

2019 Benefits Handbook

Pinellas County Employee Benefits Summary



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Human Resources
Helping U Succeed
5/10/19

Welcome to Pinellas County Government!

We value our employees and believe in rewarding each of you for the contributions you make to the County. An important part of your total compensation is the value of the employee benefits.

This handbook is designed to provide you with general information on benefits programs for which you may be eligible. Please take time to review the options, and links to tools and resources so you can choose the benefits that best fit your needs and lifestyle.

This handbook provides an overview of the benefits available to eligible Pinellas County employees. **For full plan details, please refer to the Human Resources website at www.pinellascounty.org/hr/benefits** which includes links to plan documents, or contact the particular vendor for specific coverage information.

Enrollment Tips

The opportunities you have to enroll or make changes to your benefits are:

- When you are newly eligible.
- During Annual Enrollment (held each fall).
- If you experience a qualifying event or family status change such as marriage, divorce, birth, dependent gain or loss or other coverage, etc. (see [page 3](#)).

New employees have 30 days to enroll and employees with a qualifying event have 31 days from the event to make changes.



For your convenience,
this handbook is interactive.
All of the blue underlined
items are live hyperlinks.

CONTENTS


Enrollment Overview	2- 4
■ Eligibility	2
■ Domestic Partner Coverage	2
■ Health Plan Opt Out	2
■ When Can I Enroll or Make Changes?	3
■ How Do I Enroll?	3
■ Health Plan Premiums, Tobacco Premium, Biometric/Health Survey Premium	4
■ Pre-Tax Plan	4
Health Plan Options	5-7
■ Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)	5
■ Point of Service Health Plan (POS)	7
Prescription Coverage	8
Employee Assistance Program (EAP) & Managed Behavioral Health Benefits	9
Vision Coverage	9
Health Plan Comparison Chart	10
Dental Coverage	11
Wellness Program	12
Life Insurance	13
Flexible Spending Accounts (FSAs)	14-15
Leave Time	16
Other Benefits	17
Glossary	18-20
Nurse Liaison	21
Legal Notices	21
Benefits Partners' Contact Information	21

Important Information

- ***If you have questions about your benefits or eligibility***, visit the Benefits site at www.pinellascounty.org/hr/benefits or contact Benefits at (727) 464-4570 or by email at employee.benefits@pinellascounty.org.
- If you have specific claim questions, contact the vendor. See [page 21](#) for contact information for UnitedHealthcare and our other benefits partners.
- Important legal notices including the HIPAA Notice of Privacy are found at www.pinellascounty.org/hr/notices.



ENROLL

For more information, visit: www.pinellascounty.org/hr/enrollment 

Eligibility

- Permanent and long-term temporary classified and exempt employees scheduled to work 20 hours or more per week are eligible to enroll in certain coverage.
- When you enroll using Oracle Project Unified Solution (OPUS), only the plans you are eligible for will be listed.
- Dependents eligible for coverage vary by plan and may include spouse, domestic partner, and children.

Eligibility for Children	
Dependent Children are Eligible for Coverage Through the End of the Calendar Year in Which They Reach Age	
■ Health Plan:	Age 26
■ Dental Plan:	Age 24 (DHMO), 25 (PPO)
■ Dependent Life:	Day prior to 26th birthday
■ Healthcare FSA:	Age 26

- If you and your spouse/partner both work for Pinellas County, you must each enroll on your own plan (i.e., not as a dependent).

Proof of Eligibility

You need to provide documentation of eligibility (such as a marriage license) for new dependents and qualifying events.

Domestic Partner Coverage

Employees who are unmarried and in a committed relationship may cover their domestic partner and their children on health and dental coverage only. The guidelines follow IRS regulations.

- Submit a completed [Affidavit of Domestic Partnership](#), [Certification for Dependent Tax Status](#), and documentation of joint responsibility to Benefits by the end of your enrollment period.
- You cannot use the Health Savings Account (HSA) or the Healthcare Flexible Spending Account for domestic partner expenses.
- You must pay the cost of domestic partner coverage with after-tax dollars and the value of the domestic partner coverage may be added to your pay as imputed income.
- Also see the [Domestic Partner FAQs](#).

Health Plan Opt Out

- Employees who are enrolled in other qualified medical benefit coverage may opt out of Pinellas County's health plan.
- Not all plans are considered alternate coverage for this benefit.
- By selecting "Opt Out of Health" in OPUS, which indicates that you have eligible alternate health coverage, you may be eligible to receive \$98.00 monthly.
- In order to receive opt out payments, submit a notarized Opt Out Summary and Affidavit at www.pinellascounty.org/hr/optout annually.
- Employees who opt out will still be enrolled in the Employee Assistance Program (EAP), and may choose to enroll in:
 - Dental coverage
 - Flexible Spending Accounts (FSA)
 - Life insurance
- Employees who opt out are not eligible for medical, prescription, vision, or managed behavioral health benefits.



ENROLL

For more information, visit:
www.pinellascounty.org/hr/enrollment



When Can I Enroll in Benefits or Make Changes to My Coverage?

The benefits you select during your initial enrollment period or at Annual Enrollment will remain in effect for the calendar year. The IRS allows you to make changes to your coverage during the year only if you experience a qualifying event and notify Benefits as outlined below:

- **Initial Enrollment Period:** New hires and newly eligible employees have **30 days from their date of hire** or the date they move into a benefit-eligible position to make their benefit elections in OPUS.
- **Annual Enrollment Period:** You must enroll each fall during Annual Enrollment for the upcoming year. You will designate whether you use tobacco, and have the opportunity to select benefits; enroll or remove dependents; and make selections for a flexible spending account (FSA), health savings account (HSA), life insurance, and annual leave exchange.
- **Qualifying Event:** If you have a qualifying event during the plan year, you may make corresponding changes to your elections. You have **31 days from the date of the qualifying event** to submit the [Qualifying Event Status Change Form](#) along with supporting documentation to Benefits.

Qualifying Event Examples
■ Birth or adoption of a child
■ Dependent becomes ineligible
■ Marriage or divorce
■ Domestic partner relationship change
■ Transfer between full and part-time
■ Change in other coverage
■ Death of spouse/partner or child

How Do I Enroll?


1. **Enroll for benefits in OPUS.**
2. Your department will provide your OPUS username and instructions to create your password.
3. Be prepared with a list of full legal names, Social Security numbers, dates of birth, and addresses (if different from yours) for your dependents and beneficiaries.
4. Log in to OPUS at home or at work to complete your benefits enrollment:
 - Go to www.pinellascounty.org and select **Online Services** from the menu at the top, and then select **OPUS**. (If a window appears about viewing pages over a secure connection, select OK).
 - Once logged in, select **PIN Employee Self Service, Benefits, and Benefits Enrollment**. Make your selections.
5. Payroll deductions will begin in the pay period your elections are effective or as quickly as possible if elections are made after the effective date. Following Annual Enrollment, your elections are effective with the first January paycheck.

Benefits Start & End

Your benefits are effective on the first of the month following 30 days of employment or on the date you become eligible for benefits (e.g., the day you change from part-time to full-time). Your benefits end on the last day of the pay period in which you no longer meet eligibility requirements or you fail to make the required contributions.



ENROLL

For more information, visit: www.pinellascounty.org/hr/enrollment 

Health Plan Premiums

Biweekly Premiums

- Employees and the County share the total cost of healthcare coverage.
- Premiums in both health plans are identical:

Biweekly Health Premiums*	
Employee Only	\$11.27
Employee and Spouse or Domestic Partner	\$130.10
Employee and Child(ren)	\$103.80
Family	\$213.17
* The same premiums apply to the CDHP and POS plans. The premium includes medical care, prescription coverage, Employee Assistance Program (EAP), managed behavioral health, and vision care.	

Tobacco Premium

- Employees who attest that they used tobacco products at least once a week in the past three months will pay an additional \$500 annual premium for health coverage.
- The premium will be discontinued if the employee successfully completes a tobacco cessation program between August 1, 2018, and March 31, 2019.
- Also see www.pinellascounty.org/hr/tobacco.

Preferred Premium: Biometric Screening and Health Survey

- Employees who complete an annual biometric screening and online Rally health survey will earn a preferred premium, and avoid a \$500 health premium surcharge in the following year.
- A biometric screening includes a physical examination and lab work. The purpose is

to detect critical changes and identify risks for disease or medical conditions such as high blood pressure or diabetes.

- Biometric information is strictly confidential and never shared with Pinellas County.
- After completing the [Rally online health survey](#), you will receive a personalized plan to help achieve your health and wellness goals.
- Employees who opt out of health coverage or those whose coverage begins on July 1 or later are exempt from the above requirements for the current calendar year.
- Also see the [Biometric Screening and Health Survey FAQs](#).

Pre-Tax Plan


- The County's [Section 125 Plan](#) allows you to make pre-tax payroll deductions for health and dental coverage.
- Your payroll deductions can be taken pre-tax or post-tax. You make this selection when completing your OPUS enrollment.

Need Help Enrolling?

- Visit the Benefits website at www.pinellascounty.org/hr/benefits.
- **For questions about your benefits or eligibility**, contact Benefits at (727) 464-4570 or email employee.benefits@pinellascounty.org.
- **For questions about using OPUS to enroll**, contact the BTS Operations Center Monday to Friday, 7:00 a.m. to 6:00 p.m. at (727) 453-HELP (4357) or email btsoc@pinellascounty.org.



HEALTH

For more information, visit:
www.pinellascounty.org/hr/health 

Health Plan Options

Choose between two health plans, both administered by UnitedHealthcare:

- **Consumer Driven Health Plan (CDHP) with a Health Savings Account (HSA)**
- **Point of Service (POS) Health Plan**

Both plans provide 100% coverage for preventive medical care (see www.pinellascounty.org/hr/preventive) and encourage a commitment to wellness, a core component of the County's long-term strategy for the group health plan.

Higher out-of-pocket costs are associated with using out-of-network providers and facilities. This includes separate higher deductibles, coinsurance and out-of-pocket maximums.

Both plans provide access to UnitedHealthcare's Customer Service and website at myuhc.com. Take advantage of the many health management tools and consumer resources available.

View the Health Plan Comparison Chart on [page 10](#) to compare the two plans including the deductibles, copays and premiums.

CONSUMER DRIVEN HEALTH PLAN (CDHP) WITH A HEALTH SAVINGS ACCOUNT (HSA)

This plan offers the greatest opportunity to be involved in your health care and manage costs.

- There are no copays under this plan.
- Once the deductible is met, you pay coinsurance for services and prescriptions.
- Pinellas County provides funds to offset a portion of the expenses for individuals in the CDHP. The funds will be direct deposited into a Health Savings Account (HSA) that you open with Optum Bank. You may elect to make pre-tax contributions through payroll deductions to this account.

CDHP Preventive Care


- Preventive services including your annual physical and lab work, are covered at 100% (see www.pinellascounty.org/hr/preventive).

CDHP Deductible and Coinsurance

- The Consumer Driven Plan has a pooled deductible. This means that non-preventive medical expenses and non-preventive prescription drug costs for all covered family members are applied to the same deductible.
- Non-preventive services including lab work, X-rays, MRIs and prescription drugs are applied to the deductible and coinsurance at a discounted rate.
- The individual deductible for the Consumer Driven Plan is **\$1,350** and the family deductible is **\$2,700**.
- Once the deductible is met, you pay 20% coinsurance when using an in-network provider and for prescriptions.



HEALTH

For more information, visit: www.pinellascounty.org/hr/health 

- Your deductible and coinsurance count toward your annual out-of-pocket maximum.
- Once you reach the out-of-pocket maximum, services are covered at 100% by the plan. **This out-of-pocket maximum applies to combined health and pharmacy out-of-pocket expenses.**
- Funds in your HSA, including the contribution from Pinellas County, may be used to help pay your deductible and coinsurance costs.

Health Savings Account (HSA)

- An HSA is a pre-tax savings account that can be funded by both the employee and employer up to the IRS maximum for the year.

IRS Maximum Contributions	
Employee only coverage	\$3,500*
All other coverage levels	\$7,000*
Age 55+ catch up	Addtl. \$1,000
*Includes Pinellas County contribution of \$400 or \$1,200	

- The County contributes **\$400** for single coverage, or **\$1,200** if you have elected to cover your spouse and/or child(ren).
- The money in your HSA can be used to help pay your health plan deductible and qualified expenses for medical, dental, prescription, behavioral health and vision.

- In order to receive or make contributions to an HSA, you cannot have coverage through another non high-deductible plan nor coverage under Medicare or Tricare.
- Your funds roll over from year to year, so you can pay for expenses now, or save for future healthcare expenses. You may want to think of an HSA as a savings plan for future healthcare expenses.
- You may also earn interest on the funds in your HSA account, depending on the balance.
- You may enroll, change or cancel your contribution at any time during the plan year.

CDHP Prescription Coverage

See [page 8](#).

CDHP Behavioral Health Benefits


See [page 9](#).

Optum Bank Account

You must have an open, active HSA account with Optum Bank in order to receive the Pinellas County contribution and to make your own pre-tax payroll contributions.



HEALTH

For more information, visit: www.pinellascounty.org/hr/health 

POINT OF SERVICE (POS) HEALTH PLAN

With this plan, you will pay physician and emergency room copays, and coinsurance after meeting your individual or family deductible.

POS Preventive Care

- Preventive services including an annual physical and lab work are covered at 100% (see www.pinellascounty.org/hr/preventive).

POS Copays, Deductible, Coinsurance

- For non-preventive office visits, a copay is required.
- Non-preventive services including lab work, X-rays and MRIs are applied to the deductible and coinsurance at a discounted rate.
- The individual deductible for the POS plan is **\$600** and the family deductible is **\$1,200**.
 - For individuals who have more than two people enrolled in coverage, there is a maximum family deductible equivalent to two individual deductibles.
 - Once the family deductible is met, the remaining family member deductibles are waived.
- Once the deductible is met, you pay 20% of the plan's discounted rates when using an in-network provider. Your deductible and 20% coinsurance are applied to your annual out-of-pocket maximum.
- Once you reach the out-of-pocket maximum, services are covered at 100% by the plan. **This out-of-pocket maximum applies to combined health and pharmacy out-of-pocket expenses.**

POS Health Plan Copays (In-Network)

Primary Care Physician/ Urgent Care Visit	\$25
Virtual Doctor Visit	\$15
Specialist	\$35
Emergency Room	\$250

POS Prescription Coverage

See [page 8](#).

POS Behavioral Health Benefits

See [page 9](#).



Rx

For more information, visit:
www.pinellascounty.org/hr/prescription



Prescription Coverage

Prescription medication coverage administered by Express Scripts and their specialty pharmacy Accredo is included in your health plan premium deduction. **The cost for your prescription medications depends on the health plan you have chosen (CDHP or POS) and the type of medication.**

Consumer Driven Health Plan with a Health Savings Account (CDHP) Prescription Coverage

- The Consumer Driven Plan provides 100% coverage for specified preventive drugs on the [Preventive Medications List](#) including many cholesterol and blood pressure medications, among others. In order to be covered at 100%, preventive medications must be filled in 90-day supplies by Walgreens or Express Scripts home delivery.
- All non-preventive medications are charged at the plan's discounted rates until the deductible has been met, after which 20% coinsurance is charged until your out-of-pocket maximum is met.

Point of Service (POS) Prescription Coverage

- *Generic prescriptions* have a copayment of \$15 for a 30-day prescription.
- *Preferred name brands* have a member coinsurance equal to 20% of the discounted rate of a 30-day prescription (\$30 minimum/\$60 maximum).
- *Non-preferred name brands* have a member coinsurance equal to 40% of the discounted cost of a 30-day prescription (\$45 minimum/\$90 maximum).

- *90-day prescriptions* have a member cost of two (2) times the above amounts for 30-day prescriptions if filled at Walgreens or by Express Scripts home delivery. Otherwise, you will pay the full retail cost of the medication.
- *Preferred specialty medications* have a member coinsurance equal to 20% of the discounted rate of a 30-day prescription (\$60 minimum/\$120 maximum). A 90-day supply has a member cost equal to a 30-day prescription.
- *Non-preferred specialty medications* have a member coinsurance equal to 40% of the discounted rate of a 30-day prescription (\$90 minimum/\$180 maximum). A 90-day supply has a member cost equal to a 30-day prescription.

Smart90

Exclusive Smart90/Walgreens Program

- Prescriptions for long term maintenance medications, such as blood pressure medicine, need to be filled for 90 days at a Walgreens store or through Express Scripts home delivery or you will pay the full retail cost of the medication.
- For more information, see the FAQs at www.pinellascounty.org/hr/smart90.



EAP & MANAGED BEHAVIORAL HEALTH

The Employee Assistance Program (EAP) and Managed Behavioral Health benefits are administered by ComPsych. EAP benefits are available at no cost for all permanent employees, regardless of whether they are enrolled in the County's health plan.

Employee Assistance Program (EAP)

- The EAP offers confidential support for you and your covered family members to help you manage a variety of life issues.
- You are eligible for **up to six visits at no cost** per year for initial assessment counseling and early intervention treatment.
- Help is available for personal and work-life issues, such as stress, relationship conflicts, job pressures, grief, substance abuse, problems with children, etc.
- Services include counseling (personal or financial), legal support, referrals, training, and group presentations on over 100 topics.

Managed Behavioral Health

In addition to the short-term problem resolution services provided by EAP, you have access to long-term outpatient or inpatient behavioral health and substance abuse care as follows:

- **Outpatient Care** – \$10 copay per visit with no deductible (POS), or subject to deductible and coinsurance (CDHP).
- **Inpatient Care** – \$100 deductible and 10% coinsurance (POS), or subject to deductible and coinsurance (CDHP).



VISION

Vision Coverage

Vision coverage administered by Davis Vision is included in your health plan premium. Both health plans provide the same coverage. Some highlights of your vision coverage include:

- **Network Basic Exam:**
 - \$10 basic vision exam copay
 - One exam per calendar year
- **Eyeglass Lenses:**
 - \$20 copay per calendar year for clear plastic lenses (single, bifocal, trifocal or lenticular prescription)
- **Eyeglass Frames:**
 - \$110 allowance
 - 20% discount after the \$110 allowance
- **Contact Lenses in Lieu of Eyeglasses:**
 - Free fitting and follow-up care
 - General allowance: \$100 and 15% off the balance
- Additional discounts are available when using Davis Vision frames or lenses.
- **Lasik or PRK:**
 - Confirmation from Davis Vision is required before scheduling a procedure
 - Discount of up to 25% off a provider's customary fee or a one-time lifetime allowance of \$562.50 per eye

Pinellas County Health Plan Comparison Chart

	Consumer Driven Health Plan with HSA (CDHP)			Point of Service Health Plan (POS)	
	Employee Only	Employee +1	Employee + 2 or More	Employee Only	Employee + 1 or More
Annual Deductible	\$1,350	\$2,700 <i>(pooled deductible for all family members on the plan)</i>		\$600	\$1,200 <i>(two individual deductibles of \$600 each)</i>
County HSA Contribution (must have Optum Bank account)	\$400	\$1,200	\$1,200	N/A	N/A
Out-of-Pocket Maximum (includes medical and Rx; after you spend this amount, the health plan pays 100%)	\$3,000	\$4,000	\$6,000	\$2,600	\$5,200

In-Network Benefit*	Consumer Driven Health Plan with HSA (CDHP)	Point of Service Health Plan (POS)
Preventive Medical	\$0	\$0
Primary Care Physician	20% after deductible	\$25 copay
Convenience Care Clinics/Urgent Care	20% after deductible	\$25 copay
Specialist	20% after deductible	\$35 copay
Virtual Doctor Visit	20% after deductible	\$15 copay
Emergency Room	20% after deductible	\$250 copay
Non-Preventive Medical (labs and imaging)	20% after deductible	20% after deductible
Preventive Rx	\$0 <i>(view the Express Scripts list of preventive medications)</i>	\$15 copay for generic or coinsurance for preferred or non-preferred (see below)
Rx Generic (up to 30 days)	20% after deductible	\$15 copay
Rx Preferred Brand (up to 30 days), <i>italics indicates specialty medications</i>	20% after deductible	20% coinsurance min: \$30 (\$60), max: \$60 (\$120)
Rx Non-Preferred Brand (up to 30 days) <i>italics indicates specialty medications</i>	20% after deductible	40% coinsurance min: \$45 (\$90), max: \$90 (\$180)
Rx (up to 90 days), use Smart90 Program at Walgreens or home delivery	20% after deductible	Cost of 30-day supply (specialty), 2x cost of 30-day (non-specialty)


* Out-of-network benefits are also available. Deductibles, coinsurance and out-of-pocket maximums are higher.

Biweekly Premiums (Same for Consumer Driven and POS Health Plans)	
Employee only	\$ 11.27
Employee and Spouse/Domestic Partner	\$130.10
Employee and Child(ren)	\$103.80
Family	\$213.17

9/17/18



DENTAL

For more information, visit: www.pinellascounty.org/hr/dental 

Dental Coverage

You have a choice of two plans: a Dental Preferred Provider Organization (DPPO) and a Dental Health Maintenance Organization (DHMO). The same company, Cigna, administers both plans, but the networks are different. Please verify your dentist’s network status before selecting a plan or scheduling an appointment.

PPO Dental Plan (DPPO)

Highlights of this plan include:

- Coverage provides 100% of the first \$150 of covered expenses, and 50% of the next \$2,700.
- The maximum plan year benefit is \$1,500 per covered member (includes orthodontics).
- You can use any dentist or specialist, or choose a Cigna Radius Network provider at www.cigna.com/hcpdirectory to further reduce your costs.
- There are no deductibles or pre-existing condition limitations.
- Routine cleanings are limited to three per calendar year and subject to the coverage listed above.

PPO Biweekly Premiums	
Employee Only	\$5.54
Employee + 1	\$16.82
Employee + 2 or more	\$22.77

HMO Dental Plan (DHMO)

Highlights of this plan include:

- You do not pay any premiums for yourself or covered dependents.
- **Only in-network benefits are covered.** You are required to choose a dentist from the Cigna DHMO network. Visit www.cigna.com for the most current listing of providers.
- Before scheduling an appointment, contact Cigna Member Services at (800) 244-6224 to select your dentist.
- Preventive services such as annual exam, x-rays, and cleanings are at no cost.
- There is no maximum annual benefit.
- Copays apply based on the procedure and the [established fee schedule](#).
- Network specialist services are discounted at 25%.
- Orthodontics are not included.
- Routine cleanings are limited to two per calendar year.

HMO Biweekly Premiums	
Employee Only	\$0
Employee + 1	\$0
Employee + 2 or more	\$0



WELLNESS

For more information, visit:
www.pinellascounty.org/hr/wellness



Wellness Program

Pinellas County is committed to creating a culture of health and well-being in which our employees and their families can improve and/or maintain their overall health. Establishing a culture of wellness helps us stay healthy, which keeps medical costs down for employees and the County.

Wellness Incentives

- The Wellness Incentive Program offers education and activities that help achieve wellness goals while earning reward points or cash.
- Incentive activities include preventive screenings, healthy eating and physical activity tracking, wellness education classes, and coaching.
- Rally is a UnitedHealthcare online platform to complete the health survey and track wellness incentives:
 - To access Rally, login to myuhc.com and select the Rally link.
 - To learn more, visit www.pinellascounty.org/hr/rally.

Fitness Centers and Gyms

- The Wellness Center in downtown Clearwater is available to all employees at no charge. Group fitness classes are offered daily.
- There are also two satellite mini-fitness centers.
- Employees benefit from other fitness facility discounts. The County partners with local municipal recreation centers and Tampa Bay area gyms through YouDecide.

Wellness Champions

- Wellness Champions volunteer their time to advocate wellness and answer employee questions at their worksite.
- Champions assist with coordinating wellness activities and screenings at their location by posting flyers, tracking attendance, and collecting evaluations.
- To find your Champion or volunteer as a Wellness Champion, see www.pinellascounty.org/hr/champion.

Other Initiatives & Resources


- Two full-time staff members assist Champions and employees as needed.
- The UnitedHealthcare nurse liaison is available for assistance with topics related to UnitedHealthcare (see [page 21](#)).
- The *To Your Health* newsletter provides informative articles, exercise tips, recipes, employee testimonials, class schedules, and more. Look for it each month in your email.

Journey to Health

The road to wellness is rewarding! Use the [Wellness Roadmap](#) to start your journey to improved wellbeing and better health.



LIFE

For more information, visit:
www.pinellascounty.org/hr/life 

Life Insurance

Basic Coverage

- The County provides basic Group Term Life Insurance from Standard Insurance Company at no cost to you in an amount based on your annual salary rounded up to the next \$1,000.
- This coverage will change based on any increase or decrease in your annualized salary.
- There is a reduction in coverage for members beginning at age of 65 (see below).

Basic & Supplemental Life Coverage Reduction	
Age	Value of Policy with Age Reduction
<65	No reduction (e.g. \$60,000)
65-69	65% of original value (e.g. \$39,000)
70-74	45% of original value (e.g. \$27,000)
75-79	30% of original value (e.g. \$18,000)
80+	20% of original value (e.g. \$12,000)

- It is important that you name a beneficiary for your life insurance plan. You may change your life insurance beneficiary at any time in OPUS.

Supplemental Coverage

- The maximum supplemental life insurance coverage you may purchase is \$250,000. Supplemental life insurance may be purchased in multiples of \$5,000.
- At **initial enrollment**, you may elect up to three times your annual salary, not to exceed \$250,000, without the need for proof of insurability. Any additional amount over three times your annual salary requires approval of an [underwriting form](#).
- During **Annual Enrollment**, you may purchase up to \$20,000 additional coverage without underwriting as long as your total supplemental

life coverage does not exceed three times your base salary. Increases in coverage in excess of \$20,000, or three times your current base salary, require approval of a [Medical History Statement](#) by Standard Insurance Company.

- Rates and coverage for life insurance are based on age groups. The premium and/or age reduction is automatically adjusted when you move to a new age group.

Supplemental Life Insurance Cost	
Age	Biweekly Rate Per Pay Per \$5,000
<30	\$.32
30-39	\$.48
40-49	\$.62
50-59	\$1.25
60-69	\$3.02
70+	\$6.09


Accidental Death & Dismemberment (AD&D)

- An AD&D provision applies to both the employee's County-paid basic coverage and employee-paid supplemental coverage.

Optional Life Insurance Coverage for Spouse and/or Child(ren)

- **Option 1:** Spouse \$10,000/Child \$5,000 at a biweekly rate of \$1.66 per family
- **Option 2:** Spouse \$20,000/Child \$10,000 at a biweekly rate of \$3.18 per family
- AD&D coverage does not apply to spouse/children optional coverage.
- The employee is the beneficiary for this coverage.
- Employees may not cover another employee as a dependent on Optional Life Insurance.
- If both parents work for the County, dependent children may only be covered under Optional Life Insurance by one parent.



For more information, visit: www.pinellascounty.org/hr/fsa 

FSA

Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow you to contribute pre-tax dollars from your paycheck to pay for qualified expenses that you or your qualified dependents expect to incur, up to the annual Internal Revenue Service (IRS) limit. There are two types of flexible spending accounts: a Healthcare FSA and a Dependent Care (child or adult care) FSA.

Contributions

IRS Limits		
Type of FSA	Minimum	Maximum
Healthcare FSA	\$260	\$2,700
Dependent Care FSA (combined contribution for both spouses)	\$260	\$5,000

- Your FSA payroll deduction is equal to the full election amount divided by the number of pay periods remaining in the payroll calendar year. For example, if your benefits begin on June 1 and you elect to contribute \$400, you will pay \$26.67 per pay period (\$400 divided by 15 pay periods).
- Your FSA contributions and the expenses you pay from your FSA are never taxed.
- You do not need to be enrolled in the health or dental plans to participate in either of the FSA accounts.
- Employees enrolled in the Consumer Driven Plan may elect a Limited Purpose Healthcare FSA account in addition to their Health Savings Account (see [page 15](#)).

Healthcare FSA

- Your full plan year election is available on your effective date.
- When you incur a qualified healthcare expense (i.e., medical, dental or vision) you may pay with cash, check or credit card and request reimbursement from WageWorks (Pay Me Back), or use the WageWorks FSA Card, which acts as a debit card, to immediately pay the expense at the time of service.
- The WageWorks FSA card is only applicable for the Healthcare FSA (not Dependent Care FSA). The card is convenient because it pays your expenses up front. However, because of IRS regulations, WageWorks may need to request substantiation of your expenses, so **save all itemized receipts**.

Eligible Healthcare FSA Expenses Examples
Health plan deductible, coinsurance, copays and prescriptions
Vision exams, eye glasses and contact lenses
Dental exams, fillings, crowns and orthodontia
Limited over-the-counter items such as blood pressure monitors, bandages, contact lenses solutions and hearing aid batteries

- Over-the-counter medications* such as pain relievers or cough syrup may only be reimbursed from an FSA with a doctor's prescription, per IRS regulations.
- Over-the-counter items that are not medications*, such as band-aids or humidifiers, do not require a prescription for reimbursement.
- View [WageWorks Healthcare Eligible Expenses](#) for more information.



FSA

For more information, visit:
www.pinellascounty.org/hr/fsa



Limited Purpose FSA (Dental and Vision)

- Employees enrolled in the Consumer Driven Plan may contribute to a Limited Purpose Healthcare FSA in addition to the Health Savings Account.
- The Limited Purpose FSA may only be used for eligible *dental and vision* expenses until you meet your health plan's annual deductible.
- You must submit documentation to WageWorks to show that you have met your health plan annual deductible. Once you have done so, then you may use your Limited Purpose FSA funds for eligible *medical* expenses.

FSA Carryover Provisions

- If you have funds remaining in your Healthcare FSA or Limited Purpose FSA at the end of the calendar year, you may carry over (roll over) up to \$500 into the following year.
- If you don't enroll in the FSA for two consecutive years, unspent funds will be forfeited at the end of the second year.
- This means the carryover provision is applicable for only one year if continued enrollment is not elected.
 - For example, if Joe has \$350 remaining at the end of 2018 and does not enroll for 2019, \$350 carries over into 2019.
 - During 2019 Joe uses \$100 and does not enroll for 2020. Joe will forfeit \$250 because he did not enroll for two consecutive years.

Dependent Care FSA

- This is a pre-tax benefit account used to pay for dependent care services that make it possible for the employee to work.

- Examples are preschool, summer day camp, before and after school programs as well as child and adult daycare. See [WageWorks Dependent Care Eligible Expenses](#).
- Eligible dependents are children under age 13 who reside with you or for whom you are entitled to a personal tax exemption. Other eligible dependents include spouses and adult relatives who reside with you, including adult children, who are physically or mentally incapable of self-care.
- Funds are not available at the beginning of the plan year. Instead, funds are deducted pre-tax from your biweekly paycheck and available for use only after the deduction has been made.
- You may use WageWorks "Pay Me Back" or "Pay My Provider" options to pay for your qualifying dependent care expenses.
- Funds must be used for eligible expenses within the calendar year they are incurred.

FSA Tools


WageWorks offers savings calculators to estimate your potential savings:

- [Healthcare FSA Calculator](#)
- [Dependent Care FSA Calculator](#)

If your eligible expenses add up to at least \$260 per year, you could save up to 30% by participating in an FSA through tax-free contributions. It is important to only include predictable expenses in your FSA election, since unused funds as of December 31 are forfeited—with the exception of the limited rollover of up to \$500 for the Healthcare FSA.



LEAVE

For more information, visit:
www.pinellascounty.org/hr/leave 

Leave Time

Pinellas County offers generous paid time off to its employees, adding up to over five weeks in the first year. The following is a brief summary of leave time available. For detailed policies and procedures, see [Personnel Rule 4: Time Off](#).

Annual Leave

- Annual leave with pay is provided for vacations, personal business, emergencies, illness, medical/dental appointments, etc. (There is no separate leave bank for sick leave.)
- Annual leave is earned throughout the year and may be used as accrued.
- Employees earn and accrue annual leave at increasing rates based on tenure. For example, annual leave is accrued at a rate of at least 120 hours per year for new full-time employees, while an employee in their fifth year of service accrues at least 160 hours of annual leave per year.
- Annual leave may be rolled over from one year to the next. There is no limitation on the maximum number of hours accrued.

Compensatory Time

- Compensatory (comp) time may be granted if a classified employee works more than their regularly scheduled hours.
- Comp time is accumulated at a rate of 1.5. For example, a classified employee who works 42 hours in one week will accumulate 3 hours of compensatory time.

Donation of Leave (A Friend in Need)

- This voluntary program allows employees to donate leave time to assist a fellow employee on an approved leave of absence.

- The recipient needs to exhaust all available leave balances before a donation of leave time may be used.

FMLA

- The Family and Medical Leave Act (FMLA) provides up to 12 weeks of unpaid leave time for certain family or medical reasons.
- To be eligible an employee must have worked for the County at least 12 months and at least 1,250 hours in the prior year.

Funeral Leave

- Employees receive up to 3 days with pay in the event of the death of any person residing in the employee's household or any member of the employee's immediate family.

Holidays / Floating Holidays

- Employees receive 9 to 11 paid holidays per year, depending on how the holidays fall on the calendar.
- Employees receive up to 2 paid floating holidays per year. Those with 25 years of continuous service are granted 2 additional floating holidays.
- Unused floating holidays do not carry over to the next year.

Jury Duty & Witness Duty

- A leave of absence with pay shall be granted to an employee to perform jury duty or testify as a witness when legally required unless the employee is the plaintiff or defendant.

Personal Day

- Employees receive up to 2 personal days per year to use without prior approval.
- Unused personal days do not carry over to the next year.



OTHER

For more information, visit:
www.pinellascounty.org/hr/WhatWeOffer.



Other Benefits

Retirement

Pinellas County participates in the Florida Retirement System (FRS). See www.myfrs.com.

- The FRS sends information packets to new employees within three months of hire date.
- Both the County and employees make contributions to fund retirement benefits.
- The County contributes to employees' retirement plan savings, and employees contribute 3% of their pretax pay.
- The County offers group health, dental and life insurance plans to retirees.

Employees have a choice of two FRS retirement plans:

- *Pension Plan* - The Pension Plan provides a guaranteed monthly benefit based on a formula that factors in your eight highest years of compensation and your total years of creditable service (or your five highest years if you enrolled in the FRS prior to July 1, 2011). An employee is vested in the FRS Pension Plan upon completing eight years of creditable service (or six years if you enrolled prior to July 1, 2011).
- *Investment Plan* - The retirement benefit is the value in the employee's account. There is no fixed benefit level. Your future retirement benefit depends on the performance of your investment options. An employee is vested in the FRS Investment Plan upon completion of one year of creditable service.

Discounts

- The YouDecide Program offers discounts on items such as theme park tickets, hotels, and cell phones.

Deferred Compensation (457)

- Employees may choose to contribute pre-tax dollars to a deferred compensation plan of their choice to augment retirement savings.

Disability Insurance: Short and Long Term

- Disability insurance can replace part of an employee's income when unable to work due to a non-work related illness or injury.
- *Short term disability* benefits are provided to permanent employees working at least 20 hours per week at no cost. New employees are eligible for six weeks of benefits, with five weeks added each successive year, up to a maximum benefit of 26 weeks.
- *Long term disability* benefits can replace up to 60% of income if an employee has been disabled for at least six months. This coverage is available to classified employees after one year of employment and available immediately to exempt employees.

Rewards Program

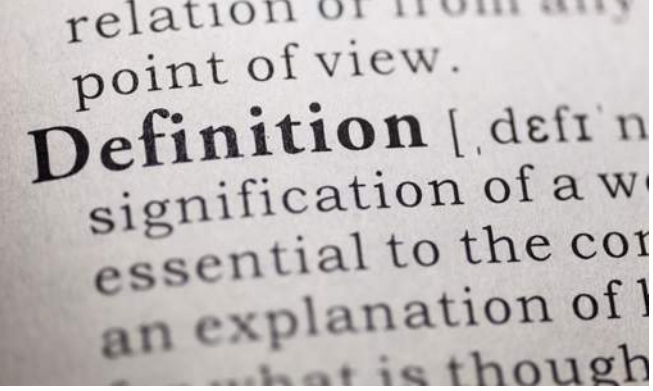
- The Rewards Program offers gifts to employees from an online awards catalog with over 12,000 items. Rewards are given to employees for service awards, wellness incentives, and retirement.

Learning and Development

- Employees have access to over 100 in-house courses and may also apply for tuition reimbursement for classes taken on their own time.

Credit Union

- The Pinellas County Credit Union is available to employees and family members.

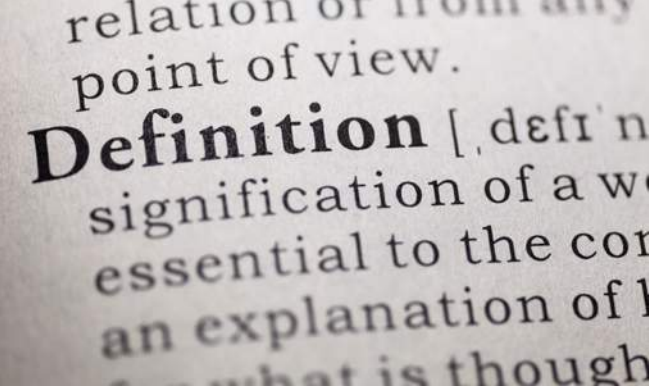


GLOSSARY

Health Plan Terminology

The following definitions are for terms used in the Pinellas County health plans. Access links to the health plan descriptions and summaries at www.pinellascounty.org/hr/health.

- **Coinsurance** - After you meet your plan deductible the plan pays a percentage of the cost for health care services. The coinsurance is the percentage you are responsible for paying. For example, if your plan covers a service at 80%, your coinsurance is 20% of the contracted rate.
- **Consumer Driven Health Plan (CDHP)** - A CDHP is a combination of a high deductible health plan (HDHP) and a health savings account (HSA). The plan is designed to give you greater control over your health care decisions and your health care dollars.
- **Copayment (Copay)** - A flat dollar amount you are required to pay for visits to your primary care or specialist doctor's office and the emergency room. Copays do not apply toward your deductible, but they do apply toward your annual out-of-pocket maximum. Copays only apply to the POS plan.
- **Deductible** - This is the amount you pay out of your own pocket before the plan begins to cover your health care expenses. For example, if your deductible is \$600 per person, you will pay the first \$600 of the contracted rate, regardless of whether your first visit costs that much or it accumulates over the course of several visits. *Note on CDHP: If two or more people are covered, the pooled family deductible must be met before any benefits are paid for any covered family member.
- **Flexible Spending Account (FSA)** - An FSA allows you to set aside pre-tax dollars to pay for qualified health care and/or dependent day care expenses. You decide how much money you want to contribute and the funds are deducted from your paycheck. There are no contributions by Pinellas County. The money you set aside can be used to reimburse yourself for a qualified medical, dental and vision and/or dependent day care expenses. You must substantiate all claims with an itemized receipt of the expense.
- **Health Savings Account (HSA)** - An HSA is a tax-deductible savings account available to individuals enrolled in an IRS-qualified high deductible health plan like the County's Consumer Driven Health Plan. Contributions may be made by you or by the County and they're yours forever. There is no "use it or lose it" provision, and the money rolls over from one year to the next. Your deposits earn interest and grow over time. This allows you to save money for future expenses or pay for current ones. HSA funds may be used to pay for qualified health, dental and vision expenses for you, your spouse, and dependents.
- **Out-Of-Network (OON)** - Providers that are not contracted with any Pinellas County benefit partners' insurance network. When you use an out-of-network provider, services may not be covered at all, or at a reduced reimbursement level. You are responsible for any differences between a provider's billed charges and the plan's allowed amount. These charges do not count towards in-network deductibles or out-of-pocket limits.

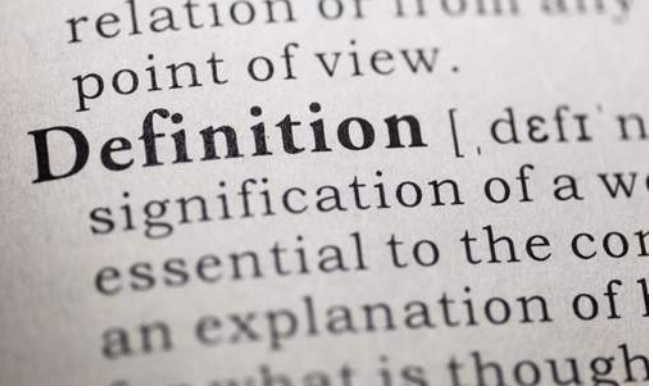


GLOSSARY

- **Out-Of-Pocket Maximum (OOP)** - This is the maximum you will pay out of your own pocket for health care services. Once you reach the OOP maximum, the plan covers your eligible health care services at 100%.
- **Point of Service (POS)** - Under this plan, you have the choice to visit any licensed provider. If you visit a doctor or facility within the plan's network of providers (in-network), you receive greater coverage. If you visit a doctor or facility outside of the plan's network (out-of-network), your coverage is reduced, which means you pay more out of your pocket.

Prescription Drug Terminology

- **Brand Name Drugs with Generic Equivalents** - If there is a generic drug available, and *either you or your physician* requests the brand drug (Dispense as Written), you will pay the brand copay/ co-insurance plus the difference in price between the brand and its generic equivalent.
- **Clinical Utilization Management** - Some medications require a review or pre-authorization to determine if they are eligible for coverage. Your doctor and pharmacist usually know which medications require a review, and you can also access the information at www.express-scripts.com.
- **Cumulative Out-of-Pocket Amounts** - Under the CDHP plan, Rx deductibles and out-of-pocket maximums are combined with deductibles and out-of-pocket maximums under the medical plan. Under the POS plan, copays and co-insurance amounts are included with other claims to meet your out-of-pocket maximum.
- **Drug Quantity Management** - Prescription costs are managed by ensuring that the quantity of units supplied for each copayment is consistent with clinical dosing guidelines. The program is designed to support safe, effective, and economic use of drugs while giving patients access to quality care. Express Scripts clinicians maintain a list of quantity limit drugs, which is based upon manufacturer-recommended guidelines and medical literature.
- **Formulary (or Preferred) Drugs** - A list of brand name prescription drugs selected by Express Scripts that offer the greatest overall value. The list is subject to change periodically. A current list is found at www.express-scripts.com.
- **Generic Drugs** - Medications marketed under their active ingredient name instead of a patented brand name. When the brand's patent expires, the law allows other manufacturers to produce the product – often at lower cost than the original brand. Members pay the lowest cost for generic drugs.
- **Legend Drug** - A drug or medicine which, under federal law, is required to bear the label, "*Caution: federal law prohibits dispensing without prescription*" or "*Rx only.*"
- **Mail Order Home Delivery** - Ongoing supplies of maintenance medications may be filled through the Express Scripts mail order pharmacy under the Smart90 program. Home delivery is convenient and allows up to a three-month supply for many medications.



GLOSSARY

- **Maintenance Medications** - Medications that are taken regularly for the treatment of chronic medical conditions, including asthma, diabetes, heart disease, and high blood pressure.
- **Non-Formulary Drugs (or Non-Preferred Drugs)** - Drugs that are not on Express Scripts' formulary list. Members pay a higher out-of-pocket cost for non-formulary drugs.
- **Participating Retail Pharmacies** - Local pharmacies contracted to dispense prescriptions at a negotiated discounted rate. A current list of pharmacies is found at www.express-scripts.com. The Plan covers up to a one-month supply for short-term medications (such as antibiotics) and initial prescriptions for maintenance medications plus two refills at participating pharmacies.
- **Preventive Medications** - Medications which are proven to prevent certain medical conditions. Under the Point of Service plan, approved preventive medications are subject to the applicable retail and mail order copay or coinsurance. Under the Consumer Driven Health plan, drugs on the [Preventive Medications List](#) are covered at 100%.
- **Quantity Level Limits** - Under the Express Scripts Plan, the maximum supply covered for retail prescriptions is 30 days except for maintenance medications filled at Walgreens. The maximum supply covered for mail order prescriptions is 90 days.
- **Specialty Drugs** - Certain medications that are prescribed to treat complex conditions, such as certain inflammatory conditions, multiple sclerosis and cancer. These medications require preauthorization and are dispensed by Accredo, Express Script's specialty pharmacy. Members pay the highest out-of-pocket cost for specialty drugs.
- **Walgreens Smart90** - Savings plan that offers the choice of Express Scripts home delivery or a Walgreens store for a 90-day supply of long-term maintenance medications.



CONTACTS

Nurse Liaison

There is a UnitedHealthcare Nurse Liaison available to Pinellas County employees and their family members:

- Amy Hertog, RN, BSN
Email: Amy_Hertog@uhc.com
(727) 464-5579
400 S. Ft. Harrison Ave., Clearwater

Amy connects employees with UnitedHealthcare resources, in addition to providing education and counseling. She works with employees one-on-one and speaks to groups on a variety of topics.

Legal Notices

Pinellas County is required to provide information to eligible plan participants either at the time of eligibility or on an annual basis. These notices, including the HIPAA Notice of Privacy, are posted on the Human Resources website at www.pinellascounty.org/hr/notices.

Benefits Partners

Our benefits partners are your best resource for questions on eligibility, coverage and claims:

Dental Cigna

(800) 244-6224
www.mycigna.com
Mobile app: *MyCigna*

EAP / Behavioral Health ComPsych GuidanceResources

(866) 615-3047
www.guidanceresources.com
Organization ID (to register online): *PINELLASCOUNTY*

Flexible Spending Account (FSA)

WageWorks
(877) 924-3967
www.wageworks.com
Mobile app: *EZ Receipts*

Health Savings Account (HSA)

Optum Bank
(800) 791-9361
www.optumbank.com

Life Insurance Standard Insurance Company

(855) 290-9479
www.standard.com

Medical UnitedHealthcare

(888) 478-4752
www.myuhc.com
Mobile app: *Health4Me*

Prescription Express Scripts

(866) 544-9221
www.expressscripts.com
Mobile app: *Express Scripts*

Vision

Davis Vision
(800) 999-5431
www.davisvision.com
Mobile app: *Davis Vision*

2019 Benefits Handbook

Pinellas County Human Resources Employee Benefits

400 South Fort Harrison Avenue, 1st Floor

Clearwater, FL 33756

Phone: (727) 464-4570

Fax: (727) 464-5291

Email: employee.benefits@pinellascounty.org

Website: www.pinellascounty.org/hr/benefits

Human Resources
Helping U Succeed