2020 OPEN ENROLLMENT
OCTOBER 1ST - 31ST

ST. LUCIE COUNTY
BOARD OF COUNTY COMMISSIONERS

EMPLOYEE BENEFITS GUIDE

Inside you will find information about

Benefits Eligibility | Benefits Enrollment | Medical Benefits | Dental Benefits | Vision Benefits | Disability Benefits | Life Benefits | FSA Benefits

To enroll or change your benefits, visit

www.SLC.HRInTouch.com

2016 – 2018 BEST places to work ST. LUCIE COUNTY

ST. LUCIE COUNTY FLORIDA

Contents

Welcome Letter	3	Vision	22-23
Benefit Highlights	4	Life Insurance	24
Our Benefit Goals	5	Disability Insurance and AD&D	25
Benefits Eligibility & Enrollment	6-7	Employee Assistance Program (EAP)	26
Medical	8-12	Glossary of Benefit Terms	27
Health Wellness Center	13-15	Voluntary Benefits	28-39
Medical Flexible Spending Account	16-17	FloridaBlue Information	40-45
Dependent Care Flexible Spending Account	18	Annual Notices	46
Dental	19-21	Benefit Costs Summary	47

Contacts

Medical, Dental, Life & Disability
Renee Vickers, On-site Florida Blue Representative
772.462.1549
Renee.Vickers@floridablue.com

Medical Plan
Florida Blue
www.floridablue.com
800.352.2583

New Directions Behavioral Health
www.ndbh.com
800.528.5763

Prescriptions
PRIME Therapeutics
888.849.7865

Health & Wellness Center
www.carehere.com
877.423.1330

Dental Plan
Florida Combined Life
www.floridabluedental.com
888.223.4892

Vision Plan
EyeMed Vision Care
www.eyemedvisioncare.com
866.723.0596

Employee Assistance Program (EAP)
Resources for Life (formerly MHNet)
www.mylifevalues.com
800.272.3626

Flexible Spending Accounts
Healthy Equity
www.healthequity.com
866.346.5800

Life & Disability
USAble Life
800.370.5856
custserv@usablelife.com

AD&D
The Hartford
800.563.1124

Voluntary Benefits
US Enrollment Services
800.282.0732

Benefits Enrollment Website
Benefitfocus
https://slc.hrintouch.com

This booklet provides a summary of plan highlights. Please consult the carrier's contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have questions, please contact the carrier or Relation Insurance Services..

St. Lucie County Board of county commissioners

FRANNIE HUTCHINSON
CHAIR
DISTRICT 4

LINDA BARTZ
VICE-CHAIR
DISTRICT 3

CHRIS DZADOVSKY
DISTRICT 1

SEAN MITCHELL
DISTRICT 2

CATHY TOWNSEND
DISTRICT 5

HOWARD N. TIPTON
COUNTY ADMINISTRATOR

DAN MCINTYRE
COUNTY ATTORNEY

MAILING ADDRESS
2300 VIRGINIA AVENUE
FORT PIERCE, FL 34982

PHONE
(772) 462-1546

TDD
(772) 462-1428

FAX
(772) 462-2361

E-MAIL

HARTMANK@STLUCIECO.ORG

WEBSITE
WWW.STLUCIECO.GOV

Dear Fellow Employees,

Each year, it is our goal to improve the culture, health and wellness of our employees and their families. Last year, it was the addition of our new Employee Health and Wellness Center in Port St. Lucie. This year, it was our mission to give some much needed renovations to the Fort Pierce location, and the final results turned out beautifully. We have expanded the center's hours so that our employees and their families now have quality medical care available to them 7 days a week from 7am to 7pm. Everything is moving in a positive direction.

Open Enrollment for 2020, will take place from October 1st through the 31st. This year will be a **PASSIVE ENROLLMENT**, which means any elections that you currently have in place will roll over into 2020, unless you actively change them. If you wish to the keep the same medical, dental or vision benefits in 2020, you will not be required to re-enroll. FSA's are the only exception. **Per IRS regulations, you MUST RE-ENROLL in Flexible Spending Accounts if you wish to continue these elections**.

Employees who are currently enrolled in Supplemental Life Insurance who would like to elect a guaranteed issue $10,000 increase to their current election (up to $150,000) may do so during Open Enrollment, but this increase must be elected through the benefits enrollment system.

The 2020 Employee Benefits Guide provides a comprehensive overview of the County's benefit package. We recommend that you take the time to carefully review the selection of employee benefits that the County offers so that you can make informed decisions about which benefits best meet the needs of you and your family. **All benefit elections/changes must be made by logging onto the enrollment website https://slc.hrintouch.com with the username and password that you created.** If you have forgotten your login information, you can click the link to have them reset.

Through education and expanded wellness programs, we will continue to partner with you to keep St. Lucie County healthy and thriving. If you have any questions about the benefits offered to you, please contact Kate Hartman, Benefits & Wellness Coordinator, at 772-462-1613 or HartmanK@stlucieco.org.

Sincerely,

Mark Wishard

Mark Wishard
HR & Risk Manager
St. Lucie County BOCC

Ceretha Leon

Ceretha Leon
Human Resources Director
St. Lucie County BOCC

2020 BENEFITS HIGHLIGHTS

EFFECTIVE JANUARY 1, 2020

As always, St. Lucie County BOCC is pleased to offer a comprehensive and competitive benefits package to our employees and their families. Overall, the County will continue to pay the majority of your health care premiums, even though health care costs continue to rise. Partner with us to keep costs low - use the information in this brochure to make the right health care choices for you and your family. This will help maximize your benefits and save money.

MEDICAL

Florida Blue will remain our carrier and we will continue to offer two medical plan options. Medical benefit details can be found on pages 8 - 12.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Health Equity will remain our vendor. **Flexible Spending Accounts for Medical and Dependent Care require you to re-enroll for 2020.** Information regarding your FSA coverage are listed on pages 16 - 18.

DENTAL

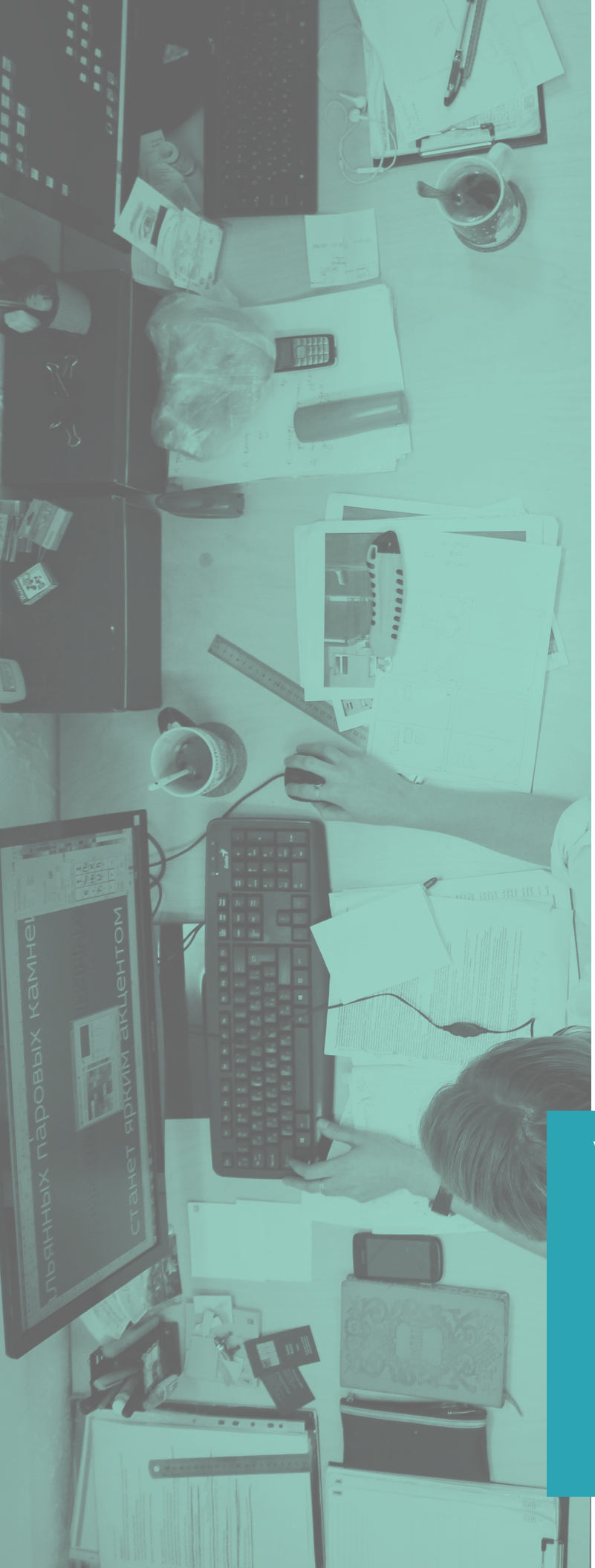
Florida Combined Life (FCL) will remain our carrier. Benefits and Co-pays will remain the same for 2020. Information regarding your dental benefits are listed on pages 19 - 21.

VISION

EyeMed will remain our carrier. Benefits and Co-pays will remain the same for 2020. Information regarding your vision benefits are listed on pages 22-23.

LIFE INSURANCE / DISABILITY

USAble is our carrier for Basic and Supplemental Life Insurance and for our Short-Term and Long-Term Disability. The Hartford will remain our carrier for Supplemental Accidental Death & Dismemberment coverage. Premiums will remain the same for 2020. Information regarding your life and disability coverage are listed on pages 24 - 25.



OUR BENEFIT GOALS

We evaluate our benefit programs each year to make sure that we accomplish several goals.

We strive to:

- Promote health and wellness among St. Lucie County employees and their dependents
- Provide employees with affordable access to health benefits
- Provide competitive benefits programs
- Educate employees on the appropriate use of health benefits
- Provide resources to support employees and their dependents as they make important decisions about their health and health care
- Educate employees on all of the benefits and resources available to them

THINGS WORTH NOTING:

- Most types of preventive care continue to be covered at 100% on our health plan, so there is no charge to you when you visit an in-network provider
- Out of pocket maximums include deductibles, coinsurance, and co-pays
- Over-the-counter drugs require a prescription from your doctor to be eligible for reimbursement under the medical Flexible Spending Account (FSA)

YOUR BENEFITS ARE PAID FOR WITH PRE-TAX DOLLARS

EVERY PENNY IN YOUR PAYCHECK COUNTS.

To help you stretch your income, we established a Flexible Benefit Plan that allows you to pay for most of your benefits using pre-tax money.

WHAT DOES A CAFETERIA PLAN MEAN TO ME?

- You save at least 12% in **Federal Tax**
- You save 7.65% in **FICA Tax**

GROUP COVERAGE ELIGIBILITY

THE COUNTY'S GROUP INSURANCE PLAN YEAR IS JANUARY - DECEMBER

WHO IS ELIGIBLE FOR MEDICAL COVERAGE?

All full-time employees are eligible to participate in the County's group coverage.

DEPENDENT ELIGIBILITY

Employees may extend any benefits in which they are currently enrolled to their dependents, so long as the dependents meet the elegibility requirements. Coverage will be effective 1/1/2020 for dependents added during Open Enrollment. Dependents added through Life Events will be effective on the date of the event. Dependents added during New Hire Enrollment will be subject to the same waiting period as the employee.

WHAT DEPENDENTS ARE ELIGIBLE TO ENROLL?

- **Spouses:** Employee's legally married spouse.

  Common Law Marriage partners are not recognized by the state of Florida and are not eligible. **Former Spouses are not eligible under the plan, regardless of any legal settlement.**

- **Children (birth to age 26)**: A natural child, a stepchild, a legally adopted child, Children for whom you or your legal spouse are the legal guardian or have the legal responsibility for providing medical coverage as defined by court order.
  NOTE: Vision coverge ends at 25.

- **Children (Age 26 - 30)**: Includes a child who is unmarried and has no dependents of their own; a child is a Florida resident or a full-time or part-time student; a child otherwise uninsured; and/or a child not entitled to benefits under Title XVIII of the Social Security Act unless the child is a handicapped dependent child.

- **Disabled Children:** Includes children considered to be disabled through Social Security Administration regardless of whether the child receives Social Security Income or not; single and incapable of self-sustaining employment by reason of mental retardation or physical handicap; chiefly dependent upon the employee for support and maintenance provided that the symptoms or causes of the child's handicap existed prior to the child's 30th birthday

AM I REQUIRED TO PROVIDE PROOF OF DEPENDENT ELIGIBILITY?

Please see "Required Documentation" section the next page for more information.

SEPARATION OF EMPLOYMENT

If an employee separates employment from the County, insurance coverage will continue through the end of the month in which the separation occurred. COBRA continuation of coverage may be available as applicable by law.

QUALIFYING EVENTS AND IRS CODE SECTION 125

IRS CODE SECTION 125

Premiums for medical, dental, vision insurance and contributions to FSA accounts (Health Care and Dependent Care FSAs) are deducted on a pre-tax basis, therefore, your ability to make changes to these benefits is restricted by the IRS. Changes to an employee's pre-tax benefits can be made ONLY during the Open Enrollment period unless the employee or qualified dependents experience a qualifying event.

Under certain circumstances, employees may be allowed to make changes to benefit elections during the plan year, if the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" qualifying event is determined by the IRS, Section 125. Any requested changes must be consistent with and on account of the qualifying event.

THE MOST COMMON LIFE STATUS CHANGES:

- Marriage or divorce
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order

TO MAKE BENEFIT CHANGES AS A RESULT OF YOUR LIFE STATUS CHANGE AS ALLOWED UNDER SECTION 125 OF THE IRS CODE, YOU MUST:

- Notify Human Resources within 30 days of the date of the qualifying event (60 days if due to the loss of CHIP or Medicaid),
- Provide proof of your life status event, and
- Complete and submit your online enrollment change request through the website at **slc.hrintouch.com**

AM I REQUIRED TO PROVIDE PROOF OF DEPENDENT ELIGIBILITY?

For a marriage or divorce, you will need a marriage certificate or divorce decree. To add dependent children, you will need a birth certificate, adoption decree, child support order, proof of legal guardianship, or, for added step-children, a marriage certificate and a birth certificate; For loss of other coverage or gain of other coverage, you will need a letter from the Plan Administrator to support this change; Be sure to review your dependents' eligibility and data to ensure birth dates and Social Security numbers are up-to-date. Be sure to remove ineligible dependents within 30 days of their change in eligibility status.

Note: Employees will be responsible for any claims incurred on ineligible dependents.

IMPORTANT

If you experience a qualifying event, Human Resources must be contacted within 30 days of the event to make the appropriate changes to your coverage. Beyond 30 days, requests may be denied and you may be responsible both legally and financially for any claim and/or expense incurred. If approved, changes will take place the first of the month following the date of the qualifying event or the BenefitFocus request for change of coverage, with the exception of newborns which are effective the date of birth. Termination of coverage will be processed at the end of the month. Employees will be required to provide valid documentation supporting a change in status or a qualifying event. To make a change to your benefits please visit **slc.hrintouch.com**

MEDICAL COVERAGE

FLORIDA BLUE

YOU HAVE CHOICES WHEN IT COMES TO THE COST OF YOUR HEALTH CARE.

We understand how important it is to provide an equitable and sustainable medical program for our employees and their dependents. One of our goals as your employer is to provide you with the best benefit options available.

In 2020, there will be no modifications to the current plans. There will still be two medical plans offered, providing you the opportunity to choose the best coverage for you and your family's needs. There are a few crucial facts that you will need to consider before making a decision. Below are a few FAQs to help you with making a decision.

WHAT'S THE DIFFERENCE?

No matter which plan you choose, you'll get the same:

- Access to doctors, specialists and hospitals
- Preventive services that are covered in full

WHICH PLAN WILL BE BETTER FOR MY NEEDS?

This will depend on your individual and family needs. The benefits summary listed on the next page will clearly lay out how much you will have to pay out of pocket for services. Cost-sharing options vary, so your goal is to narrow down choices based on out-of-pocket costs.

Plan 3766 (A) may work best for you if:

- You regularly take expensive medications that can only be obtained through a retail pharmacy
- You are expecting a baby, or have children under the age of three requiring frequent medical care
- You've been recently diagnosed with a chronic condition that cannot be managed through CareHere

Plan 5773 (B) may work best for you if:

- Most of your medications can be obtained through CareHere or at a low cost through a retail pharmacy
- Most of your medical Conditions can be managed through CareHere
- You are in fairly good health

In addition, those enrolled in the medical plan will continue to have access to the St. Lucie County Employee Health and Wellness Centers at NO COST. (Refer to pages 13 - 15 for more information)

2020 MEDICAL BENEFITS COSTS*

COVERAGE LEVEL	MEDICAL PLAN 3766 (A)	MEDICAL PLAN 5773 (B)
Employee Only	$66.80 Semi-monthly	$18.53 Semi-monthly
Employee + One	$147.33 Semi-monthly	$39.22 Semi-monthly
Family	$217.55 Semi-monthly	$67.57 Semi-monthly

*Pre-tax amount

SUMMARY OF MEDICAL BENEFITS

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan A 3766	BlueOptions Plan B 5773
Deductible (DED) (Per Person/Family Agg)		
In-Network	$500 / $1,500	$2,500 / $5,000
Out-of-Network	$1,000 / $3,000	$5,000 / $10,000
Coinsurance (Member Responsibility)		
In-Network	20%	20%
Out-of-Network	50%	50%
Out of Pocket Maximum (Per Person/Family Agg)	Includes DED, Coins, Copays and Rx	Includes DED, Coins, Copays and Rx
In-Network	$4,000 / $13,200	$6,850 / $13,700
Out-of-Network	$8,000 / Unlimited Max per Family	$13,700 / Unlimited Max per Family
Lifetime Maximum	No Maximum	No Maximum
PROFESSIONAL PROVIDER SERVICES		
Office Services		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Maternity (Due at Initial Visit only)		
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
E-Office Visit Services		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Allergy Injections		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Provider Services at Hospital and ER		
In-Network Family Physician / Specialist	DED + 20%	DED + 20%
Out-of-Network	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Provider Services at Locations other than office, hospital or ER		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center		
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Advanced Imaging Services in Physician's Office (MRI, MRA, PET, CT, Nuclear Medicine)		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
PREVENTIVE CARE		
Adult Wellness Office Services		
In-Network Family Physician	$0	$0
In-Network Specialist/Netwk Blue & Traditional Specialist	$0	$0
Out-of-Network / Non-Participating Physicians	50% (No DED)	50% (No DED)
Colonoscopies (Routine)	Age 50+ then Frequency Schedule Applies	Age 50+ then Frequency Schedule Applies
In-Network	$0	$0
Out-of-Network	$0	$0
Mammograms (Routine)		
In-Network	$0	$0
Out-of-Network	$0	$0
Well Child Office Visits		
In-Network Family Physician/ Specialist	$0	$0
Out-of-Network	50% (No DED)	50% (No DED)

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan A 3766	BlueOptions Plan B 5773
AMBULANCE / URGENT/ CONVENIENT CARE		
Ambulance Maximum (combined ground, air and water - per day)	No Maximum	No Maximum
In-Network	DED + 20%	DED + 20%
Out-of-Network	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Convenient Care Centers (CCC)		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Urgent Care Centers (UCC)		
In-Network	DED + 20%	DED + 20%
Out-of-Network	Out-of-Ntwk DED + 20%	Out-of-Ntwk DED + 20%
FACILITY SERVICES – HOSPITAL /SURGICAL /LAB/ INDEPENDENT DIAGNOSTIC TESTING FACILITY		
Inpatient Hospitalization (Per Admit)		
In-Network –Option 1	Option 1 – DED + 20%	Option 1 – DED + 20%
In-Network--Option 2	Option 2 – DED + 20%	Option 2 – DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Inpatient Rehab Maximum	30 Days	30 Days
Outpatient Hospitalization (Per Visit)		
In-Network –Option 1	Option 1 - DED + 20%	Option 1 - DED + 20%
In-Network--Option 2	Option 2 - DED + 20%	Option 2 - DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Therapy at Outpatient Hospital		
In-Network –Option 1	Option 1 - DED + 20%	Option 1 - DED + 20%
In-Network--Option 2	Option 2 - DED + 20%	Option 2 - DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Emergency Room (Per Visit)		
In-Network	$250 + DED + 20%	$250 + DED + 20%
Out-of-Network	$250 + In-Ntwk DED + 20%	$250 + In-Ntwk DED + 20%
Ambulatory Surgical Center		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Independent Clinical Lab		
In-Network	$0	$0
Out-of-Network	DED + 50%	DED + 50%
Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services)		
In-Network - Advanced Imaging Services (AIS)	DED + 20%	DED + 20%
In-Network - Other Diagnostic Services	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
MENTAL HEALTH AND SUBSTANCE ABUSE		
Inpatient Hospitalization (per admit)		
In-Network –Option 1	Option 1 - DED + 20%	Option 1 - DED + 20%
In-Network--Option 2	Option 2 - DED + 20%	Option 2 - DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Hospitalization (per visit)		
In-Network –Option 1	Option 1 - DED + 20%	Option 1 - DED + 20%
In-Network--Option 2	Option 2 - DED + 20%	Option 2 - DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Provider Services at Hospital and ER		
In-Network Family Physician or Specialist	DED + 20%	DED + 20%
Out-of-Network Provider	In-Ntwk DED + 20%	In-Ntwk DED + 20%
Physician Office Visit		
In-Network Family Physician or Specialist	DED + 20%	DED + 20%
Out-of-Network Provider	DED + 50%	DED + 50%
Emergency Room (per visit)		
In-Network	$250 + DED + 20%	$250 + DED + 20%
Out-of-Network	$250 + In-Ntwk DED + 20%	$250 + In-Ntwk DED + 20%
Provider Services at Locations other than Hospital and ER		
In-Network Family Physician or Specialist	DED + 20%	DED + 20%
Out-of-Network Provider	DED + 50%	DED + 50%
OTHER SPECIAL SERVICES AND LOCATIONS		
Birthing Center		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan A 3766	BlueOptions Plan B 5773
Diabetic Equipment *		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Diabetic Supplies **		
In-Network	Rx Coverage	Rx Coverage
Out-of-Network	50%	50%
Durable Medical Equipment, Prosthetics, Orthotics BPM	No Maximum	No Maximum
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Enteral Formula	No Maximum	No Maximum
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Home Health Care BPM	40 Visits	40 Visits
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Hospice	No Maximum	No Maximum
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Therapy: Cardiac, Physical, Occupational, Speech and Massage	70 Visits (Includes up to 26 Spinal Manipulations)	70 Visits (Includes up to 26 Spinal Manipulations)
Outpatient Rehab Therapy Center		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Spinal Manipulations, Chiropractic Services BPM	26 Visits (Not to exceed therapy maximum)	26 Visits (Not to exceed therapy maximum)
Skilled Nursing Facility BPM	120 days	120 days
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
PRESCRIPTION DRUGS		
Deductible	$0	$0
In-Network		
Retail (30 days)		
Generic/Preferred Brand/Non-Preferred	$6 / $50 / $75	$10 / $50 / $100
Mail Order (90 days)		
Generic/Preferred Brand/Non-Preferred	$12 / $100 / $150	$20 / $100 / $200
Out-of-Network		
Retail (30 days)		
Generic/Preferred Brand/Non-Preferred	50% / 50% / 50%	50% / 50% / 50%
Mail Order (90 days)		
Generic/Preferred Brand/Non-Preferred	50% / 50% / 50%	50% / 50% / 50%
Medical Pharmacy Monthly In-Network OOP Maximum (Provider-Administered Rx)*	$200	$200
In-Network	20%	20%
Out-of-Network	DED + 50%	DED + 50%

* Diabetic Equipment (insulin pumps, tubing) are always covered under the medical benefits.

** Diabetic Supplies (lancets, strips, etc.) are covered under the Rx benefit

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

PRESCRIPTION BENEFIT

IMPORTANT INFORMATION ABOUT PRESCRIPTION DRUG BENEFITS

Whenever possible, members should utilize generic medications to receive the highest level of benefits and lowest co-payment. The medical PPO plan includes a 3-tier formulary drug program. If a generic drug isn't available, or you prefer to purchase the brand medication, you will need to access Florida Blue's Formulary listing to determine what copayment will apply.

If the medication is listed in the formulary with a drug tier 2, the drug is considered a preferred brand and will be charged a $50 co-payment (or $100 if you obtain a 90-day supply-mail order) on both medical plans. If the drug is listed as a non-preferred brand with a drug tier 3, it is considered non-formulary and is charged at the highest co-payment level of $100 on plan 5773 (30 day supply) or $200 (90 day supply) or $75 on plan 3766 (30 day supply) or $150 (90 day supply). The formulary listing should be checked regularly as it is subject to change on a quarterly basis.

It is important to note that every therapeutic class of medication is represented within the formulary. If your medication is listed as a non-preferred brand and you are interested in reducing your co-payment, speak with your doctor to find out if you can switch to a preferred medication within the formulary to treat your condition.

Formulary Prescription Drug Listing:

Step 1: Go to **www.floridablue.com**

Step 2: Click on Members

Step 3: Click on Pharmacy benefits (middle of the page)

Step 4: Login

Step 5: Use Drug Comparison Tool

Log in at floridablue.com from a computer or mobile phone. Select Compare Drug Prices:

Step 1: Enter the drug name (or search by alphabet)

Step 2: Select pharmacies based on zip code

Step 3: Compare prices and lower cost options, when available. Plus, see when Step Therapy, Prior Authorization or other requirements may apply

MYBLUE MOBILE APP

THE MYBLUE MOBILE APP GIVES YOU A SIMPLE WAY TO PERSONALIZE, ORGANIZE AND ACCESS YOUR IMPORTANT HEALTH INFORMATION – ON THE GO.

The app includes many helpful features such as:

- **My Coverage** - Get a snapshot of your benefits and accumulators such as deductible, out-of-pocket max, and more
- **View ID Card** - Access and see an image of your FloridaBlue Member ID card from your phone
- **Find a Doctor** - Find a doctor, hospital or specialist in the provider directory customized to your plan. Get details and map it using your GPS location
- **Compare Drug Prices** - Save money by comparing drug costs at local pharmacies from wherever you are. Map the closest pharmacy
- **Contact Us** - Click to call the 24-hour nurse line, call a Care Consultant or get in touch with FloridaBlue whenever you need to

COMPARE COSTS

PARTNER WITH US TO BECOME BETTER CONSUMERS OF HEALTH CARE.

You have choices when it comes to the cost of your health care.

- Shop, compare and estimate your medical costs
- The quality and price of medical services can vary depending on where you go for office visits, imaging services, and surgery, including inpatient and outpatient care
- Compare quality and cost before you go, and then decide what's best for your care
- Cost estimates are based on your plan and where you stand with your deductible. Your costs are lower after your deductible is met
- You could save hundreds of dollars, or more on your health care services!

Three easy ways to compare:

Click - Access www.floridablue.com to log in/ register on MyBlueServiceSelect Estimate Costs for Medical Services

Call - A Care Consultant at 1-888-476-2227

Visit Us- in-person at a Florida Blue center near you. For locations, go to **floridablue.com**

HEALTH AND WELLNESS CENTER

In partnership with CareHere, we are pleased to offer a FREE & CONFIDENTIAL path to wellness for all employees and their families on the County's medical plan. Some of the benefits and services that you have access to include:

- Health Risk Assessments, a full physical exam including a 28 panel blood work test to assess health status
- Annual HRA printed booklet explaining in detail how to interpret and understand your blood work results
- CareHere Health Coaches
- No co-pays for health center visits
- No co-pays for generic medicines at the health center
- CareHere can provide you with mail order prescriptions
- Online or telephone appointment scheduling
- Minimum 20 minute appointment face-to-face with the provider with an average wait time of less than 5 minutes
- Appointments available 7:00 am to 7:00 pm, 7 days a week
- Also available to children three years of age and over

There are over 300 generic medications available at no cost to eligible employees within the Employee Health and Wellness Center formulary. For example, just to name a few, if you have…

Allergies? We have Loratadine (Claritin*)

Pre-diabetes or diabetes? We have Metformin HCL (Glucophage*)

Asthma? We have Ventolin HRA*

High Blood Pressure? We have Lisinopril (Prinivil*, Zestril*) and Losartan/Hydrochlorothiazide (Hyzaar*)

High Cholesterol? We have Simvastatin (Zocor*)

Thyroid Disorder? We have Levothyroxine (Synthroid*)

Important Reminders:

All medicines dispensed, including refills, require an appointment with a provider. Please make 2 back-to-back appointments when you have 3+ medicines needed.

We recommend you bring a list of any medicines you are currently taking to your first health center visit.

To schedule an appointment, download the "CareHere Appointments" mobile app., login at **www.carehere.com** or call 877-423-1330.

You may edit or delete your appointment at any time prior to the appointment time. However, if you fail to cancel your appointment at least 30 minutes prior to your scheduled appointment time, you will be subject to a $25.00 no show fee.

You will only be able to view details about your own appointment. This information is confidential and may not be viewed by anyone else other than the health center team.

To schedule or change an appointment online:

Click **"Appointments"** on the left sidebar.

Click **"Schedule Appointment"** under the type of appointment you want to make (Medical, Nurse & Labs, or Health Coaching).

Click a valid day on the calendar and then complete the What, Where and Who sections at the bottom and click **"Get Appointments."**

You will see the available appointment times click on **"Make Appointment"** next to the time of your choosing.

CareHere!

Things to Remember

When Scheduling an Appointment

1. **Schedule 2 back-to-back 20-minute appointments for first-time visits, annual physicals, and men and women health exams.**

2. **Schedule a separate appointment to have your medications refilled.**
   (If you have more than 3 medications that need to be refilled, it will require 2 back-to-back appointments.)

3. **Cancel your appointment, if you can't make it. This helps ensure the minimal wait times with CareHere.**

4. **Please, don't be late. If you are more than 10 minutes late, you may be rescheduled.**

DID YOU KNOW?

You can schedule an appointment by logging into your account **with your computer, smartphone, or tablet** by going to CareHere.com with your device.

CareHere abides by all federal HIPAA and confidentiality regulations.

Connect with us, and learn more about CareHere!

877.423.1330 • www.CareHere.com •

CareHere!

ADDITIONAL WALK-IN HOURS NOW AVAILABLE

SINCE YOU CANNOT SCHEDULE ILLNESS, ADDITIONAL WALK-IN HOURS WILL BE AVAILABLE **STARTING SEPTEMBER 30TH**.

MONDAY - FRIDAY WALK-IN HOURS:

PSL check in between 6:45 AM - 7:45 AM & 4:40 PM - 5:40 PM

Fort Pierce check in between 7:40 AM - 8:40 AM

SATURDAY FORT PIERCE:

Check in between 7:40 AM - 8:40 AM & 4:40 PM - 5:40 PM

SUNDAY PSL:

Check in between 7:40 AM - 8:40 AM & 4:40 PM - 5:40 PM

GENERAL HOURS:

Fort Pierce	Monday - Saturday	7:00 AM - 7:00 PM
PSL	Sunday - Friday	7:00 AM - 7:00 PM

We care for ages 3 and up for acute visits, and we continue to care for ages 10 and up for chronic care.

SCHEDULE ANYWHERE

877.423.1330 | CareHere.com | NEW CareHere App

CareHere abides by all federal HIPAA and confidentiality regulations.

© 2019 | Proprietary to CareHere, LLC | All rights reserved.

FLEXIBLE SPENDING ACCOUNTS

A FLEXIBLE SPENDING ACCOUNT (FSA) ALLOWS EMPLOYEES TO USE PRE-TAX MONEY FOR QUALIFIED EXPENSES.

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

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

- Annual maximum contribution is $2,700
- You have access to your full annual contribution at any time during the plan year for qualified expenses incurred during the plan year
- You cannot change your annual contribution amount during the plan year, so be conservative in determining the amount you decide to contribute
- Deadline to incur claims for this plan year is March 15, 2021
- Deadline to submit claims is March 31, 2021

Health Care FSA Eligible Expenses

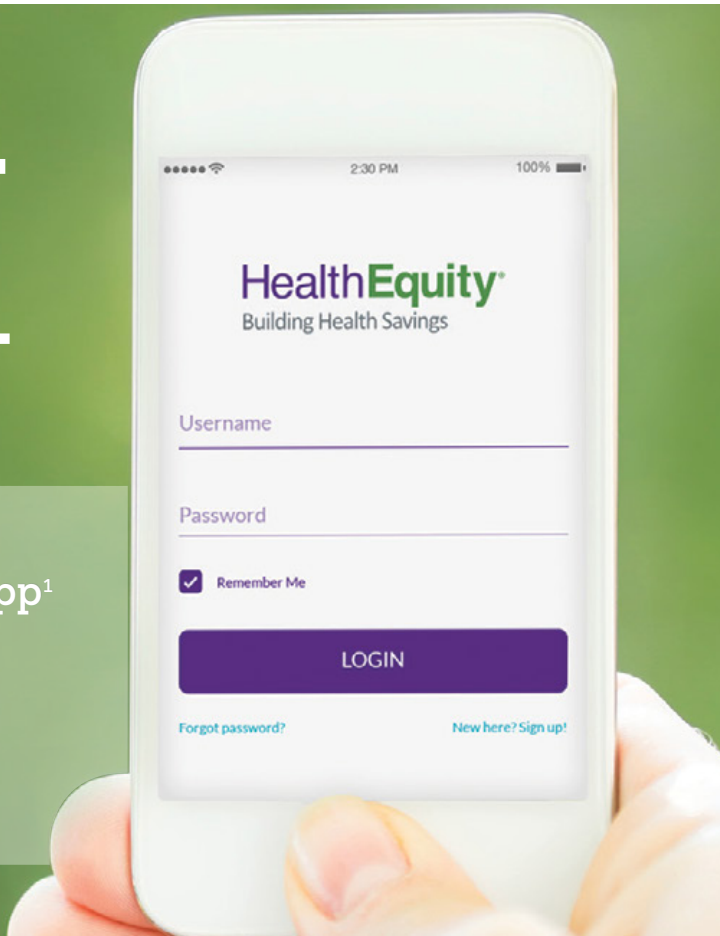
- Medical plan co-pays and deductibles
- Dental and orthodontia expenses
- Vision care expenses including lasik, glasses and contact lenses
- Over-the-counter drugs prescribed by your physician
- Tobacco cessation programs and related drugs with a doctor's prescription
- Infertility treatment
- Psychology and psychoanalysis medical expenses

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

EASY ACCESS to your ACCOUNT WHEREVER you are.

HealthEquity mobile app[1] available for **FREE** at:

- Apple® App Store®
- Google Play™



QUALIFIED EXPENSES

- Acupuncture
- Alcoholism (rehab, transportation for medically advised attendance at AA)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs/teeth
- Birth control pills/prescription contraceptives
- Body scans
- Breast reconstruction surgery following masectomy for cancer
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Prescription eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed, not imported from other countries)
- Nursing home medical care
- Nursing services
- Optometrist
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment and repair for hearing-impaired
- Therapy
- Transplants
- Weight-loss program (if prescribed by a physician for a specific disease)
- Wheelchairs
- Wigs (if prescribed)

Visit: **HealthEquity.com/QME**

NON-QUALIFIED EXPENSES

- Concierge services
- Dancing lessons
- Diaper service
- Elective cosmetic surgery
- Electrolysis or hair removal
- Funeral expenses
- Future medical care
- Hair transplants
- Health club dues
- Insurance premiums other than those explicitly included
- International medicines
- Nutritional supplements, unless recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician
- Teeth whitening

Over-the-counter medicine (OTC)

The IRS no longer allows FSA funds to be used for OTC medicines without a prescription. Consider obtaining a prescription for OTC medicines or supplies that you frequently use. You can use your FSA to pay for these items.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

Dependent Care FSA

Dependent Care FSA is used to pay for qualified dependent child care or elder care expenses incurred during the plan year, to allow you (and/or your spouse if married) to work or go to school full-time.

- Annual maximum contribution is $5,000
- You ONLY have access to funds that have been withheld from your paycheck. If you submit receipts for a higher amount, you will be automatically reimbursed as future payroll deductions are deposited into your account
- Deadline to incur claims for this plan year is December 31, 2020

Dependent Care FSA Expenses

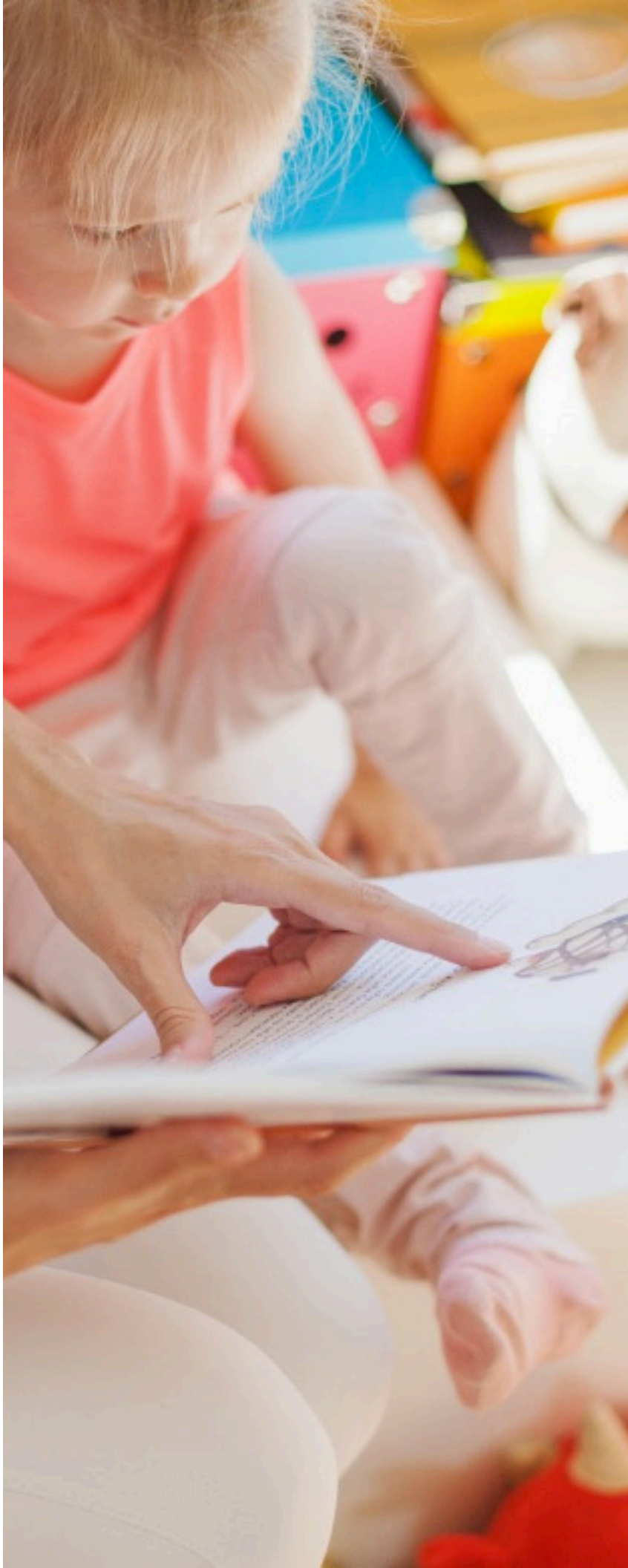
- Care at a licensed nursery school or day care facility
- Before and after school care for children 12 and under
- Day Camps
- Nannies and Au Pairs
- Elder Care Expenses

Dependent Care Ineligible Expenses

- Services provided by a dependent (son, daughter, or spouse)
- Overnight camp expenses
- Baby-sitting expenses for time when you are not working or at school
- Late payment fees
- Tuition expenses for school

Important Rules Regarding FSAs

- Accounts are separate and you cannot co-mingle funds
- Accounts are subject to the USE IT OR LOSE IT provision; unused balances do not carry over and cannot be refunded



DENTAL COVERAGE

It's About More Than a Pretty Smile

Our oral health affects our ability to speak, smell, taste, chew, and swallow. However, oral diseases, which can range from cavities to oral cancer, cause pain and disability for millions of people each year. Plan members can take advantage of discounts by using a network provider.

Visit Your Dentist Regularly

Regular preventive visits to your dentist can help protect your health, and we are talking about more than just your mouth. As long as you utilize an in-network provider, our plan covers preventive services at 100% in-network, with no deductible. Members can visit a provider four times a year for a cleaning and the plan will pay 100%.

HELPFUL TIP

If you choose to use an out-of-network provider, services may not be paid at 100%, and you may be balance billed the difference between the charge and the allowed amount.

2020 DENTAL BENEFITS COSTS*

COVERAGE LEVEL	LOW PLAN	HIGH PLAN
Employee Only	$16.98 Semi-monthly	$18.04 Semi--monthly
Employee + One	$32.47 Semi-monthly	$33.11 Semi--monthly
Family	$46.77 Semi-monthly	$47.84 Semi--monthly

*Pre-tax amount

SUMMARY OF DENTAL BENEFITS

COST SHARING	BlueDental							
	Low Option				High Option			
	In-Network		Out-of-Network		In-Network		Out-of-Network	
Deductible (Basic & Major Services Only)								
Per Person Per Plan Year Per Family Per Plan Year *In-Network deductible credits apply to Out-of-Network deductible and Out-of-Network deductible credits apply to In-Network deductible.*	$50 $150		$50 $150		$50 $150		$50 $150	
Coinsurance *	We Pay	You Pay	We Pay	You Pay	We Pay	You Pay	We Pay	You Pay
PREVENTIVE **	100%	0%	90%	10%	100%	0%	90%	10%
BASIC **	100%	0%	70%	30%	80%	20%	70%	30%
MAJOR **	50%	50%	40%	60%	50%	50%	40%	60%
SERVICE HIGHLIGHTS								
Oral Evaluations (Exams) Bitewing X-ray Prophylaxis (Cleanings) 4 per benefit yr. – Adult/Child Fluoride Treatment (Child Only) Office Visits X-rays – Intraoral/Complete Series/Panoramic Sealants	Preventive				Preventive			
Amalgam Restorations (Silver Fillings) Resin-Based Restorations (Anterior and Posterior) Extractions Surgical Extractions Root Canal Therapy Periodontal Treatment	Basic				Basic			
Crowns Osseous Surgery Partial Dentures Fixed Partial Dentures (Bridges) Surgical Placement of Implant Body: Endosteal Implant Implant Supported Porcelain Fused to Metal Crown (titanium, high noble metal)	Major				Major			
Orthodontia Services Orthodontia Lifetime Maximum BlueDental Pays Benefit Waiting Period	None				Adult and Child $500 50% None			
WAITING PERIOD: (MAJOR SERVICES)	**NONE**				**NONE**			
CALENDAR YEAR MAXIMUM PER PERSON	**$1,000**				**$1,500**			
PROCEDURES PERFORMED BY SPECIALIST	**COVERED**				**COVERED**			
DENTAL ROLLOVER	**YES**				**YES**			

BlueDental Maximum Rollover

Florida Blue
In the pursuit of health®

Maximum Rollover for BlueDental Choice℠ Plan Members

Maximum Rollover is a BlueDental Choice member benefit that rewards you just for visiting the dentist. There are no fees for Maximum Rollover and no paperwork to complete. Whenever you use less than the yearly threshold amount, you'll receive Rollover dollars for the following year. What if you could use your Rollover dollars for unexpected visits the next year? Or wouldn't those extra dollars come in handy when you have to pay out-of-pocket for expensive dental work in the following year? See the chart below for some examples. Any available Rollover dollars will be added to your Rollover account approximately 60 days after the end of your plan year. It's that easy.

Maximum Rollover* is applied to your BlueDental Choice, BlueDental Choice Plus℠ or BlueDental Choice Copayment℠ plan automatically as long as you:

- Receive at least one covered service during your plan year
- Are an active member of the plan on the last day of the plan year
- Don't exceed the claim payment threshold in your plan year

Use the chart below to see what your Maximum Rollover dollars could add up to.

1. Look in the first column to find your plan option.
2. Next, find the threshold amount for your plan in the second column. If we pay out less than this amount in benefits, you'll automatically receive Maximum Rollover dollars next year.
3. Check the third column for the maximum amount of dollars you qualify for next year.
4. The last column provides the maximum amount of rollover dollars that you can accumulate.

1. Plan Option	2. Yearly Threshold Amount	3. Maximum Rollover you'll receive next year	4. Maximum Rollover you can accumulate
Low Option	$500	$350	$1,000
High Option	$700	$500	$1,250

Questions? Want to learn more about Maximum Rollover or any of our other products and services? Our BlueDental Customer Service Representatives can help. Just call **1-888-223-4892** or find us online at FloridaBlueDental.com.

*Maximum Rollover is not available for our BlueDental Care℠ plans.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. BlueDental plans are offered through Florida Combined Life Insurance Company, Inc., D/B/A Florida Combined

SUMMARY OF VISION BENEFITS

VISION COVERAGE

Besides helping you see better, routine eye exams can detect a number of serious health conditions, such as glaucoma, cataracts, diabetes and even cancer. Plus, eye exams for kids can detect problems that can impact learning and development.

As an EyeMed Vision Care member, you can improve your health by taking care of your vision and having routine eye exams, while saving money on all of your eye care needs.

A dependent child living in your household, primarily dependent on you for support or is a full-time or part-time student may be covered though the calendar year in which the child turns **25**.

2020 VISION BENEFITS COSTS*

COVERAGE LEVEL	LOW PLAN	HIGH PLAN
Employee Only	$1.03 Semi-monthly	$2.78 Semi-monthly
Employee + One	$1.91 Semi-monthly	$5.28 Semi-monthly
Family	$2.78 Semi-monthly	$7.76 Semi-monthly

*Pre-tax amount

EyeMed	Option 1	
	In Network Member Cost	Out of Network Reimbursement
Exam with Dilation as Necessary	$10 Copay	Up to $35
Frames	35% off retail price	N/A
Standard Plastic Lenses		
Single Vision	$50 Copay	N/A
Bifocal	$70 Copay	N/A
Trifocal	$105 Copay	N/A
Lens Options (paid by the member and added to the base price of the lens)		N/A
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate	$40	N/A
Standard Anti Reflective Coating	$45	N/A
Standard Progressive Lens (Add on to Bifocal)	$65	N/A
Other Add Ons and Services	20% off retail price	N/A
Contact Lenses (discount applied to materials only)		
Conventional	15% off retail price	N/A
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Unlimited	
Frame	Unlimited	

*Frame, lens, & Lens Option discount applies only when purchasing a complete pair of eyeglasses

EyeMed	Option 2	
	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	$10 Copay	Up to $35
Frames	$0 Copay, $100 Allowance; 20% off balance over $100	Up to $40
Standard Plastic Lenses		
Single Vision	$25 Copay	Up to $25
Bifocal	$25 Copay	Up to $40
Trifocal	$25 Copay	Up to $60
Standard Progressive Lens	$90	Up to $40
Premium Progressive Lens	$90, 80% of charge less $120 Allowance	Up to $40
Lens Options (paid by the member and added to the base price of the lens)		N/A
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-up		
Standard Contact Lens Fit & Follow-up	Up to $55	N/A
Premium Contact Lens Fit & Follow-up	10% off retail	N/A
Contact Lenses (discount applied to materials only)		
Conventional	$0 Copay, $115 Allowance; 15% off balance over $115	Up to $81
Disposable	$0 Copay, $115 Allowance; plus balance over $115	Up to $81
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Questions?

Visit **EyeSiteOnWellness.com**

USAble LIFE INSURANCE COVERAGE

Life Insurance and AD&D

St. Lucie County provides all full-time employees with a basic life insurance benefit equal to one times basic annual earnings, rounded to the next highest $1,000, up to a maximum of $200,000. The County also provides Accidental Death and Dismemberment, which pays an additional benefit equal to the basic life benefit if a death is due to an accident. These benefits are provided at NO COST to the employees

Supplemental Life Insurance

In addition to the insurance provided free by the County, you can purchase additional life insurance in increments of $10,000 up to $300,000 for yourself, and up to 50% of the employee benefit for your spouse in $10,000 increments up to $150,000, and $10,000 for a child(ren). Eligible children include:

- Unmarried, less than age 30
- Living in your household or a full- or part-time student
- Depends on you for more than 50% of his/her support
- A handicapped child age 30 or over, who was insured under this policy before reaching age 30

Evidence of Insurability

Evidence of Insurability requires you to complete a medical questionnaire, obtain a physical (at the carrier's request), and receive carrier approval before your insurance takes effect.

Life enrollment time frames are limited as detailed below:

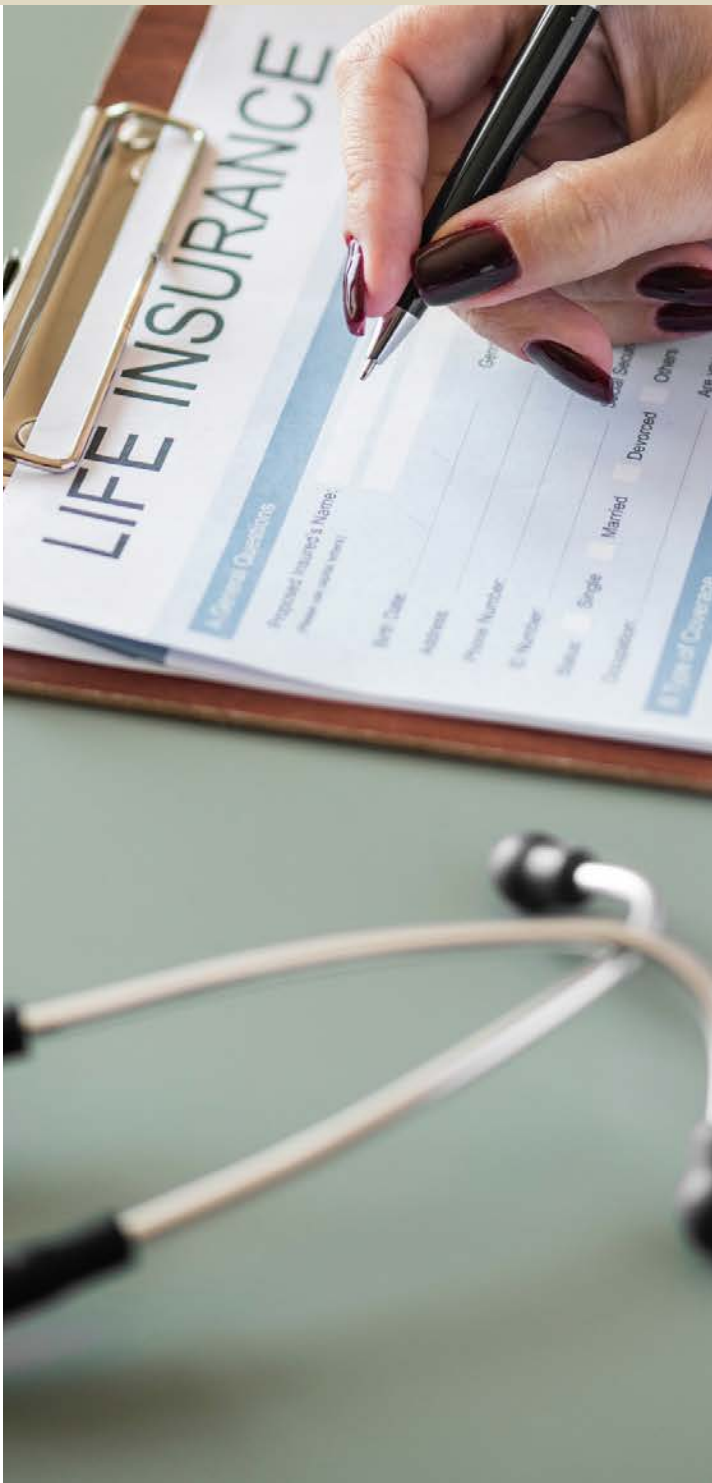
- **New Hires** – You may apply for coverage up to the amount requiring Evidence of Insurability through the normal enrollment process.
- **Marriage, Adoption or Birth** – If you are already enrolled in employee life, you can enroll new dependents as long as you follow normal event deadlines. If you wish to increase your employee life amount, you must complete the Evidence of Insurability Form and submit it within the normal life event deadlines.
- **Annual Election to Increase Supplemental Life by One Increment** – Each year at open enrollment, the life insurance carrier allows employees currently enrolled in the Supplemental Life Insurance coverage to increase their Life Volume by one plan increment of $10,000 up to the $150,000 guarantee issue maximum without the need for evidence of insurability. **Only employees currently enrolled may participate in this feature (spouses and dependent children are not eligible).** Enrollment and Evidence of Insurability forms must be submitted and approved to increase employee coverage over $10,000 or any increase in spouse and dependent child coverage.

Why buy life insurance?

Life insurance provides a lump sum cash benefit to surviving dependents to cover immediate expenses such as funeral expenses or ongoing living expenses. Life insurance benefits often help survivors adjust to the loss of income related to the death of a wage earner or provide funds for college or retirement for the survivors.

Benefit Reduction

Your benefits will reduce to 65% at age 70.



USAble DISABILITY COVERAGE

Short-Term Disability (STD) insurance provides income continuation if you are ever unable to work due to a non-work related accident or illness. Long Term Disability (LTD) insurance provides income continuation for both non-work and work-related accidents or illnesses. The County pays the full cost of both STD and LTD for full-time employees.

Short-Term Disability (STD)

STD begins on the later of the 15th day, or the end of accumulated sick leave/vacation (whichever is greater) after a qualifying accident or illness. STD lasts for 13 weeks and pays a weekly benefit equal to 60% of your basic weekly earnings to a maximum of $1,900 per week.

Long Term Disability (LTD)

LTD begins on the 91st day after a qualifying accident or illness and pays a monthly benefit equal to 60% of your monthly income up to $8,000 per month. The maximum benefit period is to age 65 Reducing Benefit Duration.

THE HARTFORD ACCIDENTAL DEATH & DISMEMBERMENT

Accidental Death & Dismemberment benefits offered through CNA Hartford provide a specific benefit for loss of life, limbs, speech, hearing or sight as defined in the policy. If enrolled, benefits under this policy are separate from, and pay in addition to, the Life & AD&D benefits available through the County's Group Life policy. Losses caused by medical or surgical treatment of sickness or disease are not covered.

You can enroll the following dependents:

- **Your Legal Spouse** as indicated by Florida Law
- **Your Dependent Child who is 18 years of age or younger** and who is chiefly dependent upon you for support and maintenance or who is living in your household
- **Your Dependent child who is 19 through the calendar year in which the child reaches 25,** provided such child is attending an accredited school on a full or part time basis, is dependent upon you for support and maintenance or is living in your household

Age Reduction

(applies to Employee & Spouse coverage)

Age 69 or younger	100%
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Principal Sums

- **Employee:** $10,000 to $250,000 in increments of $10,000. Principal sums in excess of $150,000 may not exceed 10 times your basic annual salary
- **Spouse:** 50% of your original principal sum if there are no insured dependent children covered at the time of accident; or 40% of your original principal sum if there are insured dependent children covered at the time of the accident
- **Children:** 15% of your original principal sum if there is no spouse at the time of accident; or 10% of your original principal sum if there is an insured spouse at the time of the accident

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life presents challenges to each and every one of us. Sometimes we need a little extra help. St. Lucie County provides a comprehensive and 100% confidential employee assistance program through Resources for Living . These EAP benefits are available for all full-time employees, and all members of your household and your adult children up to the age of 26, regardless of your medical insurance coverage. Services are confidential and are available 24 hours a day, 7 days a week. You are automatically enrolled with no ID required.

Counseling and Relationship Support

- Unlimited, toll-free telephonic access to EAP dedicated staff, 24 hours per day
- Telephonic access to licensed behavioral health professionals
- Support, consultation and resources for stress, family relationship issues, anger management, substance abuse, and helping you balance work and home life
- 6 face to face counseling sessions per issue per year, with licensed network professionals, at no cost to you; i.e., no copays or deductibles

CALL YOUR EAP AT

1-800-272-3626

or visit us online at www.mylifevalues.com

Username: stlucieco | Password: 8002723626

Online Services

Online information and provider search features for locating resources that families need, such as:

- Child care - Convenience/personal services - Adoption
- Parenting - Pet care - Temporary back-up care
- Special needs - Elder care - School/college planning
- Urgent/daily living needs - Caregiver support - Consumer information
- Summer care - Care for people with disabilities
- On-line Discounts on brand-name products and services, including categories such as computers & electronics, theme parks, movie tickets, local attractions, travel, gifts, apparel, child and elder care, flowers, jewelry, fitness centers and more

Legal Services

Half- hour free consultation with a participating attorney for each new legal topic (each plan year) related to:

- General Law (excluding employment law) - Special Needs, including emergency matters
- Mediation Services - Document Preparation
- A discount of 25% off the hourly rate charged by the participating attorney for any legal services not covered and/or beyond the 1/2 hour initial consultations referenced above
- All services must be for legal matters related to the employee and eligible household members

Financial Support

Half- hour free consultation on new financial counseling topics each plan year

- Topics include Budgeting, Credit, Debt, Retirement, College Funding, Buying vs. Leasing, Mortgages/Refinancing, Financial Planning, Tax Questions & Preparation, IRS Matters, Tax Levies & Garnishments, Consumer Credit Counseling, Community Services
- A discount of 25% off the tax preparation services
- All services must be for financial matters related to the employee and eligible household members

Other Services

Identity Theft Services–One hour telephonic fraud resolution consultation as well as coaching and direction on prevention and restoring credit for victims of ID Theft, and a free Identity Theft, Emergency Response Kit for victims of ID Theft.

GLOSSARY OF BENEFIT TERMS

In order to obtain a complete understanding of your health plan benefits and spend your health care dollars the best way possible, you should be familiar with the following terms:

Coinsurance
Your share of health care expenses for covered services. After your deductible requirement is met, a percentage of the allowed amount will be paid by the plan. The remaining percentage is your patient responsibility.

Balance Bill
You may receive a bill from an out of network provider for the difference between the actual charges and the plan's allowed amount. In-network providers will not balance bill anything above and beyond the deductible, co-payment and coinsurance as indicated by the plan.

Co-payment
A fixed dollar amount that you are responsible to pay for a specified service.

Deductible
An amount you are responsible to pay for certain services before the plan begins to pay its share of the eligible expenses. The deductible is a requirement each calendar year. Please refer to the Evidence of Coverage document for a full listing of services subject to the deductible.

Dependent Care Spending Account
Lets you set aside pre-tax dollars to pay for eligible childcare expenses. Because the reimbursement account contributions are not taxed, you decrease your taxable income while increasing your available cash. Funds do not roll over year to year, are not portable and do not accrue.

Explanation of Benefits (EOB)
Explains how a health benefits claim was paid. A fixed dollar amount that you are responsible to pay for a specified service.

Flexible Medical Spending Account
A tax-advantaged account that can be used to pay for medical expenses. Contributions to the FSA are made by the employee. Funds can only be used to pay for claims in the year they are accrued. Unused funds are forfeited. Funds are not portable and do not accrue interest.

Out of Pocket Maximum
The maximum amount that you will pay towards deductible, coinsurance, and co-payment during a given calendar year. Once the stated out of pocket maximum has been satisfied, benefits will be paid for eligible expenses at 100%.

Pre-certification / Authorization Requirements
Please remember that there are certain services that require a pre-certification or authorization. Failure to follow these guidelines may result in a reduction or denial of benefits.

Pre-Existing Condition
Effective January 1, 2014, all pre-existing condition exclusions were removed from the plan.

VOLUNTARY BENEFITS

The Voluntary programs sponsored by St. Lucie County are individual policies offered through convenient payroll deductions, which are portable should you change employment. That means you can take the coverage with you. County employees and family members have preferred underwriting with most enrollment requiring no medical questions or exams. Below is a brief overview of these plan offerings:

Trustmark Accident 24 Hour Protection Plan

This plan covers you for both on and off-the-job accidental injuries. You can go to any facility in the country and receive benefits. It is great for families with children in sports.

- Policy pays cash benefits directly to you, over-and-above any other coverage and protects you 24 hours a day and provides benefits for injuries that occur either on or off-the-job
- Benefits include: ER, Hospital admissions, ambulance, fractures, dislocations, burns, lacerations, follow-up visits, emergency dental, Accidental Death Benefit
- $100 Wellness Benefit is payable up to two visits per person, per year. Wellness Benefit includes routine physicals, immunizations and health screen tests

To enroll in these voluntary benefits. call US Enrollment Services at 800.282.0732

Benefit	Amount
Initial Care	
Hospital Benefits	
Admission Benefit (per admission)	$3,200
Confinement Benefit (per day up to 365 days)	$500
ICU Benefit (per day up to 15 days)	$1,000
Emergency Room Treatment	$150
Ambulance	
Ground	$600
Air	$2,500
Initial Doctor's Office Visit	$200
Lodging (per night up to 30 days per accident)	$200
Surgery Benefit	
Open, abdominal, thoracic	$2,000
Exploratory	$200
Blood, Plasma and Platelets	$600
Emergency Dental Benefit	
Extraction	$150
Crown	$450
Follow-Up Care	
Accident Follow-Up Treatment	$200
Physical Therapy	
Up to six visits per person per accident	$100
Appliance	$250
Transportation	
100+ miles, up to three trips	$600
Prosthetic Device or Artificial Limb	
More than one	$2,000
One	$1,000
Skin Grafts	25% of burn benefit

Benefit	Amount
Injuries	
Fractures	
Open reduction	up to $15,000
Closed reduction	up to $7,500
Chips	25% of closed amount
Dislocations	
Open reduction	up to $12,000
Closed reduction	up to $6,000
Laceration	$50-$1,000
Burns	
Flat amount for:	
Third-degree 35 or more sq. in.	$25,000
Third-degree 9-34 sq. in.	$4,000
Second-degree for 36% or more of body	$2,000
Concussion	$200
Eye Injury	
Requires surgery or removal of foreign body	$400
Ruptured Disc	$1,000
Loss of Finger, Toe, Hand, Foot or Sight	
Loss of both hands, feet, sight of both eyes or any combination of two or more losses	$40,000
Loss of one hand, foot or sight of one eye	$20,000
Loss of two or more fingers, toes or any combination of two or more losses	$4,000
Loss of one finger or one toe	$2,000
Tendon/Ligament/Rotator Cuff Injury	
Repair of more than one	$1,500
Repair of one	$1,000
Exploratory surgery without repair	$200
Torn Knee Cartilage	$1,250
Exploratory surgery	$250

VOLUNTARY BENEFITS

Trustmark Universal Life with Long Term Care Policy

This program lets you provide a lifetime of coverage by locking in your rate at today's age. It gives peace of mind that comes with knowing there are funds available when they are needed most.

- Guaranteed Issue for Newly Hired employees age 65 and under and contingent guaranteed issue for New Hires age 66–70 and all spouses and children if you enroll when initially eligible
- Spouses can apply even if employee elects to waive coverage
- Guaranteed premiums for life and guaranteed death benefits for life
- Guaranteed cash values as long as you pay the premiums

Universal Life Insurance 65+

Trustmark Universal LifeEvents insurance is permanent life insurance that helps shield your family from financial hardship if you or your spouse is suddenly out of the picture. It:

- Helps provide permanent financial protection
- Is a financial tool that helps you manage life at every stage from supporting a family to sending your children to college to the need for long-term care
- Builds cash value over time that you can access for life's challenges and life's opportunities
- Benefits can be paid as a Death Benefit, as Living Benefits, or as a combination of both. What's covered?

The LifeEvents Advantage

LifeEvents is designed to match your needs throughout your lifetime. It pays a:

- Higher death benefit during working years when expenses are high and your family needs maximum protection. Then, at age 70 when financial needs are typically lower, the death benefit reduces to one-third
- Consistent Level of Living Benefits throughout retirement when you are most likely to need long-term care services

Living Benefits

Long-Term Care Benefit (LTC) pays a monthly benefit equal to 4% of your death benefit for up to 25 months. The LTC benefit accelerates the death benefit and proportionately reduces it.

Benefit Restoration

Restores the death benefit that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.

Additional Benefits

- **Children's Term Life Insurance** – Covers newborns to age 23 and is convertible to Universal Life insurance Optional benefit
- **Waiver of Premium** – Waives policy payments if your doctor determines you are totally disabled
- **Accidental Death Benefit** – Doubles the death benefit if death occurs by accident prior to age 75

VOLUNTARY BENEFITS

Trustmark Critical Illness Coverage

If you are diagnosed with a Critical Illness, where does the money come from to cover the deductibles, coinsurance, and out-of-pocket expenses? This plan pays cash benefits directly to you, over-and-above any other benefits that you may be eligible to receive.

- Pays a tax-free lump sum that you choose between $10,000 - $100,000 of coverage upon the diagnosis of a covered critical illness. Does not require any treatment or hospitalization to trigger a claim, only certain diagnostic criteria of the condition
- **Covered conditions include:** Heart Attack, Stroke, Internal Cancer, Organ Transplant, Renal (Kidney) Failure, Paralysis, and Coma. Partial payments for: Coronary Artery Bypass Surgery, Carcinoma in Situ
- An annual $50 wellness benefit is payable per insured for any preventive screening, chest x-ray, certain blood tests

Critical Illness insurance

Trustmark Critical Illness Insurance pays benefits upon the first diagnosis of a covered critical illness. It provides a cash payment for expenses and treatments not covered by most medical plans, and it pays before most high-deductible health plan benefits begin. A health screening benefit identifies and reduces health risks, making it easier for you and your covered family members to stay healthy.

Covered Conditions

Invasive cancer • Heart attack • Stroke • Renal (kidney) failure • Blindness • ALS (Lou Gehrig's disease) • Major organ transplant • Paralysis of at least two limbs • Coronary artery bypass surgery (25% benefit) • Carcinoma in situ (25% benefit)

Benefits you'll appreciate

- **Lump-sum benefit –** Paid directly to you, regardless of any other coverage you have
- **Subsequent condition benefit** Pays a lump-sum cash payment when you are diagnosed with any covered condition included in your policy. There are no limits to the number of payouts for each insured family member and no reduction in payouts for later-diagnosed conditions
- **Best Doctors®** medical advice when you need it most. Receive one-on-one support in connecting you to the medical information you may need for covered conditions
- **Health Screening Benefit** – To help you stay well, the Health Screening Benefit pays the cost of one screening test per calendar year ($50 maximum). Some of the many screening tests covered include: • Low dose mammography • Chest X-ray • Pap smear (women over 18) • Bone marrow • Serum cholesterol • Colonoscopy • Prostate specific antigen • Stress test

Optional benefit

- **EZ Value automatic increases**
- **Waiver of Premium** – Waives premium payments if your doctor determines you are totally disabled

VOLUNTARY BENEFITS

Aflac Hospital Confinement Indemnity Insurance

How would your family carry on if you were unexpectedly hospitalized? This program lets you create a more comprehensive medical plan with options to cover the following:

BENEFIT	DESCRIPTION
HOSPITAL CONFINEMENT	**Pays $500; $1,000; $1,500; or $2,000. You choose the benefit amount at the time of application. Payable once per calendar year, per covered person.**
REHABILITATION FACILITY	**Pays $100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.**
HOSPITAL EMERGENCY ROOM	**Pays $100 for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.**
HOSPITAL SHORT-STAY	**Pays $100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.**
WAIVER OF PREMIUM	**Yes**

Choose the Policy Riders that Best Fit Your Needs Below

OPTIONAL RIDERS	DESCRIPTION
EXTENDED BENEFITS RIDER	**Physician Visit Benefit:** Pays $25 for visits (including telemedicine) to a physician, psychologist or urgent care center. **Individual Coverage:** Limited to 3 visits per calendar year, per policy. **Insured/Spouse & Family Coverage:** Limited to 6 visits per calendar year, per policy. **Laboratory Test and X-Ray Benefit:** Pays $35; limited to 2 payments per covered person, per calendar year. **Medical Diagnostic and Imaging Exams Benefit:** Pays $150 for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies. **Ambulance Benefit:** Pays $200 (ground) or $2,000 (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.
HOSPITAL STAY AND SURGICAL CARE RIDER	**Initial Assistance Benefit:** Pays $100 once per calendar year, per rider, when a covered person requires a hospital admission. **Surgery Benefit**: Pays $50-$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person. **Invasive Diagnostic Exams Benefit:** Pays $100 for one covered exam, per covered person, per 24-hour period. **Hospital Intensive Care Unit Confinement Benefit:** Pays $500 per day, per covered person, for up to 30 days. **Daily Hospital Confinement Benefit:** Pays $100 per day, per covered person, for up to 365 days. **Second Surgical Opinion Benefit:** Pays $50 once per covered person, per calendar year.

VOLUNTARY BENEFITS

Aflac Cancer Protection Policy

Why Cancer Insurance?

The costs to fight the disease have escalated beyond the means of most individuals and have become the target of limitations and restrictions within many medical policies. It gives peace of mind that comes with knowing there are funds available during treatment. A cancer insurance policy can also help protect your income and savings from expenses that aren't covered by your major medical health insurance policy, including:

- **Hospitalization Benefits**
- **Continuing Care Benefits**
- **Experimental cancer treatment**
- **Travel and lodging when treatment is far away from home**

32

AFLAC Cancer Protection

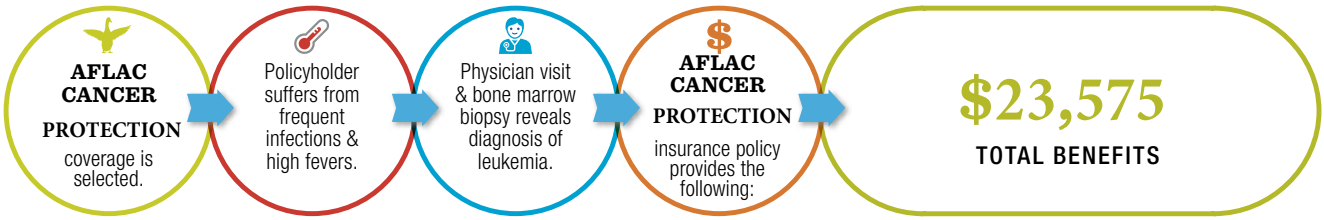
CANCER INDEMNITY INSURANCE

Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.

HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 2 that includes the following benefit conditions: Bone Marrow Biopsy (Cancer Screening Benefit) of $75, Initial Diagnosis Benefit of $4,000, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of $3,600, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of $7,200, Antinausea Benefit (9 months) of $900, Stem Cell Transplant Benefit of $7,000, Hospital Confinement Benefit (4 days) of $800. Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional premium. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. The policy may contain a waiting period. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.[1]

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.[1]

---

[1] *Cancer Facts & Figures 2012*, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Aflac herein means American Family Life Assurance Company of Columbus.

To enroll in these voluntary benefits. call US Enrollment Services at 800.282.0732

Pet Assure®

What is Pet Assure?

Pet Assure is a veterinary discount plan.
Get savings on your pet's veterinary care, including:

- Wellness Visits
- Dental Cleanings
- Dental Exams and X-Rays
- Allergy Treatments
- Sick Visits
- Cancer Care
- Emergency Care
- Hospitalization
- And all other in-house medical services

Veterinarians are not required to discount take-home products, like food or flea products; non-medical services, like grooming or boarding; and outsourced services, like bloodwork sent to an off-site laboratory.

25% Discount on Medical Services- No Claim Forms, No Deductibles!

24/7 Lost Pet Recovery Included!

All Pets are Eligible! Covers Pre-Existing Conditions!

Single Pet: $4.00 semi-monthly

Unlimited Pets: $5.50 semi-monthly

Website for in-network providers: www.petbenefits.com/search

Save up to 50% on Your Pet's Prescriptions, Preventatives, Food, Toys & More!!

All Dogs and cats are eligible for **PetPlus**, regardless of their age or breed. **PetPlus** even covers pets with pre-existing conditions.

Get Members-Only Pricing On Brand Name:

- Prescription Medications
- Flea & Tick Products
- Heartworm Preventatives
- Vitamins & Supplements
- Food (Rx & Non-Rx)
- Toys & Treats
- Grooming Supplies
- Accessories & Apparel

Free shipping on all orders!

Pickup medications at Caremark Pharmacies including Walgreens, Target, CVS, and others!

Easy-to-use App, Prescription verification at your veterinarian!

Only $1.88 semi-monthly for Single Pet

Only $3.75 semi-monthly for Unlimited Pets

Be fully prepared and confident
with Legal Insurance

Legal Insurance Plan proudly offered to St. Lucie County Employees

ST. LUCIE COUNTY FLORIDA

Protect your family's future with LegalEASE.
LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues.

What you get with a LegalEASE plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In and out-of-network coverage
- Concierge help navigating common individual or family legal issues

Enroll now in the LegalEASE Insurance Plan.
To learn more:
Call: 1(800) 248-9000
Visit: legaleaseplan.com/stlucie
Member Services: 1(888) 416-4313

LEGALEASE℠

A legal insurance plan can ease the biggest stresses - finding and paying for legal expertise when you need it most.

LegalEASE offers an insurance plan that provides support and protection from unexpected personal legal issues.

Plan Details:

$8.94 semi-monthly*, via payroll deduction

Who's covered:

- **Employees**
- **Spouse**
- **Dependent Children** Up to age 19; Age 19-26 enrolled full-time at an accredited university

*Based on a 24 pay-period deduction schedule

The value of a LegalEASE insurance plan.

Being a member saves costly legal fees and provides coverage for:

HOME & RESIDENTIAL

Purchase, Sale, Refinancing of Primary Residence/ Vacation or Investment Home, Tenant Dispute, Tenant Security Deposit Dispute, Landlord Dispute with Tenant, Security Deposit Dispute with Tenant, Construction Defect Dispute, Neighbor Dispute, Noise Reduction Dispute, Foreclosure

AUTO & TRAFFIC

Serious Traffic Matters (Resulting in Suspension or Revocation of License), License Suspension (Administrative Proceeding), Traffic Ticket, First-Time Vehicle Buyer

FINANCIAL & CONSUMER

Debt Collection Defense, Bankruptcy, Tax Audit, Student Loan Refinancing/Collection Defense, Document Preparation, Consumer Dispute, Small Claims Court, Mail Order/Internet Purchase Dispute, Bank Fee Dispute, Cell Phone Contract Dispute, Warranty Dispute, Financial Advisor, Identity Theft Defense

FAMILY

Separation, Divorce, Name Change, Guardianship/Conservatorship, Adoptions, Juvenile Court Proceedings, Prenuptial Agreement

ESTATE PLANNING & WILLS

Will or Codicil, Living Will or Health Care Power of Attorney, Probate of Small Estate, Living Trust Document

GENERAL

Civil Litigation Defense, Initial Law Office Consultation, Review of Simple Documents, Mediation, Misdemeanor Defense, Incompetency Defense, Identity Theft Assistance, Discounted Contingency Fees

Limitations apply. Please visit https://www.legaleaseplan.com/stlucie for specific plan benefits.

For more information, visit:
https://www.legaleaseplan.com/stlucie

To learn more, call:
1(800) 248-9000, and reference "St. Lucie County"
Member Services: 1(888) 416-4313

LEGALEASE℠

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. If this benefit summary conflicts in any way with the Policy issued, the policy shall prevail. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states. Product available in all states. Underwritten by Nationwide Mutual Insurance Company and affiliated companies in all states except HI, ID, NH, NC, OH, PA, SC, TX, and WY, where underwriting is not required. © 2019 Nationwide Mutual Insurance Company. SHR-0159M1_ NW_INS_Enroll_1PG_StLucieCounty_2019-09

LifeLock™ with Norton | Benefit Plans

TOGETHER.

LifeLock Identity Theft Protection and Norton Device Security are redefining what it means to be safer in the digital world.

Everyday activities like online shopping, banking, and even browsing can expose your personal information, making you more vulnerable to cybercriminals. LifeLock with Norton Benefit Plans combine leading identity theft protection and device security against online threats, viruses, ransomware and malware, at home and on-the-go. Let us help protect your identity, your devices and your online privacy, in an always connected world.

ELECT YOUR PLAN DURING BENEFITS ENROLLMENT.

Benefit Pricing - Semi Monthly Rates

	LifeLock with Norton | Benefit Essential	LifeLock with Norton | Benefit Premier
Employee Only (18+ Years Old)	$3.75	$6.00
Employee + Family[Δ]	$7.49	$11.99

[Δ] The LifeLock Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

LIFELOCK IDENTITY THEFT PROTECTION	LifeLock Identity Alert™ System[†]	●	●
	• Payday - Online Lending Alerts[†]	●	●
	• Credit Alerts & Social Security Alerts[†]	●	●
	LifeLock Mobile App (Android™ & iOS)[**] Downloading the app does not provide protection.	●	●
	Dark Web Monitoring[**]	●	●
	LifeLock Privacy Monitor™	●	●
	USPS Address Change Verification	●	●
	Lost Wallet Protection	●	●
	Reduced Pre-Approved Credit Card Offers	●	●
	Fictitious Identity Monitoring	●	●
	Data Breach Notifications	●	●
	Credit, Checking & Savings Account Activity Alerts[†**]	●	●
	Checking & Savings Account Application Alerts[†**]		●
	Bank Account Takeover Alerts[†**]		●
	401K & Investment Account Activity Alerts[†**]	●	●
	File Sharing Network Searches	●	●
	Sex Offender Registry Reports	●	●
	Online Account Monitoring[**] Expected availability 2020, subject to change.	●	●
	Prior Identity Theft Remediation[9] This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.	●	●
	U.S.-based Identity Restoration Specialists	●	●
	24/7 Live Member Support[Δ]	●	●
	Million Dollar Protection™ Package[†††] • Stolen Funds Reimbursement • Personal Expense Compensation • Coverage for Lawyers and Experts	Up to $1 Million each	Up to $1 Million each
	Credit Application Alerts[2**]	One-Bureau	One-Bureau
	Credit Monitoring[1**]	One-Bureau	Three-Bureau
	Annual Credit Report & Credit Score[1**] The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		Three-Bureau
	Monthly Credit Score Tracking[1**] The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		One-Bureau
NORTON DEVICE SECURITY	Secures PCs, Macs, Smartphones/Tablets[**]	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
	Online Threat Protection[**]	●	●
	Password Manager[**]	●	●
	Parental Controls[3**]	●	●
	Smart Firewall[**]	●	●
	Cloud Backup[3**]	10 GB	50 GB
ONLINE PRIVACY	SafeCam[3**]	●	●

Norton LifeLock

[1] If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit monitoring, and credit reports, it may require additional action from you and may not be available until completion.

[2] If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

[3] Not all features are available on all platforms. Norton Family Parental Controls, Norton Cloud Backup, and PC SafeCam are presently not supported on Mac OS.

[†] LifeLock does not monitor all transactions at all businesses

[†††] Reimbursement and Expense Compensation, each with limits of up to $1 million for LifeLock with Norton Benefit Essential and LifeLock with Norton Benefit Premier and up to $25,000 for Benefit Junior, and up to $1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: LifeLock.com/legal.

[**] These features are not enabled upon enrollment. Member must take action to activate this protection.

[9] Subject to eligibility requirements defined in Terms & Conditions at https://www.lifelock.com/legal/prior-id-theft-remediation. Symantec reserves the right to change and/or cease services at any time.

[Δ] English only.

No one can prevent all identity theft or cybercrime.

LifeLock and Norton by Symantec are now Norton LifeLock.

Copyright © 2019 Symantec Corporation. All rights reserved. Symantec, the Symantec Logo, the Checkmark Logo, Norton, Norton by Symantec, LifeLock, and the LockMan Logo are trademarks or registered trademarks of Symantec Corporation or its affiliates in the U.S. and other countries. Other names may be trademarks of their respective owners. Norton LifeLock is the Consumer Division of Symantec.

GPPM8558

Florida Blue Cares

Worried about how to manage your ongoing health condition?

Feeling overwhelmed with all you need to remember about your medical condition? Have peace of mind knowing Florida Blue Cares.

The Florida Blue Care Team works hand-in-hand with your physician. Together we put you at the center of all we do. Your dedicated care team includes doctors, nurses, pharmacists, social workers, dietitians and others.

Your Florida Blue plan includes these services at no extra cost:

- A clinical care team who makes your best health their top priority
- Dedicated nurses who focus on simplifying healthcare and helping you reach your health care goals
- Programs and classes to support your journey to better health
- Access to community resources that help with transportation, food, finances and more.

It doesn't matter what Florida Blue plan you have.

To find out if this program is for you, read Bill's story on the next page or call us at **1-800-955-6922** *and select* **Option 3.**

Florida Blue

See How Your Florida Blue Care Team Makes a Difference

Bill* lives with diabetes.

Florida Blue nurse Jennifer realized Bill needed help controlling his blood sugar. She called him to offer her help. As she listened to Bill, Jennifer learned:

- Bill wasn't taking his insulin exactly the way his doctor said he should. Bill explained he can't afford the cost of his insulin.
- He also stopped testing his blood sugar because he ran out of supplies.
- And he stopped exercising because he's had a blister on his foot that wasn't healing. Bill is worried about possible foot amputation.

Jennifer talked to Bill about how to feel more in control of his diabetes. She helped Bill find where he could get diabetic testing supplies and what they cost. She also helped Bill understand that getting his supplies from an out-of-network provider may cost more. She also called Bill's doctor, who prescribed a different type of insulin that Bill can afford. Bill's doctor also suggested that a nurse practitioner visit Bill at home.

After meeting Bill in his home, the nurse referred Bill to an endocrinologist.

This type of specialist often treats people living with diabetes. The endocrinologist told Bill he needed to get important screenings for his A1C level and kidneys. The endocrinologist also helped Bill get new inserts for his shoes. And she also helped Bill make an appointment with a registered dietitian. The dietitian helped Bill learn about healthy food choices to help lower his blood sugar.

Now Bill's blood sugar is under control. By working with Jennifer, Bill knew **Florida Blue Cares.** That's the power of having a clinical care expert who partners with you. It's a relief trusting someone else to handle the details so you can focus on feeling your best.

*Member's name changed for privacy. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or gender. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ede lang ki disponibl gratuitement pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770). ©2019 Blue Cross and Blue Shield of Florida, Inc. DBA Florida Blue. All rights reserved.

Know Before You Go -

Urgent Care vs. Emergency Room

Florida Blue
n the pursuit of health®

URGENT CARE CENTER	EMERGENCY ROOM
Cold, flu, or fever	Chest pain
Strains, sprains, or breaks	Abdominal pain
Infections	Stroke
Mild burns	Severe head injury
Allergies	Major trauma

71% of emergency department visits are unnecessary or could have been avoided.[1]

LOWER copay applies[2]

HIGHER copay applies[2]

You will usually be seen in under **20** minutes

Average length of time spent in the ER nationwide[3] **2** hours **15** minutes

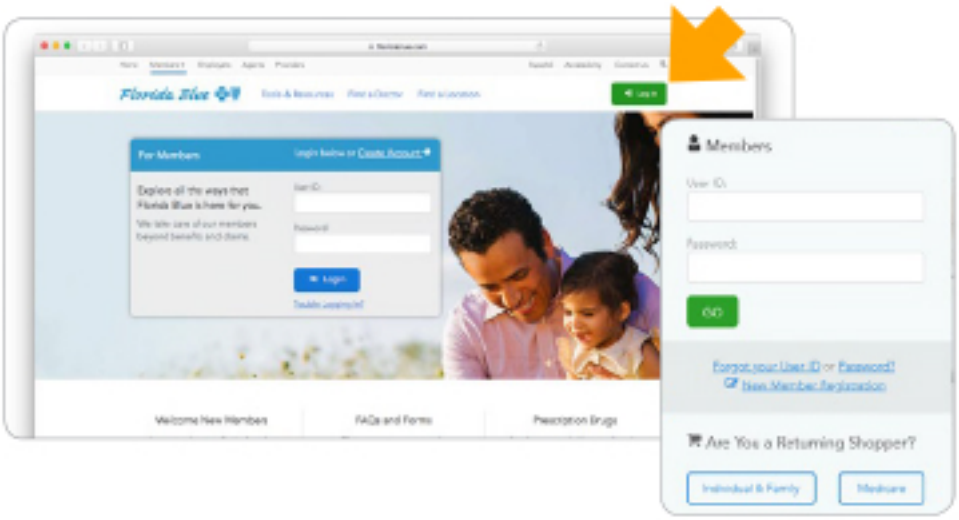
EXTENDED HOURS **OPEN** WEEKENDS

Open 24/7

If you have a life-threatening illness or injury, go to the ER or **call 911** right away.

Visit FloridaBlue.com to Sign Up and Log In

Florida Blue
In the pursuit of health



If you are already signed up for an account, simply enter your **User ID** and **Password** to log in. If you forgot these, click Forgot your User ID or Password. You'll need your Florida Blue Member ID to recover your User ID.

If you have trouble logging in, call 800-352-2583 for help.

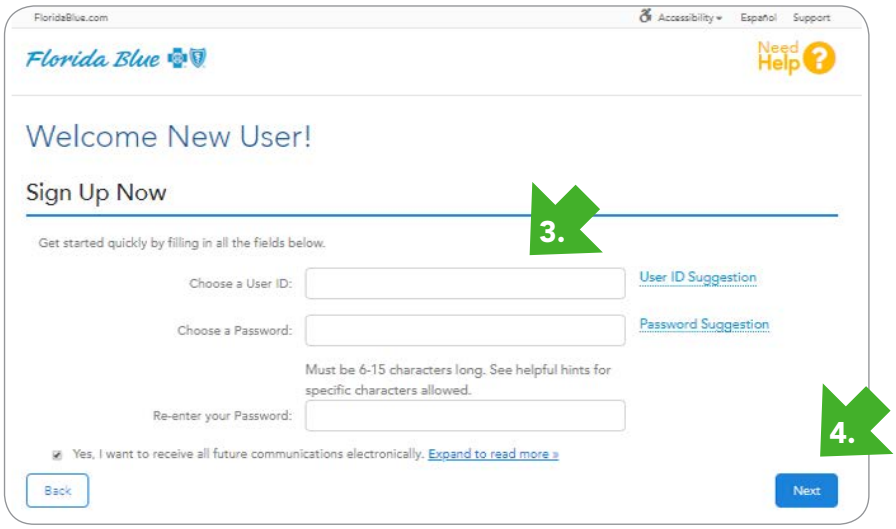
New User Sign Up

Step 1: To Sign up for your Member Account, you'll need your **Member Number** (shown on your ID card).

Step 2: Fill in all of the boxes, and click **Next**.

(continued next page)

New User Sign Up (continued)

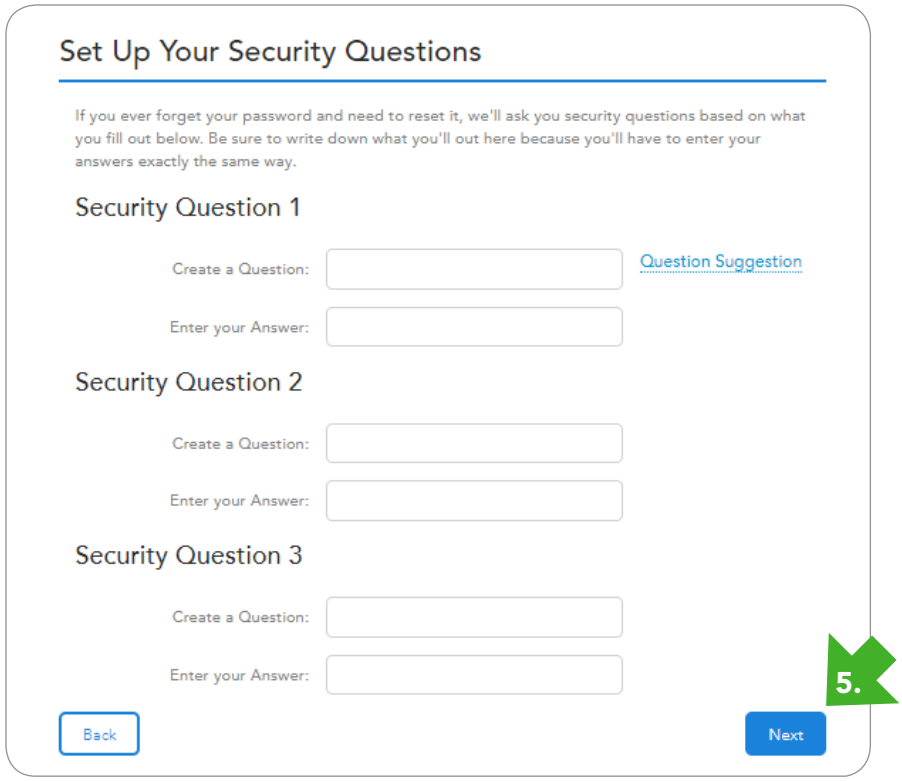


Step 3: Choose and type in a User ID (click on User ID suggestion for help on User IDs).

Step 4: Choose and type in a Password. The Password must be typed in twice for security purposes. Click **Next**.

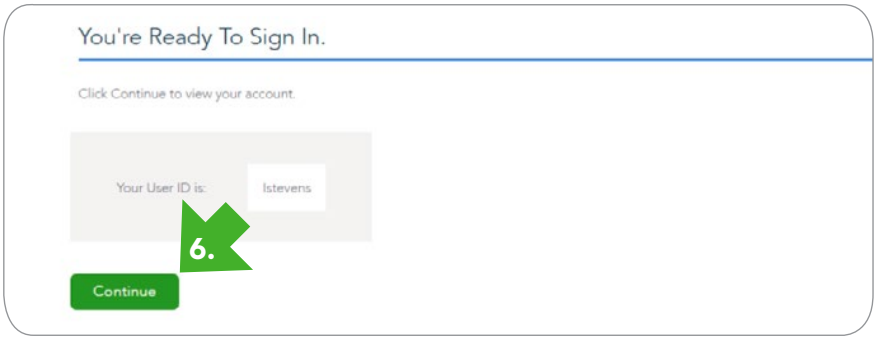
*If you opt-in for electronic communications, a screen for **email address** will also appear on this screen. If so, enter your email address twice, and click **Next**. (not applicable for everyone)*

***Note**: Write down your User ID and Password in case you forget them later.*



Step 5: Type three different security questions and type an answer to each. Click **Next**.

***Note**: The security questions will be used if you forget your **User ID** or **Password**.*



Step 6: Click **Continue**, and you'll be taken to the member website homepage.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. HMO coverage is offered by Health Options, Inc., DBA Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1- 800-352-2583 (TTY: 1-800-955-8770).

Florida Blue
In the pursuit of health®

Don't pay more than you should.

Know Before You Go

Quality and cost are important factors when making health care decisions. As a member, you can **compare quality and cost**—before you receive medical care or buy prescriptions. Get cost estimates based on your plan benefits, and see treatment options that may save you money. Costs vary depending on where you go for treatment. And prescription **prices vary** based on the brand you buy—and where you buy them.

Price and Compare Online

Log in at **floridablue.com**. Make the drug pricing and medical services cost estimator tools work for you.

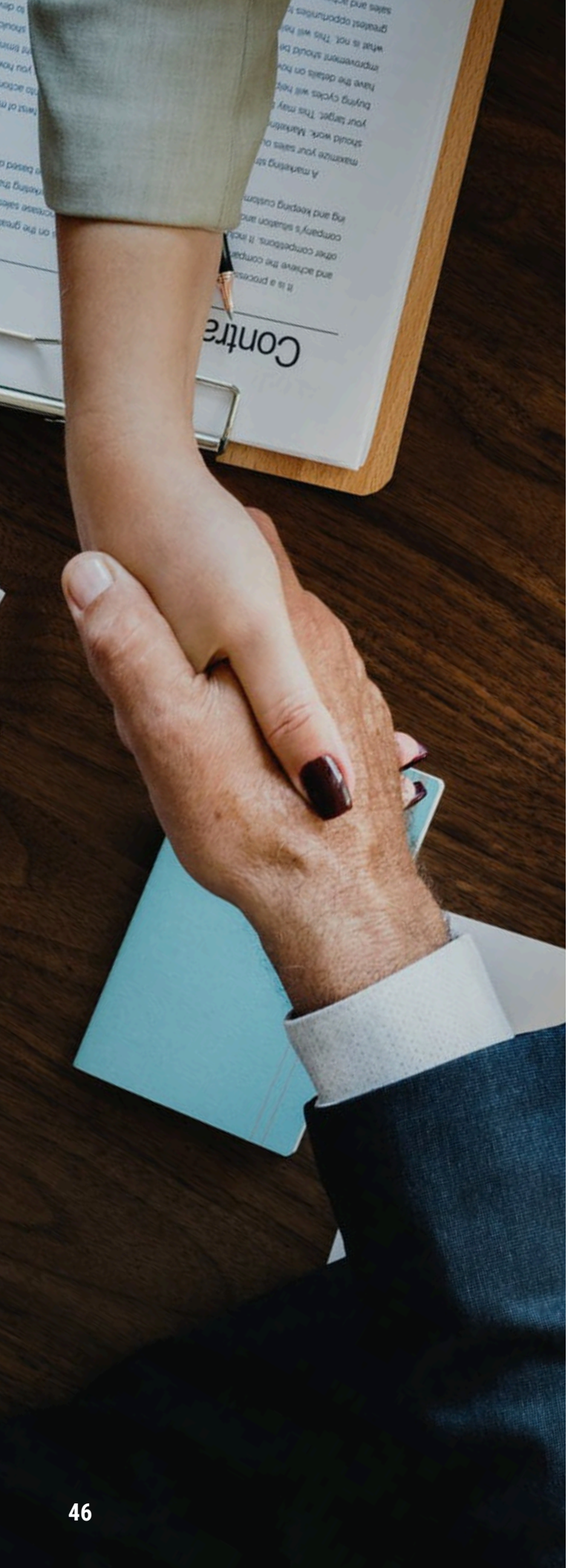
Talk with a Care Consultant

Our Care Consultants are experts when it comes to explaining quality care and treatment options, that can help save you money. Call **1-888-476-2227** or stop in a **Florida Blue Center**. Visit **floridablue.com** for locations.

Cost Comparison Examples	
MRI of the Knee	
Facility A	$1,569.00
Facility B	$689.00
Savings	$880.00
30 Cholesterol Pills	
Brand Name	$115.00
Generic	$5.65
Savings	$109.35

The savings to you is based on your plan benefits.

Download the **Florida Blue** mobile app! Compare drug prices on the spot and map the nearest pharmacy.



ANNUAL NOTICES

WOMAN'S HEALTH AND CANCER RIGHTS ACT OF 1988

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; and
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your Plan Administrator.

NEWBORNS' AND MOTHERS' 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) after delivery. In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

Special enrollment events allow you and your eligible dependents to enroll for health coverage outside the Open Enrollment period under certain circumstances if you lose eligibility for other coverage, become eligible for state premium assistance under Medicaid or the State Children's Health Insurance Program (S-CHIP), or acquire newly eligible dependents. This is required under the Health Insurance Portability and Accountability Act (HIPAA).

If you decline enrollment in the Medical and Dental plans for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in the Medical and Dental plans without waiting for the next Open Enrollment period if you:

- Lose other coverage: You must request enrollment within 31 days after the loss of other coverage
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption: You must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption
- Lose Medicaid or Children's Health Insurance Program (S-CHIP) coverage because you are no longer eligible: You must request enrollment within 60 days after the loss of such coverage

In addition, you may enroll in the Medical and Dental plans if you become eligible for a state premium assistance program under Medicaid or S-CHIP. You must request enrollment within 60 days after you gain such coverage.
To request special enrollment or obtain more information, contact Kate Hartman, Benefits and Wellness Coordinator, 772.462.1613.

SUMMARY OF BENEFITS COSTS

PRE-TAX BENEFIT DEDUCTION AMOUNT

MONTHLY DEDUCTION AMOUNT

	EMPLOYEE ONLY	EMPLOYEE + ONE	FAMILY
MEDICAL 3766	$133.60	$294.66	$435.09
MEDICAL 5773	$37.05	$78.44	$135.13
DENTAL - LOW OPTION	$33.96	$64.94	$93.54
DENTAL - HIGH OPTION	$36.08	$66.22	$95.68
VISION - OPTION 1	$2.06	$3.82	$5.55
VISION - OPTION 2	$5.56	$10.56	$15.52

PER PAY DEDUCTION AMOUNT

	EMPLOYEE ONLY	EMPLOYEE + ONE	FAMILY
MEDICAL 3766	$66.80	$147.33	$217.55
MEDICAL 5773	$18.53	$39.22	$67.57
DENTAL - LOW OPTION	$16.98	$32.47	$47.84
DENTAL - HIGH OPTION	$18.04	$33.11	$46.77
VISION - OPTION 1	$1.03	$1.91	$2.78
VISION - OPTION 2	$2.78	$5.28	$7.76

POST-TAX MONTHLY BENEFIT

EMPLOYEE SUPPLEMENTAL LIFE RATES		SPOUSE SUPPLEMENTAL LIFE RATES	
AGE	**RATE PER $1,000**	**AGE**	**RATE PER $1,000**
UNDER 30	$0.09	UNDER 30	$0.07
30 - 39	$0.11	30 - 39	$0.09
40 - 44	$0.17	40 - 44	$0.15
45 - 49	$0.29	45 - 49	$0.27
50 - 54	$0.43	50 - 54	$0.41
55 - 59	$0.70	55 - 59	$0.68
60 - 64	$0.79	60 - 64	$0.77
65 - 69	$1.37	65 - 69	$1.35
70 - 74	$2.23	70 - 74	$2.21
75+	$3.83	75+	$3.81
$5,000 Supplemental Life Insurance - Child(ren)			**$1.00**
$10,000 Supplemental Life Insurance - Child(ren)			**$2.00**

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	
EMPLOYEE	$0.034 PER $1,000
FAMILY	$0.050 PER $1,000

ST. LUCIE COUNTY
BOARD OF COUNTY COMMISSIONERS

For More Information Contact

KATE HARTMAN
Benefits & Wellness Coordinator
SLC BOCC HUMAN RESOURCES
(772) 462-1613

2016 – 2018
BEST places to work
ST. LUCIE COUNTY

ST. LUCIE COUNTY
FLORIDA