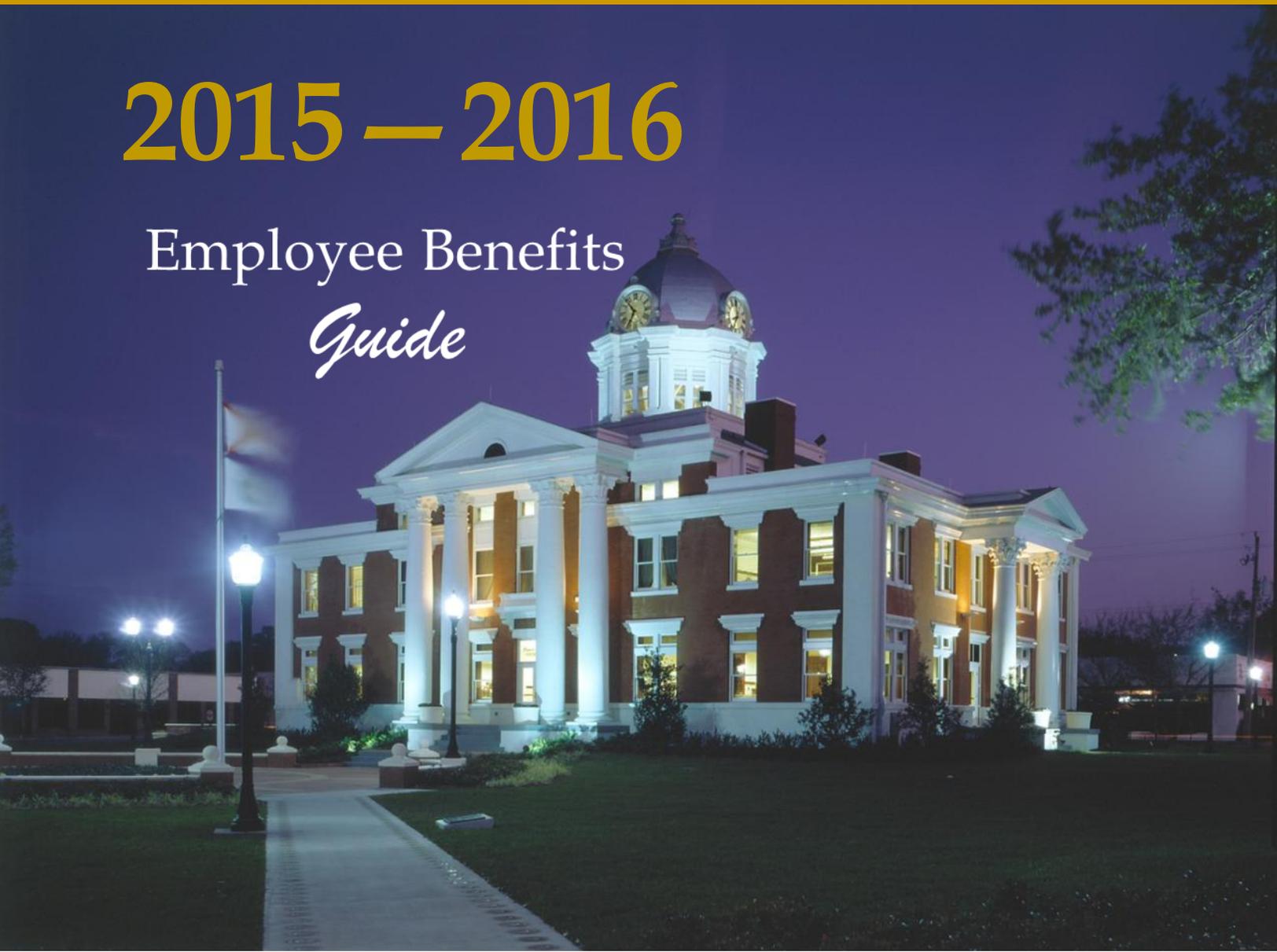




2015 – 2016

Employee Benefits *Guide*



**This guide is intended to provide a review of the many benefits available to you as an employee of Pasco County. Please take the time to become familiar with your choices. Additional information is available from Human Resources and the providers. Thank you for your service to Pasco County.
Plan Year October 1, 2015 - September 30, 2016**

Welcome

Introduction

Pasco County understands that your benefits are important to you and your family. Helping you understand the benefits available to you is essential. This Benefits Guide provides a description of our benefit program.

This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans, but rather a quick reference to help answer most of your questions. Please see the carrier benefit summaries for more details.

Included in this guide are summary explanations of the benefits, as well as contact information for each provider. It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you.

We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable co-payments and deductibles, how to file claims, preauthorization requirements, participating networks and services that may be limited or not covered (exclusions). We hope this guide will give you an overview of your benefits and help you be better prepared for the enrollment process.

Be sure to also visit the Inside Pasco Benefits page for more information on wellness, prescription discounts, and many other resources.



Benefits Eligibility

Employee Eligibility

Benefit eligible employees are provided an opportunity to participate in the Pasco County sponsored benefits program upon initial hire and annually during Open Enrollment. You are eligible for benefits on the first day of the month following 60 days of employment if you are a full-time employee regularly scheduled to work 30 or more hours per week. Please refer to the following guidelines regarding eligibility and election changes.

Dependent Eligibility—Medical & Dental

A dependent is defined as a covered employee's legal spouse or a dependent child of the employee or employee's spouse. Dependent children will be covered through the end of the calendar year in which they turn age 26.

A dependent child is defined as:

- A natural child
- A step-child
- A legally adopted child
- A child placed for adoption
- A child for whom legal guardianship has been awarded to the covered employee or the employee's spouse
- Unmarried children of any age who become mentally or physically disabled before reaching the age limit

FL Statute 627.6562 Dependent Coverage: Health insurance coverage is available for dependents ages 26 to 30. To qualify for coverage your dependent must be unmarried with no children of their own, be a resident of the state of Florida or a full or part-time student and not be covered under any other group or individual plan including entitlement under Social Security.

Medicare Part D Information

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please refer to the Medicare D notice in this benefits guide for more details.

Important Contacts

YOUR Responsibility

Before you enroll, make sure you understand the plans and ask questions if you do not. After you enroll, you should always check your first paycheck stub to make sure that the correct amount is being deducted and all of the benefits you elected are included.

Any corrections must be made within the first 30 days of enrollment. You should also verify that all beneficiary information is up to date.

Many services require **pre-authorization**. It is your responsibility to determine when a pre-authorization will be necessary. Be sure to discuss with your physician and review insurance contract documents.

Qualifying Event

Most insurance choices made at Open Enrollment (August 3, 2015 - August 14, 2015) cannot be changed until the next annual Open Enrollment period. The only exception to this IRS Section 125 Rule is if you experience a "Qualifying Event." A Qualifying Event allows you to make a change to your benefit elections within 30 days of the event. See page 4 regarding pre-tax elections.

Examples of Qualifying Events include, but not limited to:

- Marriage
- Divorce or legal separation
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other group insurance coverage
- Death

If you experience a Qualifying Event, contact Human Resources and submit all required documents within 30 days of the event.



Having a claim issue? Need to find a provider? Questions on a procedure? Before calling Risk Management try one of our carrier partners.

Medical: Florida Blue (Page 5-8)

Provider Search Web Address: www.floridablue.com
Member Services: (800) 352-2583

Pasco County Health and Wellness Center (Page 9)

Dade City and New Port Richey: (866) 959-9355

Dental: Florida Combined Life (Page 10-11)

www.floridabluedental.com
Member Services: (877) 325-3979 (DHMO)
(888) 223-4892 (PPO)

Dental: Humana/CompBenefits (Page 12-13)

Web Address: www.mycompbenefits.com
Member Services: (800) 342-5209

Vision: AlwaysCare (Page 14)

Web Address: www.alwayscarebenefits.com
Member Services: (888) 729-5433 ext. 2013

Employee Assistance Program: ComPsych (Page 15)

Web Address: www.guidanceresources.com
Member Services: (800) 272-7255
Company Web ID: COM589

Life & Disability: Reliance Standard (Page 16-19)

Web Address: www.rsli.com
Member Services: (800) 351-7500

Florida Retirement Services (Page 17)

Web Address: www.myfrs.com
Member Services: (866) 446-9377

Voluntary Products: AFLAC (Page 20-21)

Web Address: www.aflac.com
Member Services: (727) 847-1750 (Steve Roach)

Medical, Dental & Vision Payroll Deductions

Monthly Premiums - Pasco County pays for employee coverage

Medical	Blue Options 3900 (PPO)	BlueCare 52 (HMO)	Blue Options 5781 (PPO)	BlueCare 56C (HMO)	BlueCare 122/123 (HMO with HSA)
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$0	\$264.16	\$139.16	\$350.84	\$58.00
Employee + Child(ren)	\$0	\$126.72	\$1.72	\$185.16	\$0
Employee + Family	\$272.04	\$562.96	\$562.96	\$861.64	\$297.04

Dental	Florida Combined BlueDental Care P210 DHMO	Florida Combined BlueDental Choice PPO Copayment	Florida Combined Choice PPO Plus	Humana DHMO CS 250	Humana Elite Preferred PPO 600
Employee Only	\$7.49	\$18.14	\$23.71	\$11.36	\$13.94
Employee + 1	\$13.56	\$37.36	\$48.83	\$21.60	\$26.82
Employee + Family	\$22.35	\$61.46	\$80.33	\$29.42	\$46.04

Vision	Enhanced Low Option	Enhanced High Option
Employee Only	\$4.88	\$6.28
Employee + Spouse	\$10.34	\$13.28
Employee + Child(ren)	\$9.76	\$12.54
Employee + Family	\$16.30	\$20.92

Deductions taken on the 1st and 2nd payday each month. Divide monthly premium by 2.

Pre-Tax vs. Post-Tax

You may elect to have medical, dental, vision, and select Aflac insurance premiums deducted from your pay on a pre or post-tax basis in accordance with IRS Section 125. Pre-tax elections are irrevocable within the plan year for which they are made unless you experience a qualifying event. With the pre-tax election, your premiums are deducted from your gross pay before Medicare, Federal, and State taxes are calculated thus reducing your tax liability.

Insurance premiums that are post-tax are deducted from your pay after Medicare, Federal and State taxes are calculated and do not reduce your taxable gross salary.

Certain deductions, such as those for short-term disability, are automatically taken on a post-tax basis. This allows your benefit payments to be paid to you tax free.

Medical Benefits

Administered by Florida Blue

HMO or PPO?

Pasco County offers you five plan options to choose from; three BlueCare HMO options and two BlueOptions PPO options.

The BlueCare HMO plans consist of a broad network of physicians and hospitals. Benefits are provided for services rendered only by participating physicians and facilities. Services rendered by non-participating physicians and facilities are not covered unless it is an emergency. If you elect one of the BlueCare options you will need to elect a primary care physician, however, you do not need referrals to see specialists.

One of the HMO plans is a Health Savings Account (HSA) eligible plan. Learn more about HSAs on Page 8.

The BlueOptions PPO plans also provide you access to a broad physician and hospital network. Under these plans you are not required to elect a primary care physician and out-of-network benefits are available. However, you will always save on out-of-pocket costs by seeking out services within the BlueOptions network.

To find a list of physicians go to www.floridablue.com and choose “find a doctor”. Select your doctor or facility information under Step 1. Step 2 requires you to choose your insurance plan. If you want to look at the BlueCare network of physicians choose BlueCare HMO. For the BlueOptions plans choose BlueOptions. Under Step 3 enter your zip code, address or county and also the search distance. You will receive a comprehensive list of doctors for printing or have the results e-mailed to you.



Please note: If you do not actively enroll or actively waive coverage, you will automatically be enrolled in the BlueCare Plan 56C.

Finding Quality Care While Saving Money - Log in to your Florida Blue member account today!

When you receive your Florida Blue member ID card go to www.floridablue.com and click on login/register in the upper right corner of the page. You will be able to:

Research hospitals and facilities - Your cost may vary depending on where you go for care. With the Medical Services Cost Estimator tool, you can research and compare facilities based on their quality, expertise and price.

Compare drug costs and save - Use the interactive Drug Shopper that will show you your cost for brand and generic drugs at pharmacies you select. With mail-order benefits, you will see how much you can save by ordering a 90-day supply.

Save money by using your benefits wisely - When you're faced with major health care decisions, such as surgery, diagnostic tests or ongoing treatment, you have access to a team of Care Consultants. Care Consultants understand your benefits and treatment choices that can save you time and money.

Take advantage of member discounts - With discounts up to 60% on health-related services such as gym membership, weight loss programs, vision care and travel, you will have more affordable choices to help you stay healthy.

Make lab appointments online with Quest Diagnostics - Our members save the most money by using Quest Diagnostics for lab services in Florida. And when you make your appointment online, you will also save valuable time!

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. HMO coverage is offered by Health Options, Inc., D/B/A Florida Blue HMO, an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Medical Benefits



Administered by Florida Blue

Carrier Name	Florida Blue		Florida Blue
Type of Plan	Blue Options 3900 (PPO)		BlueCare 52 (HMO)
Network Access	In Network (Blue Options)	Out of Network	BlueCare
Plan Year Deductibles (PYD)			
Individual	\$1,500	\$4,500	\$1,500
Family	N/A, Each Person Meets PYD	N/A, Each Person Meets PYD	N/A, Each Person Meets PYD
Your Benefit Plan			
Coinsurance (when applicable)	50%	50%	30%
Individual Out-Of-Pocket Maximum	\$6,350	\$20,000	\$6,350
Family Out-Of-Pocket Maximum	\$12,700	\$20,000	\$12,700
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Professional Services			
Primary Care Physician (PCP) Office Visits	\$35 Copay	50% After PYD	\$40 Copay
Specialist Office Visits	\$50 Copay	50% After PYD	\$65 Copay
Preventive Care Visits	No Charge	50%	No charge
Hospital Services			
Inpatient Hospitalization	Option 1 - \$1,500 Option 2 - \$2,500	50% After PYD	30% After PYD
Outpatient Hospitalization	Option 1 - \$300 Option 2 - \$400	50% After PYD	30% After PYD
Urgent Care Center	50% After PYD	50% After PYD	\$85 Copay
Emergency Room	50% After PYD	50% After In Network PYD	\$300 Copay
Independent Lab/ X-ray	No Charge Lab/50% After PYD X-ray	50% After PYD	No Charge/\$65 Copay
MRI, MRA, CT & PET- facility	\$200 Copay	50% After PYD	\$200 Copay
Pharmacy			
Tier 1	\$10 Copay (Generic Only)	50% (Generic Only)	\$10 Copay
Tier 2	Not Covered	Not Covered	\$30 Copay
Tier 3	Not Covered	Not Covered	\$50 Copay
Mail Order Pharmacy (90-day supply)	\$25 Copay (Generics Only)	Not Covered	2.5x Copay

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. HMO coverage is offered by Health Options, Inc., D/B/A Florida Blue HMO, an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Medical Benefits

Administered by Florida Blue

Carrier Name	Florida Blue		Florida Blue
Type of Plan	Blue Options 5781 (PPO)		BlueCare 56C (HMO)
Network Access	In Network (Blue Options)	Out of Network	BlueCare
Plan Year Deductibles (PYD)			
Individual	\$1,500	\$4,500	\$0
Family	\$4,500	\$13,500	\$0
Your Benefit Plan			
Coinsurance (when applicable)	30%	50%	20%
Individual Out-Of-Pocket Maximum	\$5,500	\$11,000	\$2,000
Family Out-Of-Pocket Maximum	\$11,000	\$22,000	\$4,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Professional Services			
Primary Care Physician (PCP) Office Visits	\$30 Copay	50% After PYD	\$25 Copay
Specialist Office Visits	\$55 Copay	50% After PYD	\$35 Copay
Preventive Care Visits	No Charge	50%	No charge
Hospital Services			
Inpatient Hospitalization	30% After PYD	\$500 + 50% After PYD	\$300 per day, up to \$1,500
Outpatient Hospitalization	30% After PYD	50% After PYD	\$100 per visit
Urgent Care Center	\$60 Copay	50% After PYD	\$35 Copay
Emergency Room	\$250 Copay	\$250 Copay	\$100 Copay
Independent Lab/ X-ray	No Charge Lab/\$50 Copay X-ray	50% After PYD	No Charge
MRI, MRA, CT & PET - facility	\$250 Copay	50% After PYD	\$300 Copay
Pharmacy			
Tier 1	\$10 Copay	50%	\$10 Copay
Tier 2	\$60 Copay	50%	\$25 Copay
Tier 3	\$100 Copay	50%	\$40 Copay
Mail Order Pharmacy (90-day supply)	2.5x Copay	Not Covered	2x Copay

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. HMO coverage is offered by Health Options, Inc., D/B/A Florida Blue HMO, an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Medical Benefits

Administered by Florida Blue

Carrier Name	Florida Blue	
Type of Plan	BlueCare 122 - Individual (HMO/H S A Compatible Plan)	BlueCare 123 - Family (HMO/H S A Compatible Plan)
Network Access	BlueCare	
Plan Year Deductibles (PYD)		
Individual	\$5,000	N/A
Family	N/A	\$10,000
Your Benefit Plan		
Coinsurance (when applicable)	0%	0%
Individual Out-Of-Pocket Maximum	\$5,000	N/A
Family Out-Of-Pocket Maximum	N/A	\$10,000
Lifetime Maximum Benefit	Unlimited	Unlimited
Professional Services		
Primary Care Physician (PCP) Office Visits	PYD	PYD
Specialist Office Visits	PYD	PYD
Preventive Care Visits	No charge	No charge
Hospital Services		
Inpatient Hospitalization	PYD	PYD
Outpatient Hospitalization	PYD	PYD
Urgent Care Center	PYD	PYD
Emergency Room	PYD	PYD
Independent Lab/ X-ray	PYD	PYD
MRI, MRA, CT & PET - facility	PYD	PYD
Pharmacy		
Level 1	PYD	PYD
Level 2	PYD	PYD
Level 3	PYD	PYD
Mail Order Pharmacy (90-day supply)	PYD	PYD

Health Savings Account

One of our 2015 plan options is a Health Savings Account (H S A) Compatible Plan. BlueCare 122/123 illustrated to the left)

A Health Savings Account is a tax-advantaged savings account that belongs to you. It is an account paired with a qualifying high-deductible health plan.

Traditional plans have high premiums. At the end of the year, all of the money you have spent on premiums is gone. On the other hand, with a health savings account, the premium is lower, and some of the money you have spent on premiums can go into your savings account instead.

The account belongs to you! You will not lose your money and you take the money with you if you leave your job, retire, or drop out of the health plan. You can use the money in your savings account to pay for qualified out of pocket healthcare expenses, such as deductibles, eyeglasses, dental work, Medicare premiums, and much more.

For all individuals who join the H S A plan 122/123, Pasco County will contribute \$100 a month into your account! If you are enrolled in the plan 12 months, this is \$1,200 in a savings account that belongs to you! The funds in your account must be used for qualified healthcare expenses. Using the funds for items other than those approved by the IRS will result in a 20% penalty to you.



Employee Wellness Centers

The most important thing you can do for you and your family is to stay healthy. Pasco County has partnered with Healthstat to provide a Wellness Center just for you! Our onsite Wellness Center offers Acute Care, Preventive Care and Disease Management and will help you meet your goals and is open to all Pasco County employees, spouses, dependents and retirees **enrolled** in the health insurance plan.

Visit our Wellness Centers and receive:

Acute Care - Do you have a cold, flu, headache or sore throat?

Preventive Care - Stay Healthy! Get your annual physical as well as vaccinations.

Disease Management - Get help developing a treatment plan for chronic conditions such as asthma, diabetes and weight management

You can depend on **Quality of Care** at our Wellness Center: On staff:

Physician - Board-certified with a minimum of five years in primary care specialty.

Nurse Practitioner - performs physicals, interprets tests and provides treatment. The nurse practitioner has a Masters or Doctor's of Nursing Degree.

Location and Hours

Port Richey

7421 Ridge Rd., Unit 110

Port Richey, FL 34668

Monday - Friday: 7:00 a.m. - 6:00 p.m.

Saturday: 7:00 a.m. - 12:00 p.m.

Dade City

36739 State Road 52, Suite 104

Dade City, FL 33525

Tuesday and Thursday: 7:00 a.m. - 6:00 p.m.

Schedule an appointment: 1-866-959-9355

Scheduling Line open

Monday - 7am - 5pm, Tuesday to Friday 7am - 8pm and Saturday 9am - 1pm

Online scheduling available after the first visit!

The wellness center is dedicated to help our employees with acute and preventive care as well as development of a healthy living plan and disease management. The centers should not be used to treat emergency situations such as head injuries, open wounds or chest pains. The wellness centers are not equipped with x-ray or imaging equipment.

healthstat

Dental Benefits

Administered by: Florida Combined Life, Florida BlueDental



Smile Bright!

Website for Florida Combined Life to find participating dental providers:
www.floridabluedental.com

Dental Insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Your Dental Options

You have a total of five dental plan options available to you; three options with Florida Combined and two options with Humana.

Florida Combined Life provides you a choice between (1) a Dental DHMO, (2) a Dental PPO with copayments, and (3) a Dental PPO.

DHMO

When you select the DHMO (BlueDental Care), you will need to select a contracted dentist for each family member. When seeking dental care, you must go to your DHMO-selected dentist in order to receive plan benefits. Plan benefits are not available when you seek care from a non-contracted dentist.

The DHMO offers you comprehensive dental benefits at an affordable payroll deduction. All benefits are subject to a schedule that outlines copays and charges for services. For a complete summary of copays by procedure, please refer to the Florida Combined Life BlueDental Care benefit summary.

In order to change your DHMO dentist, you should contact Florida Combined Life and make a primary dentist selection change.

PPO (Blue Dental Choice)

BlueDental Choice Copayment

This PPO is a lower cost, easy-to-use program that stresses preventive care. You have the freedom to go in or outside of the Blue network, but you will always save on out-of-pocket costs by seeking out care from a participating dentist. When you use a participating dentist, you will pay a specified copayment for each procedure, and you will always know up front what your cost will be.

BlueDental Choice (Plus)

This PPO allows you the freedom to go in or outside of the network and includes an annual deductible and plan maximum. Your coinsurance will be based on the service rendered.

Predetermination Review - Florida Combined Life can assist you and your dentist by determining which benefits would be payable for services and procedures. Have your dentist fax your treatment plan to Florida Combined and note that it is a predetermination review.

Please note: there is a 12 month waiting period for major services under the PPO plan. Unless you had prior creditable coverage with the County under another dental plan, you will not be eligible for benefits for services listed under the major services category (Type III) for 12 months.

Dental Options

Carrier	Florida Combined Life (Florida BlueDental)				
Plan	BlueDental Care P210 DHMO	BlueDental Choice PPO copayment		BlueDental Choice PPO Plus	
Network Access	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum	\$0	\$1,000		\$1,000	
	Your Responsibility	Your Responsibility		Your Responsibility	
Calendar Year Deductible (CYD)					
Individual / Family	\$0	\$50 / \$150		\$100/\$300	
Dental Description	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive-Class I					
Routine Office Visits	\$10 copay	\$0	30%	\$0	20%
Teeth Cleaning	\$0	\$10 copay	30%	\$0	20%
Full Mouth/Panoramic X-rays	\$0	\$14 copay	50% after CYD	20% after CYD	50% after CYD
Basic-Class II					
Fillings	See Benefit Summary	See Benefit Summary	50% after CYD	20% after CYD	50% after CYD
Simple Extractions	\$35 copay	\$17 copay	50% After CYD	20% after CYD	50% after CYD
Periodontal scaling	\$65 copay per quadrant	\$61 copay per quadrant	65% after CYD	20% after CYD	50% after CYD
Endodontics	See Benefit Summary	See Benefit Summary	65% after CYD	20% after CYD	50% after CYD
Major-Class III					
Dentures	\$375 + Lab	See Benefit Summary	65% After CYD	50% after CYD	70% after CYD
Crowns*	\$370 per tooth	See Benefit Summary	65% After CYD	50% after CYD	70% after CYD
Orthodontia	Children & Adults	Children & Adults		Children & Adults	
Benefit	25% discount	20% discount	Not Covered	20% discount	Not Covered

*These copayments do not include the additional cost of precious and semiprecious metal.

Dental Insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Dental Benefits

Administered by: Humana



And even more
to **smile** about!

Website for Humana to find participating
dental providers:
www.mycompbenefits.com

Your Dental Options

Humana provides you with additional dental plan options by offering: (1) a Dental DHMO and (2) a Dental PPO.

DHMO (CS 250)

When you select the DHMO you will have the opportunity to visit any of the general dentists within the Humana network as well as the alternative of seeing a network Specialist Dentist to complete more intricate procedures. When you consult the schedule of benefits, you will know up front how much your out-of-pocket will be. Any procedure not listed in the schedule of benefits is eligible for a 25% discount.

When you enroll in the Humana DHMO, you will want to elect your primary care dentist. This election can be changed at any time by calling Humana or by logging into www.mycompbenefits.com.

PPO (Elite Preferred 600)

This PPO emphasizes preventive care—routine exams, cleanings, and x-rays—the simplest way to keep those nasty toothaches away. You can obtain benefits in or outside of the Humana network. You will always save on out-of-pocket costs by seeking services from a provider within the network.

Please note: there is a 12 month waiting period for major services under the PPO plan. Unless you had prior creditable coverage with the County under another dental plan, you will not be eligible for benefits for services listed under the major services category (Type III) for 12 months.

Predetermination Review - Humana can assist you and your dentist by determining which benefits would be payable for services and procedures. Have your dentist fax your treatment plan to Humana, note that it is a predetermination review and Humana will let your dentist know which benefits would be payable.

Dental Options

Carrier	Humana/CompBenefits		
Plan	DHMO CS 250	PPO Elite Preferred 600	
Network Access	In-Network	In-Network	Out-of-Network
Calendar Year Maximum	\$0	\$1,000	
	Your Responsibility	Your Responsibility	
Calendar Year Deductible			
Individual / Family	\$0	\$50 / \$150	
Dental Description	In-Network	In-Network	Out-of-Network
Preventive-Class I			
Routine Office Visits	\$5 copay	\$0	20%
Teeth Cleaning	\$0	\$0	20%
Full Mouth/Panoramic X-rays	\$0	20% after CYD	50% after CYD
Basic-Class II			
Fillings	See Schedule of Benefits	20% after CYD	50% after CYD
Simple Extractions	\$25 copay	50% after CYD	75% after CYD
Periodontal scaling	\$55 copay per quadrant	50% after CYD	75% after CYD
Endodontics	See Schedule of Benefits	50% after CYD	75% after CYD
Major-Class III			
Dentures	\$325 + lab	50% After CYD	75% After CYD
Crowns	\$310 per tooth + lab	50% After CYD	75% After CYD
Child and Adult Orthodontia	Children & Adults		
Benefit	See Schedule of Benefits	Not Covered	

Vision Benefits

Administered by AlwaysCare



Your vision is important to your health. Whether your vision is 20/20 or less than perfect, everyone needs to take good care of their eyes.

The AlwaysCare vision plans are being offered as a part of Pasco County's commitment to your well-being.

The AlwaysCare program provides affordable, quality vision care, nationwide. Through the AlwaysCare provider network, you can obtain a comprehensive vision examination, as well as eyeglasses (lenses and frames) or contact lenses in lieu of eyeglasses.

Carefully review the vision care program summary provided and take advantage of this very important benefit. You can call AlwaysCare's Customer Service Center at 888-729-5433 ext. 2013 for any questions you may have regarding contracted providers or coverage.

Hearing Benefit

As an AlwaysCare member you are also eligible for the HearingSavings Plan. This benefit provides discounts on name brand hearing instruments and accessories.

Enhanced High Option

Enhanced Low Option

Network Access	In-Network	Out-of-Network	Network Access	In-Network	Out-of-Network
Eye Exam	\$10 Copay per visit	Up to \$35 Reimbursement	Eye Exam	\$10 Copay per visit	Up to \$35 Reimbursement
Frequency	12 Months		Frequency	12 Months	
Materials			Materials		
Lenses (Standard Plastic)			Lenses (Standard Plastic)		
Single Vision	\$25 Copay	Up to \$25 Allowance	Single Vision	\$25 Copay	Up to \$25 Allowance
Bifocals	\$25 Copay	Up to \$40 Allowance	Bifocals	\$25 Copay	Up to \$40 Allowance
Trifocals	\$25 Copay	Up to \$50 Allowance	Trifocals	\$25 Copay	Up to \$50 Allowance
Frequency	12 Months		Frequency	12 Months	
Frames			Frames		
Selected Frames	\$150 Allowance	Up to \$50 Reimbursement	Selected Frames	\$125 Allowance	Up to \$50 Reimbursement
Frequency	12 Months		Frequency	24 Months	
Contacts			Contacts		
Fitting, Follow Up & Lenses in lieu of glasses and frames (elective)	\$150 Allowance \$10 copay applies to standard fitting	Up to \$100 Reimbursement	Fitting, Follow Up & Lenses in lieu of glasses and frames (elective)	\$125 Allowance \$20 copay applies to standard fitting	Up to \$100 Reimbursement
Medically Necessary Contacts	No Charge	Up to \$250 Reimbursement	Medically Necessary Contacts	No Charge	Up to \$250 Reimbursement
Frequency	12 Months		Frequency	12 Months	

Employee Assistance Program (EAP)

Administered by ComPsych

Employee Assistance Program (EAP)

From time to time, many of us face problems at work or at home that we are not sure how to handle. These can range from employer problems to marital problems or even substance abuse. That's why Pasco County is pleased to offer its employees a confidential Employee Assistance Program administered by ComPsych.

This program offers you professional assistance in dealing with almost any life issue. From stress or depression to legal or financial issues, the Pasco County **EAP can help!**

These services are available to you and your dependents by calling a toll-free phone line open 24 hours a day/7 days a week. All conversations are confidential and private. In addition to support over the telephone, each employee and family member can receive up to 6 sessions with a counselor per issue each calendar year.

Types of issues for which you can obtain support:

- **Confidential Counseling** for stress, depression, family issues, substance abuse, child care, work life services, educational resources, marriage counseling, and elder care resources.
- **Financial Information & Resources** such as investment plans, estate planning, debt reduction, retirement planning, bankruptcy, tax support, college funding, and budget management.
- **Legal Support & Resources** including telephonic counseling, referrals and discounts for services, such as creating or modifying a will, consumer issues, criminal matters, living wills, power of attorney, separation and divorce, and traffic matters.
- **GuidanceResources Online** information on work, school, children, wellness, legal and financial issues, and more. Contains timely articles and "ask the expert" for personal responses to your questions.

Confidential and Here to Help!

Web Address: www.guidanceresources.com

Employee Services: (800) 272-7255
Company Web ID COM589



Life & Accidental Death Insurance

Administered by Reliance Standard Life Insurance

Basic Life Insurance

Pasco County provides you with a Basic Life insurance benefit in the amount of \$5,000 at no cost to you. Effective January 1, 2016 this amount will increase to \$25,000.

The Plan will also match your Basic Life Insurance benefit for Accidental Death or Dismemberment (AD&D). The AD&D benefit will provide your beneficiary with an additional amount equal to the life insurance in force if death is due to an accident. If the employee is dismembered (such as loss of an eye or limb), benefits will be paid to the employee as a percentage of the AD&D amount.

Beneficiary Information

Please make sure that your beneficiary information is up to date and correct. Please contact the Human Resources department for a beneficiary form if you need to make changes. If you do not specify a beneficiary, benefits will be distributed in accordance with the insurance contract, and/or by law.

Supplemental Life Insurance

You can purchase supplemental life insurance for yourself and your dependents through Reliance Standard Life. In order to elect coverage for your dependent spouse and/or child(ren), you must elect additional coverage for yourself. Employee & Spouse rates vary depending on age and benefit amount.

- Employee Coverage – As an employee, you can apply for additional life insurance in increments of \$10,000 not to exceed \$500,000. Newly eligible employees have a Guarantee Issue amount of \$100,000 meaning you will be automatically approved without having to answer medical questions. Evidence of Insurability will be required if you are applying for an amount over the Guarantee Issue or if you are not newly eligible.
- Spouse Coverage – As an employee, you can apply for additional life insurance for your spouse in increments of \$5,000 not to exceed 50% of your elected voluntary insurance amount. You may purchase additional life insurance for your spouse in amounts between \$5,000 to a maximum of \$50,000.
- Child(ren) Coverage – As an employee, you can purchase life insurance for your child(ren) up to a maximum of \$25,000. Children from birth to 14 days are not eligible for a benefit. Children age 15 days to 6 months, the amount is limited to \$5,000 and age 6 months to 20 years (26 if full-time student), the maximum amount is \$25,000. One premium amount covers all children; not just one child.

Evidence of Insurability - If you elect to enroll, and are a newly eligible employee, you are guaranteed up to \$100,000 of Voluntary Life Insurance coverage with *no medical information required*. You must provide evidence of insurability if applying over the guarantee issue or not newly eligible and will be subject to approval by Reliance Standard Life. If you do not elect this benefit when you are initially eligible and decide to elect it during a subsequent open enrollment period, you will be subject to medical underwriting for all amounts.

You can obtain an Evidence of Insurability form from Human Resources.

Voluntary Accidental Death & Dismemberment Insurance

You can also elect voluntary Accidental Death & Dismemberment coverage for yourself and your dependents. Benefits are payable if death is due to a covered accident. Benefits are also payable for accidental loss of limb, sight or speech.

Employee—Increments of \$10,000 to a maximum of \$100,000

Spouse—Increments of \$5,000 to a maximum of \$50,000

Child(ren) - Increments of \$5,000 to a maximum of \$25,000

Disability Benefits

Administered by Reliance Standard Life Insurance

Short Term Disability (STD) Benefits

You can purchase Short Term Disability (STD) insurance for yourself through after tax payroll deductions. In the event you become disabled due to either illness or off-the-job injury and are unable to perform the duties of your job, STD benefits provide income that supplements your lost wages. After 14 calendar days of your inability to work due to sickness or injury, the plan will reimburse you up to 66.67% of your weekly earnings up to \$500 per week. The maximum benefit period is 13 weeks.

Long Term Disability (LTD) Benefits

Pasco County offers you the opportunity to enroll in Long Term Disability (LTD) insurance. The premiums for LTD coverage will be payroll deducted after tax. If you do not enroll when initially eligible you will be considered a late entrant and subject to underwriting approval.

Voluntary Long Term Disability Insurance helps to replace your income if you are sick or injured and cannot work and is designed to begin after you have been disabled for a pre-determined waiting period (90 days) LTD benefit pays 60% of monthly earnings not to exceed a maximum of \$5,000 per month.

Retirement Benefits

Florida Retirement System (FRS)

The Florida Retirement System offers you the option of participating in two FRS retirement plans: the FRS Investment Plan and the FRS Pension Plan.

The FRS Investment Plan is a defined contribution plan in which employer and employee contributions are defined by law, but your ultimate benefit depends in part on the performance of your investment funds. The FRS Investment Plan is funded by employer and employee contributions that are based on your salary and FRS membership class. The Investment Plan directs contributions to individual member accounts, and you allocate your contributions and account balance among various investment funds.

The FRS Pension Plan is a defined benefit plan, in which you are promised a benefit at retirement if you meet certain criteria. The amount of your future benefit is determined by a formula, based on your earnings, length of service, and membership class. Your benefit is pre-funded by contributions paid by your employer.

You can get more information at www.myfrs.com. Make sure to register for an account, take advantage of the videos, workshops and other information available to you.

Deferred Compensation

In addition to the FRS, employees have the option to participate in Deferred Compensation (457) retirement plans. These tax-deferred, employee-funded plans allow you to have a set amount deducted each paycheck and invested in select funds. Our Deferred Compensation participating companies are listed below.

Nationwide Retirement Solutions Plan #37604001 (Sandy Andaverde 863-259-0321/Jacob Sours 614-435-8366

www.nrsforu.com)

ICMA Plan #300371 (Meghan Doherty 866-620-6070 ext. 4938 www.icmarc.org)

Mass Mutual (Hartford) Plan #109158 (Jason Cintron 352-428-8902 www.massmutual.com)

VALIC Plan #56190 (Randy Ramos 813-269-3357 www.valic.com)

Supplemental Life Insurance

Administered by Reliance Standard Life Insurance

Supplemental Life Insurance Premium (Post-Tax)

Age	Employee Monthly Rates per \$10,000 of Coverage*	Spouse Monthly Rates per \$5,000 of Coverage*	Children (All Ages per \$5,000)*
18-24	\$0.60	\$0.30	\$146
25-29	\$0.70	\$0.36	
30-34	\$0.80	\$0.40	
35-39	\$1.00	\$0.50	
40-44	\$1.30	\$0.66	
45-49	\$2.20	\$1.10	
50-54	\$3.60	\$1.80	
55-59	\$6.20	\$3.10	
60-64	\$9.70	\$4.86	
65-69	\$10.50	\$5.26	
70+	\$14.30	\$7.16	

	Coverage		Increment	=	Units	X	Rate	=	Monthly Premium
Employee	\$	÷	\$10,000	=		X	\$	=	
Spouse	\$	÷	\$5,000	=		X	\$	=	

Voluntary Accidental Death & Dismemberment (Post-Tax)

Age	Employee Monthly Rates per \$10,000 of Coverage*	Spouse Monthly Rates per \$5,000 of Coverage*	Children (All Ages per \$5,000)*
All Ages	\$0.30	\$0.10	\$0.10

	Coverage		Increment	=	Units	X	Rate	=	Monthly Premium
Employee	\$	÷	\$10,000	=		X	\$	=	
Spouse	\$	÷	\$5,000	=		X	\$	=	

*The Pasco County BOCC Life and AD&D contract will renew effective January 1, 2016. The rates shown are subject to increase at that time.

Voluntary Disability Insurance

Administered by Reliance Standard Life Insurance

How to Calculate the Short-Term Disability Premium (Post-Tax)

Divide your annual income by 52 to determine your Covered Weekly Earnings (CWE). Use the lesser of your CWE or \$750, and multiply by the rate for your age. Multiply this amount by .6667 and divide that amount by 10. The amount equals your monthly rate.

Age	Rate
18-49	\$0.37
50-54	\$0.50
55-59	\$0.72
60-64	\$0.86
65-69	\$1.06
70+	\$1.06

1. Your annual earnings
2. Divide by 52 $\div 52$
3. Equals weekly earnings
4. Lesser of weekly earnings or \$750
5. Age-based rate from chart
6. Rate x amount on line 4
7. Amount from 6 x .6667
8. Divide by 10 $\div 10$
9. Equals monthly cost

Example : Becky's earnings are \$48,000 per year and she is 47 years old. Becky's STD benefit is based on \$48,000/52 or earnings of \$923 per week. Becky's monthly cost is $(\$750 \times \$0.37 \times .6667) \div 10 = \18.50 .

How to Calculate the Long-Term Disability Premium (Post-Tax)

Divide your annual income by 12 to determine your Covered Monthly Earnings (CME). Use the lesser of your CME or \$8,333, and multiply by the rate for your age. Divide this amount by 100. The amount equals your monthly rate.

Age	Rate
18-24	\$0.17
25-29	\$0.22
30-34	\$0.306
35-39	\$0.438
40-44	\$0.57
45-49	\$0.90
50-54	\$1.29
55+	\$1.71

1. Your annual earnings
2. Divide by 12 $\div 12$
3. Equals monthly earnings
4. Lesser of monthly earnings or \$8,333
5. Age-based rate from chart
6. Rate x amount on line 4
7. Divide by 100 $\div 100$
8. Equals monthly cost

Example : Becky's earnings are \$48,000 per year and she is 47 years old. Becky's LTD benefit is based on \$48,000/12 or earnings of \$4,000 per month. Becky's monthly cost is $(\$4,000 \times \$0.90) / 100 = \$36.00$.

Additional Voluntary Benefits

Administered by AFLAC

Accident Indemnity Advantage 2

The Accident Indemnity plan will pay you in the event you are injured in an accident. The plan will provide added financial resources to help you pay for expenses incurred as a result. Flat dollar amounts are payable for wellness visits, x-rays, emergency treatment, hospitalization and more. You can choose to cover yourself and your eligible family members. Contributions are taken on a pre-tax basis. Class A amounts are for employees who spend at least 80% of their working hours in an office environment. Class B is for all others.

Monthly Payroll Deductions (Pre-Tax)

Accident Indemnity	Class A	Class B
Employee Only	\$19.37	\$22.36
Employee + Spouse	\$27.30	\$33.28
Employee + Child(ren)	\$31.33	\$35.75
Employee + Family	\$39.26	\$46.67

Cancer Care Preferred Plan

This plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of benefits payable throughout the cancer treatment. You can use these cash benefit to pay for out-of-pocket medical expenses, the rent or mortgage, groceries or bills. Your choice. A wellness benefit is also payable under the plan. Contributions are taken on a pre-tax basis and coverage is available for your and your eligible dependents.

In addition to the base plan you can also choose to add additional riders to your plan. Contact the Aflac representative for details.

Monthly Payroll Deductions (Pre-Tax)

Cancer Care Preferred	Base Premium	Initial Diagnosis Rider (per unit)	Specified Disease Rider	Return of Premium Rider	Dependent Child Rider
Employee Only	\$14.82	\$1.30	\$.91	\$8.54	N/A
Employee + Spouse	\$26.65	\$2.86	\$1.69	\$15.60	N/A
Employee + Child(ren)	\$14.82	\$1.30	\$.91	\$8.97	\$.91
Employee + Family	\$26.65	\$2.86	\$1.69	\$16.08	\$.91

Additional Voluntary Benefits

Administered by Aflac

Critical Care and Recovery

The Critical Care Recovery Plan pays you cash in the event you experience a catastrophic event such as a heart attack or stroke. Benefits payable include a \$5,000 First-Occurrence Benefit, a \$2,500 Reoccurrence Benefit and a \$300 per day Hospital Confinement Benefit.. The plan has no lifetime maximum and is completely portable. Contributions are based on your age and you can also cover your spouse.

Monthly Payroll Deductions (Pre-Tax)

Critical Care & Recovery	18-35	36-45	46-55	56-70
Employee Only	\$9.10	\$14.17	\$19.63	\$26.52
Employee + Spouse	\$13.00	\$21.71	\$32.50	\$47.71

Personal Short Term Disability

If you become disabled and cannot work, this benefit will provide you with a source of income to help you continue to pay your bills. You can choose your monthly benefit and your maximum benefit period. Contributions are based on your age and income. Class A amounts are for employees who spend at least 80% of their working hours in an office environment. Class B is for all others.

Class A Monthly Payroll Deductions (Post-Tax)

Annual Income Required	Monthly Disability Income	Ages 18-49		Ages 50-64	
		12 month	24 month	12 month	24 month
\$12,000	\$700	\$19.11	\$32.76	\$22.75	\$40.04
\$23,000	\$1,000	\$27.30	\$46.80	\$32.50	\$57.20
\$38,000	\$1,500	\$40.95	\$70.20	\$48.75	\$85.80
\$50,000	\$1,900	\$51.87	\$88.92	\$61.75	\$108.68

Class B Monthly Payroll Deductions (Post-Tax)

Annual Income Required	Monthly Disability Income	Ages 18-49		Ages 50-64	
		12 month	24 month	12 month	24 month
\$12,000	\$700	\$20.93	\$34.49	\$29.12	\$49.14
\$23,000	\$1,000	\$29.90	\$49.40	\$41.60	\$70.20
\$38,000	\$1,500	\$44.85	\$74.10	\$62.40	\$105.30
\$50,000	\$1,900	\$56.81	\$93.86	\$79.04	\$133.38

Annual Disclosures

HIPAA Special Enrollment Rights – If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the health coverage).

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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

Michelle's Law – The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after January 1, 2010.

If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

Your employer will require a written certification from the child's physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

Section 111 – Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

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 (WHCRA). 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
- •• 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.

The Newborn's and Mother's Health Protection Act - Group health plans and health insurance issuers 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 insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

Annual **Disclosures**

Patient Protection: If the Group Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the carrier 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 the 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, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

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, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDSNOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the 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 January 31, 2015. You should contact your State for further information on eligibility.

Annual Disclosures

ALABAMA - Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447
ALASKA - Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529
COLORADO - Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Service Contact Center: 1-800-221-3943
FLORIDA - Medicaid
Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268
GEORGIA - Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
INDIANA - Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949
IOWA - Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS - Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884
KENTUCKY - Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
LOUISIANA - Medicaid
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447

MAINE - Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741
MASSACHUSETTS - Medicaid and CHIP
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120
MINNESOTA - Medicaid
Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739
MISSOURI - Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA - Medicaid
Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084
NEBRASKA - Medicaid
Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
NEVADA - Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE - Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
NEW JERSEY - Medicaid and CHIP
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
NEW YORK - Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA - Medicaid
Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100

Annual Disclosures

NORTH DAKOTA - Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA - Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON - Medicaid
Website: http://www.oregonhealthykids.gov http://hijosaludablesoregon.gov Phone: 1-800-699-9075
PENNSYLVANIA - Medicaid
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462
RHODE ISLAND- Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300
SOUTH CAROLINA - Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS - Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493

UTAH - Medicaid and CHIP
Medicaid Website: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414
VERMONT - Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA - Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
WASHINGTON - Medicaid
Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA - Medicaid
Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
WISCONSIN - Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING - Medicaid
Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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

Medicare D Notice (Creditable Coverage plans 56,52, 5781 and 122)

Important Notice from Pasco 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 Pasco County 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 a minimum standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Pasco County has determined that the prescription drug coverage administered by Florida Blue 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 through 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 Pasco County coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Pasco County 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 Pasco County 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.

Medicare D Notice (Creditable Coverage plans 56,52, 5781 and 122)

Important Notice from Pasco County About Your Prescription Drug Coverage and Medicare (continued)

If you have 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 leave 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:** This notice will be updated each year. You will receive it before the next period you can join a Medicare drug plan and if this coverage through Pasco County 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 will receive a copy of the handbook in the mail from Medicare every year. 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: October 1, 2015
Name of Entity / Sender: Pasco County
Contact / Position-Office: Risk Management Office
Address: 8731 Citizens Dr., Suite 330
New Port Richey, FL 34654
Phone Number: 727-847-8028

Medicare D Notice (Non-Creditable Coverage Plan 3900)

Important Notice from Pasco 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 Pasco County 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. Pasco County has determined that the prescription drug coverage offered by the Florida Blue Plan 3900 is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Florida Blue Plan 3900. This also is Important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage with Florida Blue. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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 through December 7th.

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

Since the coverage under Plan 3900 is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Medicare D Notice (Non-Creditable Coverage Plan 3900)

Important Notice from Pasco County About Your Prescription Drug Coverage and Medicare (continued)

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

If you decide to join a Medicare drug plan, Please see pages 9 - 11 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.

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 Pasco County 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

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The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Member Certificates or our plan's Summary Plan Descriptions (SPD). This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a fulltime employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.

Pasco County reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.

This Benefits Guide is a Presentation
Prepared by

