.83	$2.75
30 - 34	$2.23	$3.35	$2.28	$3.45
35 - 39	$2.98	$4.50	$3.08	$4.55
40 - 44	$4.03	$6.00	$4.08	$6.05
45 - 49	$5.28	$8.00	$5.38	$8.05
50 - 54	$6.93	$10.60	$6.98	$10.70
55 - 59	$8.63	$13.35	$8.68	$13.40
60 - 64	$10.73	$16.70	$10.78	$16.75
65 - 70	$12.93	$19.55	$13.03	$19.60

Premiums above are based on $10,000 face amount, non-tobacco rates, for Critical Illness, Wellness and Subsequent Diagnosis in FL. Other options are available. Plan is subject to a pre-existing condition clause. Limitations and Exclusions apply, please reference the policy for complete details.

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The benefits of good hard work.

WHOLE LIFE
with optional Chronic Care Rider

Colonial Life's Whole Life plan is a guaranteed paid-up policy to age 70 or 100. This life insurance plan accumulates cash value, based on a guaranteed rate of return of 3.75%.

Rates are guaranteed to never change.

Employees can purchase individually owned life insurance that is theirs to keep, even if they change jobs or retire. Permanent life coverage is available for yourself or spouse.

The employee may purchase the Chronic Care Rider, which allows the face amount of the policy to be used in the event the insured is unable to perform two of the six Activities of Daily Living (ADLs)

Guaranteed Issue coverage is available for employees to age 79.

Semi-Monthly Premium			
Age	$10,000	$20,000	$30,000
25	$4.68	$9.36	$14.04
30	$5.33	$10.66	$15.99
35	$6.39	$12.77	$19.16
40	$7.92	$15.84	$23.75
45	$10.16	$20.33	$30.49
50	$12.85	$25.69	$38.54
55	$16.67	$33.34	$50.01
60	$22.16	$44.31	$66.47
65	$30.08	$60.14	$90.21

Rates above are for non-tobacco users, paid up at age 100 policy in FL. Tobacco user rates are higher.

Rates above are illustrative. Your rates will be based on your exact age and tobacco status. Rates are available for ages up to age 79. Some policies may require a medical exam to obtain coverage.

Limitations and Exclusions apply, please see the policy for complete details.

TERM LIFE
with optional Chronic Care Rider

Colonial Life's Term Life plans may be purchased for 10, 20 or 30 year terms. Term insurance is the most affordable form of life insurance.

Employees can purchase individually owned life insurance coverage that is theirs to keep, even if they change jobs or retire. Term Life policies may be purchased for yourself, spouse or child.

The employee may purchase the Chronic Care Rider, which allows the face amount of the policy to be used in the event the insured is unable to perform two of the six Activities of Daily Living (ADLs)

Semi-Monthly Premium			
Age	$50,000	$75,000	$100,000
25	$5.81	$7.72	$9.63
30	$5.92	$7.88	$9.83
35	$6.58	$8.88	$11.18
40	$8.69	$12.03	$15.38
45	$12.15	$17.23	$22.29
50	$17.40	$25.10	$32.79
55	$25.32	$36.97	$48.62
60	$39.02	$57.53	$76.04
65	$65.02	$96.53	$128.04

Rates above are for non-tobacco users, 20 year term life policy with Chronic Care Rider. Tobacco user rates are higher. Rates above are illustrative. Your rates will be based on your exact age and tobacco status. Rates are available for ages up to age 79. Some policies may require a medical exam to obtain coverage.

Limitations and Exclusions apply, please see the policy for complete details.

To learn more about these plans contact Nick McCarthy at (850) 800-2125.

Legal Insurance from ARAG

Leon County Board of Commissioners
& Supervisor of Elections

What does legal insurance cover?

An UltimateAdvisor legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below — and many more — to help you address life's legal situations.

Consumer Protection
- ✔ Auto repair
- ✔ Buy or sell a car
- ✔ Consumer fraud
- ✔ Consumer protection for goods or services
- ✔ Home improvement
- ✔ Personal property disputes
- ✔ Small claims court

Criminal Matters
- ✔ Juvenile
- ✔ Parental responsibility

Debt-Related Matters
- ✔ Debt collection
- ✔ Garnishments
- ✔ Personal bankruptcy
- ✔ Student loan debt

Driving Matters
- ✔ License suspension/revocation
- ✔ Traffic tickets

Tax Issues
- ✔ IRS tax audit
- ✔ IRS tax collection

Family
- ✔ Adoption
- ✔ Guardianship/conservatorship
- ✔ Name change
- ✔ Pet-related matters
- ✔ Divorce

Services for Tenants
- ✔ Contracts/lease agreements
- ✔ Eviction
- ✔ Security deposit
- ✔ Disputes with a landlord

Real Estate & Home Ownership
- ✔ Buying a home
- ✔ Deeds
- ✔ Foreclosure
- ✔ Contractor issues
- ✔ Neighbor disputes
- ✔ Promissory notes
- ✔ Real estate disputes
- ✔ Selling a home

Wills & Estate Planning
- ✔ Powers of attorney
- ✔ Trusts
- ✔ Wills

What does it cost?

UltimateAdvisor®
$24.25 monthly

What is legal insurance?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

More details, please!

See the complete list of what your plan covers at:
ARAGlegal.com/myinfo Access Code: **11353lcb**

Let's Talk! Call ARAG at 800-247-4184

Why should you get legal insurance?

Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.

Save thousands of dollars on average, for legal matters by avoiding costly legal fees.*

Find a local attorney easily in ARAG's network – many who average 20+ years of experience.

Address your covered legal situations with a network attorney who is only a **phone call away for legal help and representation.**

Use DIY Docs® to create a variety of **legally valid documents,** including state-specific templates.

How does legal insurance work?

1. When you have a legal need, you can go online, use the ARAG Legal app or call Customer Care.
2. Next, you'll answer a few questions to confirm coverage and receive a list of local attorneys who can help you.
3. Then, meet with a network attorney over the phone, virtually or in person.

Reviews from plan members

"ARAG legal insurance has helped me so much – it's taken all the stress out of the process and has provided me with an excellent lawyer. I am so happy I went with ARAG and I have been recommending it to everyone I know that may benefit from their services."

– Nestor Los Angeles, CA

★★★★★

Legal needs are in your future™

You can't predict your future, but you can plan for it, thanks to legal insurance.

Legal insurance provides a benefit you can use to plan for it all – the expected and unexpected times in your life.

Visit **ARAGlegal.com/future** or scan the QR code.

See What a Network Attorney Can Do for You

Whenever you face legal needs throughout life, your ARAG legal coverage is there for you. Network attorneys are available to answer your legal questions in person, virtually or over the phone for your immediate needs.

Connect with a network attorney who will:

- ✓ Review or prepare documents.
- ✓ Make follow-up calls or write letters on your behalf.
- ✓ Advise you on legal issues.
- ✓ Represent you – including if you go to court.

*Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2019 or 2020 and paid by December 31, 2021, multiplied by $368 per hour. $368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to "The Survey of Law Firm Economics: 2018 Edition."

Rev 6/22 200332lcb

Leon County

EMPLOYEE ASSISTANCE PROGRAM

Help dealing with life's challenges is just a phone call away.

Life can be challenging. We all experience times in our lives when personal and work-related problems become overwhelming. If left unresolved, these problems can interfere with your ability to function and your day-to-day performance may suffer. If you're facing a difficult situation, no matter how big or small, help is only a phone call away.

The Employee Assistance Program (EAP) is a confidential program that provides services to help employees privately resolve a wide range of problems that may arise and interfere with family, work, and other important areas of life. The EAP allows you the opportunity to meet with a professional counselor who will assist you in identifying the source of the problem and develop a plan to resolve or handle it.

The EAP can help you resolve a broad range of issues including:

- Relationship problems
- Family difficulties
- Stress
- Anxiety
- Alcohol/drug dependency
- Grief issues
- Financial struggles
- Legal matters
- Workplace issues
- Job relationships
- Emotional concerns
- Other personal or work/life balance issues or challenges.

The EAP is a benefit paid by Leon County. Should you and the EAP counselor decide that a referral to an outside provider is necessary, those costs will be your responsibility.

Services are always CONFIDENTIAL.

Private information is not reported when you choose to use the EAP to improve your life. There are times when Human Resources will direct you to contact the EAP through a formal referral and may request verification of attendance; however, your personal information is not disclosed.

What do I have to do to use the Employee Assistance Program?

Simply call **422-2000** for an appointment. It's free, easy, voluntary and strictly confidential.

If you have questions about your EAP benefit contact Genevieve Minnix, Employee Relations Manager at (850) 606-2400.

bmg money

Leon County has partnered with BMG Money's LoansAtWork program to help you with unexpected expenses.

LoansAtWork offers **reliable, affordable on-line installment loans** to help in times of need, regardless of your credit history.

- Emergency loans range from $500 - $5000*
- Payments made through 6-24 months of payroll deductions
- Biweekly payments of $16 - $123 if repaid over 2 years*
- No credit score needed

Sign up now at: www.bmgmoney.com/loansatwork

Questions:
customer.service@bmgmoney.com
800-316-8507

*Fixed simple interest rate: 19.99% per year with a one-time fee of $25. For example, a $3000 loan repaid in 39 installments over eighteen months, the APR will be 19.99% and the approximate biweekly payroll deduction will be $92 (assumes a loan execution date of 5/01/2023). Other terms and conditions apply, and your loan may vary depending upon the loan execution date, actual payroll deduction schedule, etc. Must be employed by Leon County for at least 1 year to be eligible to apply. Not all applicants will qualify for a loan.

Loan is based on an agreement between the borrower and BMG Money, Inc. Leon County is not responsible for any financial aspects of LoansAtWork.

NEW FOR 2024!

TOTAL PET PLAN

SAVE ON **EVERYTHING**
YOUR PET NEEDS

Leon County Board of County Commissioners is offering Total Pet Plan to employees.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Total Pet Plan**, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

$5.88/pay period for one pet or
$9.25/pay period for a family plan

Click the QR to enroll or visit:
petbenefits.com/land/leoncountyfl.

TOTAL PET PLAN INCLUDES:

PETplus

DISCOUNTS ON PRODUCTS & RX

- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.

Pet Assure

DISCOUNTS ON VETERINARY CARE

- Instant 25% savings on all of your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.

AskVet

24/7 PET TELEHEALTH

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more

PetTag

LOST PET RECOVERY SERVICE

- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag

Clip the card and save

Leon County Government

NEEDYMEDS DRUG DISCOUNT CARD

BIN: 019520
RX PCN: NMeds
RX GRP: LEON
ID: 14FL323093632309

This is a drug discount program, not an insurance plan.

NeedyMeds Drug Discount Card

Patient: Simply present this card to a participating pharmacy to receive a discount on your prescription. Patients who have Medicare, including Part D, Medicaid or any state or federal prescription insurance can only use this card if they choose not to use their government-sponsored drug plan for their purchase. The card is not valid in combination with those programs. For questions concerning the card, call 1-888-602-2978 or visit www.drugdiscountcardinfo.com.

Pharmacist: Card must be presented to receive program benefits. Clear system of prior cardholder inform associated with this universal cardholder ID. For processing questions, call DST Pharmacy Solutions at 1-866-921-7286.

DST HEALTH PHARMACY SOLUTIONS

- Save up to 80%
- Use at over 65,000 pharmacies nationwide including all major chains
- Share the card with friends and family
- Use the card as often as needed
- Free, no fees or registration
- Never expires

What if I have insurance?

Anyone can use the card, but it can't be combined with insurance.
You can use the card instead of insurance if:

- A drug isn't covered by your insurance
- Your insurance has no drug coverage
- You have a high drug deductible
- You have met a low medicine cap
- The card offers a better price than your copay
- You are in the Medicare Part D donut hole

What drugs are covered?

The card is good for prescription drugs, over-the-counter medicines and medical supplies if written on a prescription blank, and pet prescription medicines purchased at a pharmacy. You'll save on most, but not all, prescriptions.

The card is not valid in combination with other insurance plans, including Medicare, Medicaid or any state or federal prescription insurance. The card can be used only if you decide not to use your government-sponsored drug plan for your purchases.

NEW FOR 2024!

Welcome to your new Leon County Discount Marketplace!

Enjoy discounts, rewards, and perks on 1,000s of brands you love in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Tickets
- Auto & Home Insurance

Hertz · LEGOLAND · Office DEPOT · Lenovo · GROUPON · Budget

TrueCar · sam's club · DELL · GARMIN · CityPASS · AVIS

It's easy to access and start saving!

1. Go to: https://leoncountyfl.benefithub.com/app/home
2. Enter your name and official email address
3. Start saving today!

Or scan here now!

Questions? Call 1-866-664-4621 or email customercare@benefithub.com

Tuition Reimbursement Program

What is the Tuition Assistance Program?

Leon County Government is committed to investing in their employees' professional growth. Each semester, eligible employees may take courses and have the tuition costs reimbursed by the County. You may take undergraduate courses, graduate level courses (Doctoral level courses are not eligible), vocational training, career development or correspondence courses. Courses eligible for reimbursement are those that will:

- improve ability to perform current job duties and promote personal career enhancement,
- develop or improve skill, ability, or knowledge within current occupational field, or
- provide cross-training to meet county needs.

After you complete your probationary period, you are eligible to participate in the County Tuition Assistance Program if you:

- meet performance standards, and
- are not involved in disciplinary actions.

What Forms Do I Use?

- Complete a Tuition Approval Form (located on the Intranet) to get approval to take courses at FAMU, FSU, TCC, Lively or any other accredited school in Florida.
- Complete a Tuition Reimbursement Form (located on the Intranet) to be reimbursed for courses taken.

How Do I Get Started?

- Notify your supervisor of intent to take courses.
- Get registration and course information from the institution. Make sure the course is accredited by a reputable association. Non-credit courses will not be reimbursed.
- Complete a Tuition Approval Form and have your supervisor sign the form. Submit completed form for Human Resources approval **15 working days prior** to enrollment in the course, to: **Human Resources (Attn. Employee Development Coordinator)**.
- You will be sent a copy of the approved form (or a reason for disapproval if it cannot be approved as submitted). If you do not receive a decision regarding your request within **10 working days** of submission, please contact Human Resources.
- Register for the course(s), pay fees, and attend classes.
- When you receive your grade report, complete a Tuition Reimbursement Form.

Rates for reimbursement are:

- Undergraduate $123.31 per credit hour
- Graduate $308.89 per credit hour
- Online Undergraduate $260.87 per credit hour
- Online Graduate $486.54 per credit hour

- 100% with a grade of A or B,
- 50% with a grade of C, or
- 50% on a pass/fail system

Please note that Tuition Assistance Program reimbursements over the maximum exclusion amount of $5,250 in a calendar year *(January through December)* are also taxable. Per the IRC 127(a)(20): ***The maximum exclusion from gross income is $5,250 per year. Payments made to the employee that exceed the maximum exclusion are not excluded from gross income. These payments must be included in taxable income subject to all applicable federal taxes.***

- Submit the following documents to Human Resources:
  - completed Tuition Reimbursement Form,
  - grade report (transcript), and
  - payment receipt

Human Resources will process the tuition approval and tuition reimbursement. Reimbursement forms will be sent to Finance for payment. Checks are generally issued within two weeks. Direct deposit is also an option. Contact Human Resources for additional information.

How Can I Get Financial Help to Pay Tuition?

Check with local lending institutions for short term loans. Usually, they do not require a very high credit rating. Also, little interest will be paid since the loan will be for one semester only. Individual institutions also offer scholarships and loans. You may contact the institutions Financial Aid office directly for financial assistance information.

- FAMU – (850) 599-3730
- FSU – (850) 644-0539
- Tallahassee Community College – (850) 201-8399
- Lively Technical Center – (850) 487-7555

For additional information please contact:

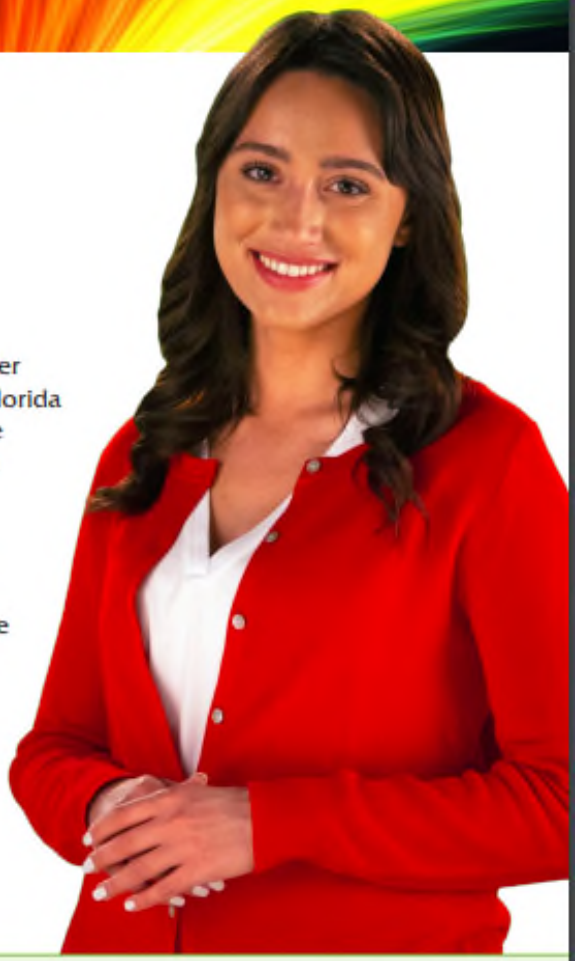
Kari Musgrove
Employee Development Coordinator
Human Resources/Bank of America Building, Suite 210
Phone: 606-2418

People Focused, Performance Driven

Florida Retirement System

CHOOSE YOUR FRS RETIREMENT PLAN

MyFRS
Florida Retirement System



Welcome!

Coming to work here was a great choice. Now you have another important choice to make: which retirement plan to join. The Florida Retirement System (FRS) offers you two retirement plans — the Investment Plan and the Pension Plan. As an FRS member, you get to choose the one that's right for you.

Visit me at ChooseMyFRSplan.com

Visit ChooseMyFRSplan.com and join me for a quick interactive video. I'll ask you a few simple questions and, based on your answers, I'll let you know which FRS retirement plan may make the most sense for you. I'll also share some other great resources that can help you compare the plans yourself and submit your choice online.

Scan this code with your smartphone.

Don't Miss Your Chance to Choose!

You have until 4:00 p.m. ET on the last business day of the 8th month after your month of hire to submit your choice. That might sound like a long time, but your deadline will be here before you know it. Take out your phone **now** and set yourself a reminder!

For Help Enrolling or to Enroll by Phone

Call the MyFRS Financial Guidance Line
1-866-446-9377
Option 4 (or TRS 711)
8:00 a.m. to 6:00 p.m. ET

Learn more at MyFRS.com.

Florida Retirement System

MyFRS
Florida Retirement System

Comparing the Plans: Investment Plan and Pension Plan

For complete plan details, refer to the Summary Plan Descriptions on MyFRS.com.

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

Have Questions?

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

MyFRS Financial Guidance Line • 1-866-446-9377, Option 1 (TRS 711)
8:00 a.m. to 6:00 p.m. ET, Monday through Friday, except holidays.

Florida Retirement System

The following services are available to you as a Florida Retirement System member. They are completely confidential, unbiased, and *FREE*.

MyFRS Financial Guidance Line

1-866-446-9377 (TRS 711), toll-free
8:00 a.m. to 6:00 p.m. ET, Monday through Friday, except holidays
(Division of Retirement available 8:00 a.m. to 5:00 p.m. ET)

Option 1: Speak with experienced EY financial planners about making an initial or 2nd Election, or get assistance with your MyFRS.com PIN or with other information available on MyFRS.com.

Option 2: Speak with experienced EY financial planners about any issue you think is important to your financial future. These planners work for **you**.

Option 3: Speak with the Division of Retirement about your Pension Plan account.

Option 4: Speak with the Investment Plan Administrator about your Investment Plan account.

MyFRS.com

This is your gateway to tools and information about your FRS retirement plan. Log in with your MyFRS.com PIN to access valuable personal tools and services.

Workshop Webcasts

Attend as many of these free FRS financial planning workshops as you like. Sessions include "Using the FRS to Plan for Your Retirement," "Estate Planning," "Nearing Retirement," and more. For dates and times, visit www.MyFRS.com/Workshop.htm.

ADVISOR® SERVICE

This free online service can help you estimate your retirement needs, choose investments, and create a personal financial plan that includes FRS and non-FRS retirement accounts. To access the service, log in to MyFRS.com.

Election CHOICE SERVICE

As a new hire, you can elect to join the Investment Plan or the Pension Plan. You may also change retirement plans one time during your FRS career. The CHOICE SERVICE can help you with your initial election and with deciding whether changing plans by using your 2nd Election makes sense for you. Reemployed retirees enrolled July 1, 2017 or after are not eligible to use a 2nd Election. To access the service, log in to MyFRS.com or call the MyFRS Financial Guidance Line.

Deferred Compensation 457(b) and 401(a)

Leon County Government and Supervisor of Elections

In addition to the Florida Retirement System (FRS) program, Leon County Government offers a voluntary Deferred Compensation 457(b) Retirement Plan. The 457(b) Plan provides an excellent way for employees to invest in select funds, save for retirement, and it allows for both pre-tax and after-tax contributions. Contributions to a tax-deferred plan will lower taxable income in the year contributed. After-tax plans do not lower taxable income in the year contributed. All income taxes are deferred until you withdraw or receive a distribution after separation from service. The Deferred Compensation Plan providers are **MissionSquare Retirement (formerly ICMA-RC), Nationwide Retirement Solutions, National Life Group and American International Group (AIG)**, and you may contribute to either one or multiple providers.

The County will match 50% of every dollar you contribute to your pre-tax 457 account, up to a maximum employee contribution amount of 3% of your base pay. To be eligible to receive the match amount employees must:

- Be regular full-time or part-time benefits eligible employees
- Have **Six (6)** months of service
- Currently be contributing to the 457(b) plan and have a base annual earning of **less than $50,000,** are eligible to receive the Match amount from Leon County!

The sooner you begin 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!

457b Deferred Compensation Plans and ROTH 457b 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 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 paycheck**. 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.

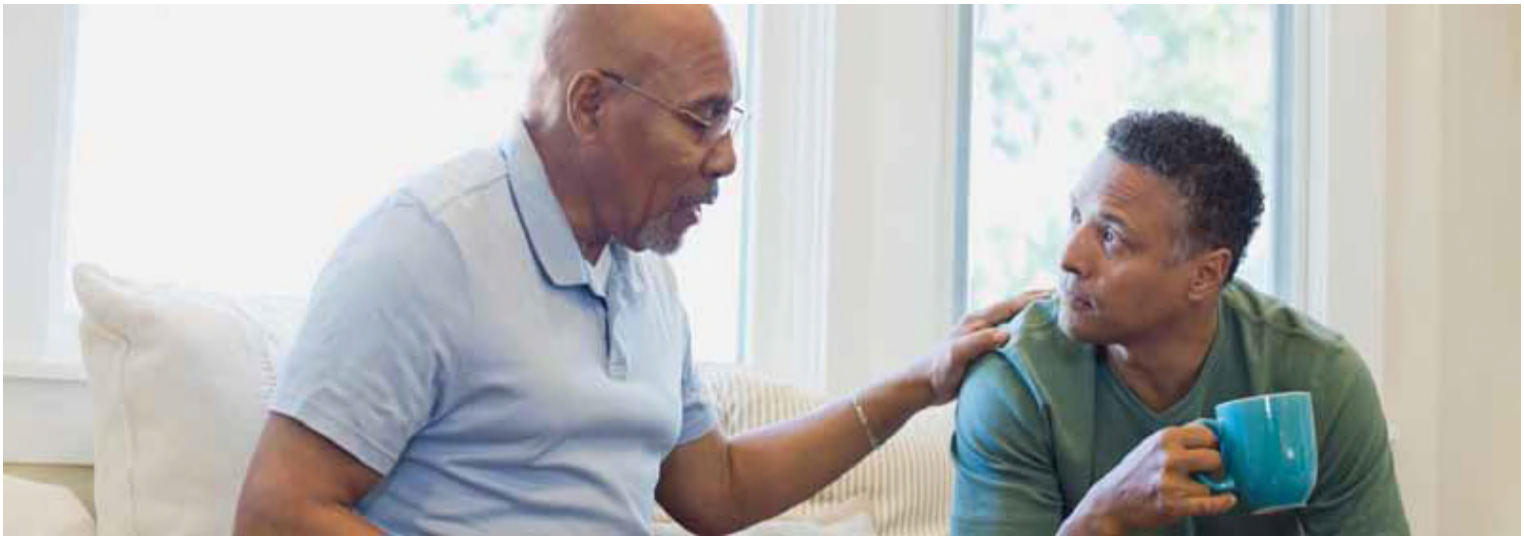
Can I withdraw my money while I am still employed at Leon County? No. Because your funds receive the benefit of tax-deferred status, and because this is a savings for retirement, there are limits to when you can withdraw. The IRS rules provide for distributions at retirement, termination of employment 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 59 & ½, 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 that distribution. Distributions are usually taken at retirement when participants may be receiving less income and might be in a lower tax bracket.

What are the advantages of contributing to the Roth 457 Plan? The Roth options provide an alternative to pre-tax savings. The payroll deduction amounts are deducted from your paycheck after federal income taxes are withheld. Roth earnings and contributions grow tax free. Upon retirement or separation from service, a distribution is not subject to federal income taxes as long as it is a "qualified distribution."



MATCH PROGRAM

For Leon County Government and Supervisor of Elections Employees Only

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 pre-tax 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, 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 period, then the County will match 50% - about $17 per pay period.

How much do I have to contribute to the 457 program to be eligible for the match? You can contribute as little as $10 per paycheck. Payroll deductions will occur every pay period for a total of **26 paychecks 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 payroll deductions at any time during the year. However, the County match will not begin until you 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 select.

When can I take a withdrawal from the Match account? The only time you will be able to make withdrawals from 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 59 & ½, 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 the Match from the County? You will need to complete a 457 and a 401 (a) enrollment form with one of the participating vendors. Our vendor representatives will be happy to meet with you to assist you in completing the necessary paperwork.

corebridge financial

457(b) Deferred Compensation Plan

An opportunity to take advantage of tax-deferred income for your retirement

The tax advantages, plus plan features and benefits, make a 457(b) Deferred Compensation Plan with Corebridge Financial an ideal way to help accumulate funds for your retirement. And Corebridge brings you the knowledge, investment options and personal services to help keep things simple.

Tax-deferred accumulation

Current federal income taxes on all contributions, interest and earnings in your 457(b) DCP are deferred until withdrawal, usually at retirement. Tax-deferred earnings, coupled with the power of compounding, may provide greater growth than might be possible with current taxable savings methods. Remember that income taxes are payable when you withdraw money from your account.

Pretax contributions

You contribute by convenient payroll reduction before federal income tax withholding is calculated. This helps reduce your current taxable income so you can save more for retirement with money that otherwise would have gone toward income taxes. In addition, your salary deferral contributions made to the plan are not subject to the 10% federal early withdrawal tax penalty.

Access to your savings

Generally, depending on your employer's plan, your account contributions can be distributed in any of the following events:

- Reached age 59½*
- Severance from employment
- Your death
- Unforeseeable emergencies

In addition, distributions are not generally subject to the 10% federal early withdrawal tax penalty except on amounts rolled into the 457(b) plan from other non-457(b) eligible retirement plans.

Investment flexibility

We offer an array of innovative investment options from well-known investment managers. This provides the flexibility you might need to design a unique program tailored to your individual needs. Keep in mind that investment values will fluctuate so that your investments, when withdrawn, may be worth more or less than the original cost. Remember investing does involve risk, including the possible loss of principal. Your financial professional can assist you in choosing the options that will match your long-term goals.

Your salary deferral contributions made to the plan are not subject to the 10% federal early withdrawal tax penalty.

* In-service distributions for money purchase pension, defined benefit and governmental 457(b) plans – the Miners Act reduces the minimum age for in-service distribution from pension plans (i.e., money purchase and defined benefit plans) from age 62 to age 59½ and, for governmental 457(b) plans, from age 70½ to age 59½. The provision applies to plan years beginning after December 31, 2019, 401(a) money purchase, and 401(a) defined benefit and governmental 457(b) plans. An employer must make an election to apply this provision.

2023 contribution limits

- 100% of annual includible income up to $22,500
- Up to $22,500 as a catch-up contribution if you are within the last three taxable years ending in the year before normal retirement age under your plan and undercontributed in prior years
- $7,500 as an age-based catch-up for those age 50 or older [governmental 457(b) plan participants only]

Scan with your mobile phone for up-to-date contribution limits.

Tax-free loans

Tax-free loans, which are available under some governmental 457(b) plans, enable you to borrow against a portion of your accumulated account value, subject to certain limitations, without permanently reducing your account balance. Remember that defaulted loan amounts (not repaid on time) will be taxed as ordinary income.

IMPORTANT NOTE: You cannot benefit from both catch-up contribution amounts, but you may select the option that gives you the higher amount. Nongovernmental 457(b) plan participants are not eligible for the age-based catch-up option.

corebridgefinancial.com/retirementservices 1.800.448.2542

We're here to help you take action

You can reach out directly to your financial professional.

Crowyns Thervil, Financial Advisor

825 Thomasville Road, Tallahassee, FL 32303 - Office: 850.297.0780

Cell: 850.661.6101 | crowyns.thervil@corebridgefinancial.com

Important considerations before deciding to move funds either into or out of a Corebridge retirement services account

There are many things to consider. For starters, you will want to carefully review and compare your existing account and the new account, including: fees and charges; guarantees and benefits; and, any limitations under either of the accounts. Also, you will want to know whether a surrender of your current account could result in charges. Your financial professional can help you review these and other important considerations.

Investors should carefully consider the investment objectives, risks, fees, charges and expenses before investing. Read the fund prospectuses carefully before investing. The fund prospectuses contain important information, which can be obtained from your financial professional, at corebridgefinancial.com/retirementservices or by calling 1.800.428.2542 and following the prompts.

This material is general in nature, was developed for educational use only, and is not intended to provide financial, legal, fiduciary, accounting or tax advice, nor is it intended to make any recommendations. Applicable laws and regulations are complex and subject to change. Please consult with your financial professional regarding your situation. For legal, accounting or tax advice consult the appropriate professional.

Annuities are issued by **The Variable Annuity Life Insurance Company**, Houston, TX. Variable annuities are distributed by AIG Capital Services, Inc., member FINRA.

Securities and investment advisory services offered through VALIC Financial Advisors, Inc., member FINRA, SIPC and an SEC-registered investment adviser.

VALIC Retirement Services Company provides retirement plan recordkeeping and related services and is the transfer agent for certain affiliated variable investment options.

All companies above are wholly owned subsidiaries of Corebridge Financial, Inc.

Corebridge Retirement Services, Corebridge Financial and Corebridge are marketing names used by these companies.

VC 16593 (04/2023) 1110304 EE

corebridge financial

corebridge financial

Roth 457(b)

An opportunity to take advantage of tax-free income in your future

Looking to boost your retirement nest egg or reduce your taxable income during retirement? Contributions to a Roth account provided through your governmental employer's 457(b) plan may be an option to consider.

A Roth 457(b) account permits you to:

- **Contribute** after-tax dollars.
- **Take tax-free distributions** if the following conditions are met:

  Distribution must be made after the end of the five-year period beginning with the first year for which a Roth contribution was made to the plan, *and*

  - You turn age 59½, or
  - Your total disability or death
- **Reduce taxable income** during retirement and possibly help reduce taxation of Social Security benefits under current law.

Roth 457(b) basic features

- You must be eligible to participate in your employer's 457(b) plan, and your Roth account contributions must satisfy all applicable requirements.
- Roth account balances are portable to other plans that offer a Roth account or a Roth IRA, if the receiving plan accepts such rollovers.
- Roth 457(b) after-tax accounts are subject to Requirement Minimum Distribution rules; however, rolling a Roth account into a Roth IRA prior to age 73 (age 72 if you were born after June 30, 1949 and before January 1, 1951; age 70½ if you were born before July 1, 1949) might avoid this requirement. Please consult with a tax professional if considering this action.

Is a Roth 457(b) account right for you?

In determining if a Roth 457(b) account is right for you, we encourage you to carefully assess the advantages and disadvantages. A Roth 457(b) may appeal to those who:

- Cannot contribute to a Roth IRA due to income limits.
- Are young and in lower income tax brackets than they expect to be in retirement.
- Are financially stable, but expect tax rate increases are likely.
- Want tax diversity and flexibility in retirement.

2023 contribution limits

- $22,500 an an annual dollar limit on elective contributions, which cannot exceed the Internal Revenue Code (IRC) 402(g) limit
- $7,500 as an age-based catch-up for those age 50 or older
- Are subject to the IRC 415 annual limits, as indexed for aggregated employee elective contributions, employer contributions and any reallocated forfeitures.

Scan with your mobile phone for up-to-date contribution limits.

Distributions and rollovers

Because Roth account contributions are treated as elective contributions, a distribution can be made at severance of employment, death or retirement. A distribution may be made for an unforeseeable emergency but only if permitted by the plan. However, tax-free treatment is only provided to qualified distributions. A qualified distribution is one that is made after:

- The end of the five-year period beginning with the first year for which a Roth contribution was made to the plan (known as the five-year aging rule or five-year clock) and you reach age 59½, or become disabled or die.
- Income taxes are payable on nonqualifying withdrawals from Roth account earnings. Federal restrictions may apply.

Scan to access the online calculator for help deciding pretax and/or Roth after-tax contributions are right for you. In addition, you can see the impact they can have on your take-home pay.

Treatment of retirement savings vehicles

	Traditional 457(b) salary deferral	Roth 457(b) contribution	Roth IRA
Contribution taxable in year contributed	No	Yes	Yes
Contribution taxable in year distributed	Yes	No	No
Earnings on contributions taxable in year distributed	Yes	No, if distribution is made after age 59½, death or disability, and, for Roth IRA, for first home purchase ($10,000 limit). All distributions must be after the end of the five-year period* beginning with the first year for which a Roth contribution was made to the plan.	
Eligible for rollover to non-Roth or traditional qualified plan, traditional IRA, 403(b), 401(k) or governmental 457(b)	Yes	No	No
Eligible for direct rollover to other Roth accounts or to Roth IRA	Yes	Yes	Yes, but only to Roth IRA
Contributions limited by IRC 457(e) salary deferral limits of $22,500 in 2023 plus age 50 catch-up limit of $7,500 in 2023 or special catch-up, where applicable	Yes (Roth and salary deferral combined for this limit)		No (Regular IRA limit applies and is not affected by Roth 457(b) contributions)
Eligible for contribution subject to family adjusted gross income limits	No	No	Yes

* The Roth 457(b) account and a Roth IRA have separate and distinct five-year aging periods (or clocks).

To make contribution selections or to begin contributing to a Roth 457(b), log on to corebridgefinancial.com/retirementservices or contact your local financial professional.

corebridgefinancial.com/retirementservices 1.800.448.2542

We're here to help you take action

You can reach out directly to your financial professional.

Crowyns Thervil, Financial Advisor

825 Thomasville Road, Tallahassee, FL 32303 - Office: 850.297.0780

Cell: 850.661.6101/crowyns.thervil@corebridgefinancial.com

Important considerations before deciding to move funds either into or out of a Corebridge retirement services account

There are many things to consider. For starters, you will want to carefully review and compare your existing account and the new account, including: fees and charges; guarantees and benefits; and, any limitations under either of the accounts. Also, you will want to know whether a surrender of your current account could result in charges. Your financial professional can help you review these and other important considerations.

Investors should carefully consider the investment objectives, risks, fees, charges and expenses before investing. Read the fund prospectuses carefully before investing. The fund prospectuses contain important information, which can be obtained from your financial professional, at corebridgefinancial.com/retirementservices or by calling 1.800.428.2542 and following the prompts.

This material is general in nature, was developed for educational use only, and is not intended to provide financial, legal, fiduciary, accounting or tax advice, nor is it intended to make any recommendations. Applicable laws and regulations are complex and subject to change. Please consult with your financial professional regarding your situation. For legal, accounting or tax advice consult the appropriate professional.

Annuities are issued by **The Variable Annuity Life Insurance Company**, Houston, TX. Variable annuities are distributed by AIG Capital Services, Inc., member FINRA.

Securities and investment advisory services offered through VALIC Financial Advisors, Inc., member FINRA, SIPC and an SEC-registered investment adviser.

VALIC Retirement Services Company provides retirement plan recordkeeping and related services and is the transfer agent for certain affiliated variable investment options.

All companies above are wholly owned subsidiaries of Corebridge Financial, Inc.

Corebridge Retirement Services, Corebridge Financial and Corebridge are marketing names used by these companies.

VC 23685 (05/2023) J1147401 EE

corebridge financial

MissionSquare RETIREMENT

Joining your 457 Deferred Compensation plan can be an easy way to save for your future.

To connect with your plan, go to **www.missionsq.org/enroll**.

Eligibility

You are immediately eligible to join the plan upon hire.

Investments

Your contributions will be invested in the funds that you select, and the value of your account will fluctuate based on the performance of the funds. Carefully review your investment options before making your selections. You can make changes to your investments at any time.

Enrollment

Join your plan online at www.missionsq.org/enroll using plan number 301257.

Withdrawals

After you separate from service with your employer, you will be eligible to withdraw your money at any time. However, you will not be required to take any withdrawals until after age 72. While you are still employed, your withdrawal options are limited to attaining age 70½, balances under $5,000 (with no contributions made for a period of two years), or emergency withdrawals, as defined by the IRS.

Contributions

You decide the amount to contribute and can change your contribution amount at any time. Log in to account access to change your contributions. You can elect to make pre-tax and/or Roth after-tax contributions. You may also transfer, or roll over, other eligible retirement accounts to the plan. The IRS limits contributions. For current limits, visit www.missionsq.org/contributionlimits.

Loans

Not available.

Vesting

Vesting refers to your ownership of the money in your account. You are always 100% vested in your own contributions and their earnings.

Account Management

Log in to **www.missionsq.org/login** to manage your account, sign-up for e-delivery and text updates, and connect all of your finances in one view.

Your MissionSquare representative:

Adam Ferguson
Retirement Plans Specialist
aferguson@missionsq.org

Plan now for a more comfortable retirement

You might be thinking that you have a lot of time before you need to think about retirement. You're right. But you may need to put that time to work.

Here's why:

- Your pension might not cover all your living expenses in retirement
- You want to save more so you can enjoy your time in retirement
- The more time you have, the easier it is to fill a potential income gap

The sooner you start, the easier it can be.

If you wait, it could take much more per pay period to achieve the same goal.

IT'S TIME TO GET STARTED

DEFERRED COMPENSATION MAKES IT EASY

Through your employer's 457(b) deferred compensation plan, you:

Contribute to your account each pay period

Invest that money so it can potentially grow into a lot more

Use tools to monitor your account and make adjustments as needed

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.

Scan this code to enroll online.

Ryan Burk
850-900-6415
burkr10@nationwide.com

NRM-9461AO.7 (08/22)

Nationwide

NACo National Association of Counties

Nationwide Retirement Solutions and Nationwide Life Insurance Company (collectively "Nationwide") have endorsement relationships with the National Association of Counties, the International Association of Fire-Fighters Corporation, the United States Conference of Mayors and the National Association of Police Organizations.

Information provided by Retirement Specialists is for educational purposes only and not intended as investment advice. Nationwide Retirement Specialists and plan representatives are Registered Representatives of Nationwide Investment Services Corporation, member FINRA, Columbus, Ohio.

Benefits Provider Directory

Plan	Carrier	Phone	Website
Medical	Capital Health Plan	850-383-3311	www.capitalhealth.com
	Florida Blue	800-352-2583	www.floridablue.com
Dental	The Standard	800-547-9515	www.standard.com/dental
Vision	Superior Vision	800-507-3800	www.superiorvision.com
Life and AD&D Insurance	USAble	800-370-5856	www.usablelife.com
Supplemental Life	Reliance Standard	800-644-1103	www.reliancestandard.com
Whole Life	Boston Mutual	800-669-2668	www.bostonmutual.com
Long Term Disability	The Standard	850-209-1135	www.standard.com
Flexible Spending Accounts	HealthEquity	855-428-0446	www.wageworks.com/
Legal Insurance	ARAG	800-247-4184	www.ARAGlegal.com Access Code: 11353lcb
Voluntary Coverage	AFLAC	800-992-3522	www.AFLAC.com
Voluntary Coverage	Colonial Life	800-325-4368	www.coloniallife.com
Retirement	FRS	866-446-9377	www.MyFRS.com
Deferred Compensation	Nationwide	850-900-6415	burkr10@nationwide.com
	ICMA	866-328-4672	aferguson@icmarc.org
	VALIC	850-322-3301	crowyns.thervil@aig.com
	National Life/Southwest	850-385-3578	charrison@wmdallc.com
Loans at Work	BMG Money	800-316-8507	www.bmgmoney.com
Employee Assistance Program	N/A	850-422-2000	None
Pet Discount Program	Total Pet Benefits	800-891-2565	www.petbenefits.com/land/leoncountyfl
BenefitHub	N/A	866-664-4621	Leoncountyfl.benefithub.com
Dental, Vision and Term Life	Brown & Brown	850-907-3179	www.bbrown.com

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

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

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

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

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

Danielle Woods, Leon County Government (850) 606-2400
Christina Church-Hillman, Leon County Clerk of Courts (850) 606-4044
Scott Kittel, Leon County Supervisor of Elections (850) 606-8704

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

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

For more information about Medicare prescription drug coverage:

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

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

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

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

Date:	September 2023
Name of Entity/Sender:	Capital Health Plan
Contact--Position/Office:	Member Services
Address:	Post Office Box 15349, Tallahassee, FL 32317
Phone Number:	850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. – 8:00 p.m., seven days a week, October 1 – March 31; and 8:00 a.m. – 8:00 p.m., Monday – Friday, April 1 – September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. – 7:00 p.m.

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

You must continue to pay your Medicare Part B premium.

H5938_DP300_C2020

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

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

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

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

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

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

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

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

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Florida Blue/Florida Blue PPO and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…
For more information call:

Danielle Woods, Leon County Board of County Commissioners (850) 606-2400
Christina Church-Hillman, Leon County Clerk of Courts (850) 606-4044
Scott Kittel, Leon County Supervisor of Elections (850) 606-8704

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

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

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

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

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

Date:	September 2023
Name of Entity/Sender:	Florida Blue
Contact--Position/Office:	Customer Service
Phone Number:	1-800-352-2583

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

You must continue to pay your Medicare Part B premium.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
Leon County Board of County Commissioners	596000708
5. Employer address	6. Employer phone number
315 S. Calhoun Street. Suite 210	850-606-2400

7. City	8. State	9. ZIP code
Tallahassee	FL	32301

10. Who can we contact about employee health coverage at this job?	
Human Resources. Monday through Friday from 8:00 a.m. to 5:00 p.m.	
11. Phone number (if different from above)	12. Email address

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

-Employees that work an average of 30 hours or more each week are eligible.

-Employees that work less than 30 hours per week are not eligible for coverage. If an employee becomes eligible following the measurement period, the employee will be notified.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouse, Domestic Partners and Dependent Children as defined in the Capital Health Plan and Florida Blue Documents.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

Paperwork Reduction Act Statement

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

** Continuation Coverage Rights Under COBRA**

Introduction

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

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

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

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information:* must pay *or* aren't required to pay] for COBRA continuation coverage.

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

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

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

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

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

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

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Leon County Board of Commissioners, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).
- Commencement of a proceeding in bankruptcy with respect to the employer

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

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Are there other coverage options besides COBRA Continuation Coverage?

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

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

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

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

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

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

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

If you have questions

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

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

Keep your Plan informed of address changes

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

Plan contact information

Leon County Human Resources
315 S. Calhoun St., Ste. 210
Tallahassee, FL 32301
(850) 606-2400

SUMMARY OF FEDERAL AND STATE REGULATIONS IMPACTING EMPLOYEE BENEFITS

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

Health Care Reform

Grandfathered Notice

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

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

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

Patient Protection Disclosure

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

You do not need prior authorization from Capital Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or

procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Capital Health Plan at (850) 383-3311.

Notice- Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of benefits under Capital Health Plan and Blue Cross Blue Shield no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. **Individuals have 30 days from the date of this notice to request enrollment.** For more information contact the Leon County Human Resources Office at (850) 606-2400.

HIPAA Special Enrollment Rights

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

Special Enrollment Rights for Loss of Medicaid or CHIP Coverage

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

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

Newborns' Act Disclosure Requirement

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

Women's Health and Cancer Rights Act of 1998

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

- All stages of reconstruction of the breast on which the mastectomy was performed.

- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

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

Mental Health Parity

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

Michelle's Law

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

State of Florida-Health Coverage for Over Age Dependents

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

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

- Between the ages of 25 and 30, and;
- Unmarried without dependents of their own, and;
- A Florida resident or a full time or part time student, and

- Is not covered under any other health plan or policy, and
- Is not entitled to coverage under Medicare

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

Tax Implications
- All premiums for overage-dependent coverage will be deducted on an after-tax basis from employee paychecks on a bi-weekly basis (24 paychecks per year).
- If you are enrolled in the Florida Blue Plan and add an overage dependent, the value of the overage dependent coverage **($877.37 per month**) for each overage age dependent enrolled) will be added to your taxable gross as imputed earnings for Federal income taxes as well as for Medicare. Federal income taxes will be withheld from your paycheck based on imputed earnings. Capital Health Plan charges an additional (**$944.48 per month**) premium for each overage dependent; therefore, no imputed earning value will be added to your taxable gross.

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

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

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

If you have any questions concerning the use of your social security number, please contact Human Resources at 850-606-2400.

Brown & Brown

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

Brown & Brown Insurance
(850) 907-3179 | rory.krivit@bbrown.com