



Supplemental Benefits Guide Plan Year 2014

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Open Enrollment Overview

The annual Open Enrollment period allows active employees of the County of Volusia to review, enroll, and change, if necessary, benefits available.

This Supplemental Benefits Guide provides details about your 2014 plan options. Taking time to review these materials carefully will help you make informed decisions about your benefits.

The Summary Plan Description (SPD), Benefits Summary (SBC), Supplemental Benefits Guide and Provider Directory will not be printed and distributed.

You may access these documents three ways from:

- the County's ENN Intranet site at <http://enn.co.volusia.fl.us/> AMS Advantage, on the left side select AMS Advantage Employee Self Service; or
- the County's Internet site at <http://www.Volusia.org/Personnel/benefits>; or
- ESS under downloadable forms.

Important

You're Current Coverage for Minnesota Supplemental Life, Cancer, Critical Care, Heart/Stroke and Short Term Disability ***will automatically continue for 2014*** unless you want to enroll, change, or cancel any of the above coverage, then you must complete a paper election form. Forms can be downloaded in ESS under the Downloadable Forms tab. You ***will not*** be able to amend/change/add any of these coverages in the County's Advantage AMS Employee Self Service (ESS) system.

It is the employee's responsibility to download, complete, and submit the necessary form(s) for the coverage affected to the specific vendor(s) no later than September 27, 2013.

Your Medical/Dental Benefit, Medical and Child Care Flexible Spending Accounts, Supplemental Dental and Vision options ***will not automatically*** roll over into the next year. All employees will be required to enroll in any benefits they want to continue in 2014 using the County's Advantage AMS Employee Self Service (ESS) system.

Any Changes made during Open Enrollment will become effective January 1, 2014. Changes could be an addition, deletion, or cancellation of a benefit. These changes will remain in effect throughout 2014 unless you experience a Qualifying Event during 2014.

Employees can confirm benefit changes, dependents covered, and wellness dollars by logging into ESS and viewing the Future Enrollment tab.

Effective January 1, 2013. Contributions to a Health Care Flexible Spending Account (HCFSA) will be capped at \$2,500 per year.

New for 2014

Medical and Dental Premiums and Co-Pays may increase in plan year 2014.

The wellness program has changed! Employees only have to have screenings performed to earn wellness dollars.

No pre-existing apply after 01/01/2014

Open Enrollment Due Dates

Friday, August 23, 2013 - Open Enrollment begins. Using AMS Advantage Employee Self Service (ESS), employees must sign up for any health insurance, dental, vision or flexible spending accounts they want to have in 2014. These benefits ***will not*** be automatically rolled over from 2013.

Friday, September 27, 2013 – Open Enrollment ends. All **wellness** forms must be turned in to Personnel. ESS will close for access into your Open Enrollment Wizard. All other required forms, as noted previously, must be received by the appropriate vendor or Human Resources for each coverage. If the completed form is not received by the vendor or Human Resources on time, your benefit choice(s) will revert back to your original benefits.

Wednesday, January 1, 2014 - New benefit plan elections take effect. Any changes to your elected benefits during the Plan Year must comply with IRS' Qualifying Event guidelines.

AMS Advantage Employee Self Service (ESS)

ESS Introduction

Welcome to Volusia County's **Employee Self Service (ESS)**. ESS is a website where employees can view their own payroll and personal information and update certain information online such as benefit enrollments during the annual Open Enrollment period. This information is intended for the sole use of the individual employee.

View your payroll and personal information such as:

Pay Information (Pay advices or W-2)
Benefits
Leave Balances

Update personal and payroll information online:

Home Address
Contact Information
Emergency Contacts
Benefits (during Open Enrollment only)

All information entered/submitted into ESS requires additional approval by the Personnel Division before taking effect. Please contact Personnel at (386) 736-5951 if you have additional questions. Unauthorized access of an employee's information is prohibited.

ESS User Name and Password

All employees have an ESS user name which is typically the same as their KRONOS user name (Sheriff's Office employees add "SO" after user name). If you need additional assistance with your password, contact the IT Support Desk at extension 15222 or IT_SupportDesk@co.volusia.fl.us.

NOTE: If you have **never** logged into ESS before, then your initial Password is the last two digits of your year of birth and last four digits of your social security number. For example(671245). Your initial password is set up to automatically require you to change it upon your first log in.

Employee Self-Service (ESS) Open Enrollment Instructions

Accessing ESS

ESS can be accessed **two** ways: From the County's ENN Intranet site at <http://enn>, select the **AMS Advantage** link, then select the **AMS ADVANTAGE Employee Self Service** link; or from the County's Internet site at <http://www.Volusia.org/Personnel>, then click on the **Advantage ESS** link.

Log In to ESS

Click in the user name field and type in your **User Name**
Click in the password field and type your **Password**
Click on **Login** (Note: The Reset button next to Login isn't operational)

Changing My Password

Select the **My Desktop** workspace tab on the left of screen

Select the **Change Password** tab at the top of screen

Under the Change Password section, click in the **Old Password** field and enter your old password

Click in the **New Password** field and enter your new password

Click in the **Verify New Password** field and enter your new password

Click on the **Change User Password** button

Password Facts

You can change the password to something you will remember.

Password must be at least six characters long and include one number.

User names and passwords are case sensitive. User name will always be lower case.

Passwords expire after ninety days and the system will prevent the reuse of the last ten passwords.

NEVER give your password to anyone. If you feel your password has been compromised, change it immediately. ***Your account will be suspended if you enter the wrong password three times consecutively.***
Call the IT Support Desk at extension 15222 to have it reset.

Log Out of ESS

Click on the **Logout** link in the top right corner of the screen to exit the ESS system. **Do not click on the “X”** in the upper-right corner. Always log out to prevent unauthorized access.

Current Benefit Information

After successfully logging into ESS, review your current coverages by accessing **My Benefits**. This enables you to view details pertaining to your dependents, benefits, and deductions recorded in the system.

To Review Current Benefits and Complete Your Enrollment:

Click on the **My Info** tab on the left side of the screen

Click on the **My Benefits** tab near the top of the screen

Click on the **Employee Benefit and Deductions** link to see your benefits for 2012

Click on the **Print Page** link near the top of the screen if you want to print the page

Click on the **Enrollment Wizard** blue arrow  to begin the enrollment process, this button is found on the **home page** or under **Current, Past or Future enrollments**.

Scroll down the page and click the **Continue** button

Click on the **Start New or Modify Existing Enrolment** radio button (**NOTE:** Click on the Continue Unfinished Enrollment button if you have already started, but not yet completed, your enrollment.)

Scroll down and click on the **Continue** button

Click on the **Open Enrollment** button

Scroll down the page and click on the **Continue** button

You will be prompted to complete your on-line enrollment through a five-step process. Read and follow the instructions on each page to complete your enrollment. Click **Continue** to advance to the next page when done:

Page 1 – The **Appointment** page lists your current job title

Page 2 – The **Dependent** page allows you to review and modify existing dependents or add new dependents

Page 3 – The **Benefits Enrollment** page allows you to add and/or change benefit plans and terminate coverage for yourself or one of your dependents. You must select either “Enroll” or “Waive” for each benefit plan. (**NOTE:** Reenrollment is required each plan year for the medical and dependent care flexible spending accounts and for No Coverage benefits)

Page 4 – The **Miscellaneous Deductions** page is currently not in use

Page 5 – The **Enrollment Summary** page is used to verify and complete your enrollment process. Click on the **Print Page** link to print a confirmation statement for your records as Personnel is not be sending out confirmation forms

Click **Finish**

Your ESS web enrollment and Wellness forms are due no later than Friday, September 21, 2012.

Downloadable Forms

In ESS under Downloadable Forms, you can find your Summary Plan Description (information about the Health Partnership Plan), Benefits Summary (SBC), Provider Directory (list of Doctors), and Supplemental Benefits Guide (summary of all other benefits).

Employees must submit, when applicable, a completed policy enrollment, change, or cancellation form(s) for the applicable supplemental benefit plan.

If the completed form is not received by the vendor or by County Personnel by Friday September 27, 2013 your benefit choice(s) will revert back to your original benefits.

If you are unsure about which form is needed, please contact Personnel at (386) 736-5951.

To download the policy form or policy information:

Click on the **Home** tab near the top of the screen
Click on the **Downloadable Forms** tab near the screen

Click on the **name of the form or policy needed** (MINN LIFE ENROLL) - **NOTE:** Click the button to go to the next page of forms if applicable.

Click on the **form document PDF file** under Attachments section

Click **Open** (or Save)

Click **File**

Click Print


Click **OK**

Benefit	ALL	HPP CHANGE FORM
Benefit	ALL	HPP CO PAYS
Benefit	ALL	HPP SPD
Benefit	ALL	MINN BENEF CHG
Benefit	ALL	MINN LIFE CHG
✓ Benefit	ALL	MINN LIFE ENROL
Benefit	ALL	MINN LIFE INFO
Benefit	ALL	MINN LIFE RATES
Benefit	ALL	MINNESOTA LIFE
Benefit	ALL	PROVIDER DIRECT

First Prev Next Last

Topic : Benefit
Department : ALL
Description : Minnesota Life Enrollment Form
Additional Information Link :

Form Attachments


65388
9-08
EOI.pdf

top of
(e.g.
Next
Form

Health Partnership Contact Information

Health Partnership Plan

Contact Information County of Volusia (Group 2081)

Claims Information & Plan Inquiries

MedSave USA, Inc.
TPA Unit
49 Wireless Blvd Suite 140 (800) 226-3155
Hauppauge, NY 11788 (516) 622-1705
(855) 224-5173

Website: <https://www.medsaveadmin.com>

Insurance-Benefit Offices

Personnel Division (386) 736-5951
Benefits Section (386) 740-5137

Website: <http://volusia.org/personnel/benefits> or <http://enn.co.volusia.fl.us/>

Medical Pre-certification Requirements

24-HOUR NURSE HELP LINE

(877) 582-7061

KePRO Pre-certification (888) 522-7742

You must pre-certify with KePRO the following procedures before services are rendered by your provider in order to avoid a penalty.

In-patient Hospital Stay – call 7 days prior to admission or the next working day after an emergency admission.

Outpatient surgical and medical services which require pre-certification
(Refer to your insurance card or call KePRO 7 days prior to date of service).

Employee Assistance Program (EAP)

Corporate Care Works {CCW}

24/7 Helpline – (800) 327-9757
No pre-cert, no co-pay for Short Term Counseling
1-10 visits per issue per year
Online services with videos, articles and online training courses
Available to employees & family in household

Website: www.corporatecareworks.com

Use Company Name: Volusia County

Dental Information

Maverest Dental Alliance, Inc.
MedSave USA, Inc. Customer Service – Call: (800) 226-3155 or (516) 622-1705

Website: <http://www.maverest.com>

Looking for a Health Care Provider

You may not know that your health insurance plan contains 3-tiers of provider networks of doctors, hospitals and other facilities. In this 3-tier plan you will pay different levels of copayments, coinsurance, and/or deductibles depending on the tier of the provider delivering a covered service or supply.

Tier 1 - In-Network Providers: Doctors, hospitals and other facilities that are located in Volusia, Flagler, Lake, Seminole and Orange Counties, that when utilized will cost you the least.

Tier 2 - Expanded-Network Providers: Doctors, hospital and other facilities that are Nationwide, outside of those listed in the above In-Network tier, that when utilized will cost you more than the In-Network Providers.

Tier 3 - Out-of-Network Providers: Doctors, hospitals and other facilities that are not listed in either of the above networks and when utilized will cost you even more than the In-Network and Expanded-Network Providers.

Side by Side Example:

Non-Routine Personal Care Physician's Office Visit –The total cost of this visit is **\$3,000**.
(Family Practice, General Practice, Pediatrics, OB/GYN & Internal Medicine)

<i>Tier 1</i> <i>In-Network Provider</i> \$0 Deductible* \$20 Co-Pay	<i>Tier 2</i> <i>Expanded-Network Provider</i> \$500 Deductible* ($\$3,000 - \$500 = \$2,500$) \$500 (20% Co-Insurance) ($\$2,500/20\% = \500)	<i>Tier 3</i> <i>Out-of-Network Provider</i> \$2,000 Deductible* ($\$3,000 - \$2,000 = \$1,000$) \$400 (40% Co-Insurance) ($\$1,000/40\% = \400)
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Cost to you: Only \$20

\$1,000 ($\$500 + \$500 = \$1,000$)

\$2,400 ($\$2,000 + \$400 = \$2,400$)

****Individual Calendar Year Deductible (Employee only Coverage)***

Please refer to the current HPP Summary Plan Description (SPD) for other deductibles, co-pays and/or co-insurances for each provider network.

To find a doctor, hospital or other facilities (e.g. urgent care) access the following Directories.

The In-Network Providers are separated by Counties. If looking for a particular doctor, hospital or other facility, you would need to search each network.

In-Network Provider Directories (Tier 1)

There are No Chiropractors in the *Volusia, Flagler, Lake, Orange, Osceola and Seminole County* directory, contact the Chiropractic Network – DPSC.

Chiropractic Network – DPSC

No website, employees must call Customer Service.

Customer Service: (386) 615-0801

Volusia and Flagler Counties

Florida Memorial Health Network

Website: <http://fmhn.org/search.php>

Customer Service: (386) 231-4398 or (888) 839-7430

Volusia Health Network

Website: <http://www.myvhn.com/doctor-finder#/>

Customer Service: (386) 425-4846, Option 3 for Provider Relations Department

Lake, Orange, Osceola and Seminole Counties

Florida Hospital Health Care System (Complete Health Network)

Website:

<https://www.tpabenefits.com/web29118/ProviderDirectorySearch/ExternalSearch/ProviderDirectoryLanding.asp>

Customer Service: (800) 741-4810

Expanded-Network Provider Directories (Tier 2)

These are a list of National providers outside of the above In-Network Counties

Primary Directory

Contact Secondary Directory (Stratose) if Provider cannot be found.

Multiplan

Website: <http://multiplan.com/search/search-2.cfm?originator=84453>

Customer Service: (888) 342-7427

Secondary Directory

***Stratose* (Clint Code # 3893)**

No website, employees must call Customer Service.

Customer Service: (888) 266-3053

Other information available to you!

Both Volusia County's **Health Partnership Plan (HPP)** (*MedSave USA*) and **Prescription Drug Program** (*Catamaran Rx*) provide a website that allows employees to access the following information:

To log into these websites, employees must enter a User Name/ID and Password. If a first time user, employees can also register on these websites.

Please call the Customer Service number if you have questions or problems with a website.

Health Partnership Plan (HPP): *MedSave USA* (Group Number 2081)

Website: <https://www.medsaveadmin.com/pages/login.aspx>

Customer Service: (855) 224-5173

- Medical Claim Information
- Request HPP ID Cards
- Medical/Dental/Vision Forms and Plan Documents
- Provider Directories (physicians, hospitals and other health care facilities)

Prescription Drug Program: *Catamaran Rx* (Group Number 612081)

Website: <https://www.mycatamaranrx.com/PortalCentral/index.jsp>

Customer Service: (800) 207-2568

- Pharmacy Locator
- Prescription Drug (Rx) Lookup
- Rx History
- Rx Mail Orders
- Rx Forms and Plan Documents

Health Partnership Plan (HPP) Rates

A negative dollar amount is the amount the County is providing biweekly in flex or wellness dollars for you to spend toward other insurance choices.

Wellness Dollars Incentive

Annual	Biweekly Amount
\$100.00	-\$3.85
\$200.00	-\$7.69
\$300.00	-\$11.54

No Coverage Option

Full Time Employees \$360.00 Per Year With Proof Of Other Insurance Coverage	-\$13.85
Part Time Employees \$180.00 Per Year With Proof Of Other Insurance Coverage	-\$6.92
Accelerated Employees \$180.00 Per Year With Proof Of Other Insurance Coverage	-\$8.57

Medical And Dental Coverage Is Included In HPP Rates

Full-Time Employee Costs

Employee Only	\$ 0.00
Parent Coverage (With 1 Or 2 Children)	\$104.61
Couple	\$104.61
Family (3 Or More Children Or Spouse And Children)	\$153.43

Part-Time Employee Costs

Employee Only	\$ 89.51
Parent Coverage (With 1 Or 2 Children)	\$189.12
Couple	\$189.12
Family (3 Or More Children Or Spouse And Children)	\$237.94

Accelerated Part-Time Employee Costs (Over 21 Payrolls)

Employee Only	\$110.82
Parent Coverage (With 1 Or 2 Children)	\$234.15
Couple	\$234.15
Family (3 Or More Children Or Spouse And Children)	\$294.59

Split Plan (Both County Of Volusia Employees)

Each Full Time Employee	\$18.96
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Dependent Health Subsidy

The County of Volusia offers a subsidy to employees who elect dependent health coverage. To qualify for the subsidy each year, the employee must complete an application and submit a copy of his/her last income tax return as verification of total family income. This subsidy rates vary from \$16.00 to \$26.00 per payroll towards dependent premiums. Please contact Personnel for further information at (386) 736-5951 or extension 15137.

Vision Coverage

Biweekly Vision Rates		
Employee	\$4.15	
Couple	\$8.31	
Single Parent	\$6.00	
Family	\$10.39	
Vision Expense Benefits	Amount of Benefits	Limitations
Eye Examinations	Up to \$50.00	Limited to one (1) examination per person per calendar year.
Frames	Up to \$100.00	Limited to one (1) pair of frames per person during any 24 consecutive months.
Lenses		
Single Vision Lenses	Up to \$25.00	Limited to (1) pair per person per calendar year.
Bifocal Vision Lenses	Up to \$25.00	Limited to (1) pair per person per calendar year.
Trifocal Vision Lenses	Up to \$32.50	Limited to (1) pair per person per calendar year.
Progressive Lenses	Up to \$32.50	Limited to (1) pair per person per calendar year.
Contact Lenses	Up to \$100.00 per calendar year.	Limited to either contacts or a pair of glasses per calendar year.
Disposable Contact Lenses	Up to \$100.00 per calendar year.	Limited to either contacts or a pair of glasses per calendar year.
Note: Any Employee or Dependent covered under this Plan will have free choice of his/her optometrist optician or ophthalmologist, as there is no Network of Doctors.		

All Vision Expense Benefits must be performed, ordered, furnished or prescribed by an Ophthalmologist, an Optometrist or Optician acting within the scope of his license. All covered charges must be based on Usual, Reasonable and Customary fees for the services and supplies listed under Vision Expense benefits. Services must be rendered, and supplies furnished, while the individual is covered under the Plan.

Payment for Covered Vision Expense benefits will be made at the Co-Payment Percentages shown in the Schedule of Vision Expense Benefits, subject to the Limitations, the Benefit Maximums, the Definitions, and all other provisions of the Plan.

Payment for any one service or supply will not exceed the lesser of the fee actually charged, or the maximum amount payable for such services as indicated in the Schedule of Vision Expense benefits. A charge is considered to be incurred on the date the service is performed or the supply is ordered.

The Plan will pay expenses incurred for the following visual care services and supplies:

1.) Examinations, including refraction, performed by a licensed ophthalmologist or optometrist. An eye examination includes your complete case history, a comprehensive analysis of your visual functions, the prescription of lenses where indicated, and the verification and fitting of such lenses if prescribed.

2.) Lenses, including contact lenses, prescribed by an ophthalmologist or optometrist in connection with a failure in visual acuity.

Expenses for lenses will be payable only if the lenses are prescribed as a result of an eye examination made while you are covered for these Vision Expense benefits. The date on which the lenses are ordered will be considered the date on which the charge is incurred.

3.) Frames purchased in conjunction with lenses newly prescribed by an ophthalmologist or optometrist. The date on which the frame is ordered will be considered the date on which the charge is incurred.

Vision Coverage Exclusions and Limitations

IN ADDITION TO THE GENERAL PLAN EXCLUSIONS AND LIMITATIONS, THIS PLAN WILL NOT PAY FOR:

Charges that are not Covered Vision Expenses, or for procedures, services or supplies that are not specifically included as Covered Vision Expenses.

Services and supplies in connection with special procedures such as, but not limited to, orthoptics, vision training, subnormal vision aides, or aniseikonia lenses, coated lenses or any other special purpose vision aids.

Or in connection with, medical or surgical treatment of the eye, including Radial Keratotomy or other refractive Surgery, or for any prescribed drug or other medication.

Services or supplies which were furnished or rendered or for which charges were incurred prior to the effective date of coverage under these Vision Expense benefits, or after such Vision Expense benefits terminate.

Frames to be used with lenses which do not require a prescription.

Any procedure, service or supply which is payable under any medical expense benefit plan provided by your Employer, or provided through a medical department or clinic maintained by your Employer; and,

Services or supplies rendered or furnished primarily for cosmetic purposes.

Services or supplies received or rendered by a member of the immediate family of the Employee or the Employee's spouse.

IRS Section 125 – Flexible Benefit Plans

Federal tax law, Section 125 of the Internal Revenue Code, authorizes the establishment of Flexible Benefit Plans, sometimes called Flex Plans. These Flex Plans are set up by employers to assist their Employees in saving money by allowing Employees to pay for certain expenses with pre-tax dollars. This means they are not subject to withholding for federal income tax, social security tax and the income tax of most states. The County of Volusia has established a Pre-Tax Premium Plan and your premium expenses (for yourself and all enrolled eligible Dependents) for medical will be paid with pre-tax dollars.

The Pre-Tax Premium Plan allows Employees to pay for their group health benefit coverage with pre-tax dollars by authorizing their employers to take payroll deductions for the cost of the coverage before taxes are calculated and deducted from the Employee's paycheck.

Participation in the Flex Plan lowers taxes by reducing the amount of taxable income. How much taxes are lowered depends on many things: total taxable income, whether or not an individual or joint return is filed, federal and state tax rates, whether or not deductions are itemized or the standard deduction is taken, the number of exemptions and so forth.

Section 125 of the Internal Revenue Code which allows these special tax breaks also imposes the strict requirement that the choices an Employee makes must stay in effect for a full plan year, or through the end of the plan year in which the Employee becomes a participant.

Once you elect to participate in the Pre-Tax Premium Plan, you cannot add, drop or change your coverage until the next Annual Open Enrollment Period, unless there is a Change in Status as described below. In the case of a Change in Status, you have 31-days from the date of the event to make any changes.

Make your decision carefully. You will not be able to change your coverage, or stop your contributions during the year unless one of the following changes in status occurs:

1. The marriage, divorce, or legal separation (where legally recognized) of an Employee;
2. The death of the Employee's Spouse, or a Dependent;
3. The birth, or adoption of a child of the Employee;
4. The termination, or commencement of employment of Employee's Spouse;
5. The switching from part-time to full-time employment status, or from full-time to part-time status by the Employee, or the Employee's Spouse;
6. The taking of an unpaid Leave of Absence by the Employee, or Employee's Spouse;
7. A significant change occurs in the health coverage of the Employee, or Spouse attributable to the Spouse's employment; or,
8. The loss of coverage related to Medicaid or SCHIP.

You are not required to participate in the County of Volusia Health Partnership Plan, but if you do enroll for coverage, participation in the Pre-Tax Premium Plan is mandatory and automatic. Your premium expenses will be deducted from your paycheck before any taxes are calculated and deducted.

If you do not want to participate in the Pre-Tax Premium Plan you must sign a Refusal of Coverage, declining any coverage offered under the Plan and provide proof of other health insurance coverage.

In order to maintain this favorable tax treatment, the Internal Revenue Service (IRS) has established rules that govern our Benefit program. Most importantly, the IRS requires that the choices you make remain in effect for twelve (12) months unless you have a qualifying lifestyle change. The benefit premiums eligible for pre-tax include:

- a. Health, Dental, and Vision Coverage
- b. Medical Reimbursement Account
- c. Dependent day-care Reimbursement Account
- d. Supplemental Insurances, other than Supplemental Life insurance.

Employees may save money by using the plan because your taxable earnings may be reduced.

Impact on Other Benefits

When you participate in the Pre-tax Premium portion and/or the Reimbursement Account of the Flexible Benefits Plan, you save both federal income and social security taxes. However, participation may affect the benefits you receive from other tax-deferred or employee benefit plans:

Social Security

Since contributions to a Flexible Benefit Plan lower annual earnings against which Social Security deductions or employer contributions are made, there is a valid concern that participation in these plans would result in reduced Social Security benefits at retirement. For a person born after 1928, the Social Security benefits are calculated using a 35-year average of earnings. A reduction of \$2,000 a year or even \$5,000 a year over some portion of this 35-year span would have little effect on the average salary and, therefore, minimal impact on the Social Security benefits. The Social Security Administration has provided the U.S. Division of Pensions and Benefits with an example of an employee who retired in 1998 at age 65 whose wages had been at the maximum wages subject to Social Security deductions. Upon retirement, this individual's monthly Social Security allowance was \$1,343. If that same person had been contributing \$2,000 a year for the last 10 years to a Flexible Benefits Plan, the subsequent reduction in Social Security wages would have produced a monthly Social Security allowance of \$1,335, a difference of less than \$10 per month. In contrast, that person's \$2,000 a year contribution to a Flexible Benefits Plan would have yielded a \$63 per month tax savings.

Florida Retirement System (FRS) : Your benefits from the FRS are not affected in any way by your participation in the Flexible Benefits Plan. FRS benefits are calculated on your gross pay before pretax premiums or reimbursement account contributions are deducted.

Life Insurance and Pay Raise Calculations : Your pay raises and the value of your Group Life Insurance will continue to be based on your gross pay before pretax premiums or reimbursement account contributions are deducted. Flexible Benefits Plan participation will have no impact.

Who is Eligible: All employees paying premiums through payroll deduction for benefits are enrolled in the pretax benefit.

Enrollment: You automatically participate.

Changes to Benefit Plan Coverages

It is your responsibility to notify the Personnel Division each time you have a change in your Family Status. You must also notify Personnel about your dependent(s) on County benefits plans who do not meet County eligibility requirements.

Contact the County Insurance Division at (386) 740-5137 if any of the information on your benefit records change.

Split Plan Enrollment

Married couples, with children who both work for the county, are provided family health coverage at a reduced rate for each employee. Contact Personnel and complete a Split Program Enrollment Form. Documentation of marriage must be submitted. If you want to include other dependents, you must also complete a Dependent Form and provide birth certificates. You and your spouse must be enrolled in the County's health coverage.

No Coverage Option

Under VOLFLEX, you can decline medical coverage with the County by choosing the "No Coverage" option.

If you have health coverage elsewhere, for instance under your spouse's plan, you may determine that paying for double coverage is not worth the cost. If you elect the "*no coverage option*", you'll receive an allocation of flex dollars that may be applied toward the cost of another pre-tax benefit selection. **You must reapply for this benefit each year.**

To be eligible for the no coverage option, you must provide valid proof that you have this coverage elsewhere. This proof must be submitted each plan year. This may include a letter from your agent, your spouse's employer or another acceptable party verifying that coverage is in force. If you cannot show satisfactory proof of coverage, you will be placed in the County's health plan.

Wellness Dollars

***Employees only have to have screenings performed to earn wellness dollars.
Results should be discussed with your Physician and not sent to Personnel.***

Wellness Dollars Total \$300 (*Obtain one, two or all three screenings and receive wellness dollars.*)

\$100 Wellness Dollars, you must have a screening for **Cholesterol**.

\$100 Wellness Dollars, you must have a screening for **Triglycerides**.

\$100 Wellness Dollars, you must have a screening for **Body Mass Index (BMI) and Blood Pressure**.

You must submit your completed Wellness Form to Personnel no later than Friday, September 27, 2013 in order to be eligible for this benefit. You must choose how you would like your Wellness Dollars spent on the Wellness form.

Medical and Child Care Flexible Spending Accounts

You can sign up for an FSA during open enrollment. You can have money ready for eligible expenses not covered by your insurance and can save between 25% and 40% on your taxes.

Flexible Spending Accounts (FSA)

The **take care**[®] Flexible Spending Account allows employees to budget for expenses that are not covered by insurance. Employees estimate their annual expenses to get their annual goal amount needed.

Covered items include: prescriptions, co-pays, doctor fees, vision services, dental services, dependent care for children and elders, and the cost of commuting to and from work. And the list doesn't stop there.

Payments for qualified expenses are tax-free. Participants pay qualified expenses directly from their flex account with the take care card. If a participant does not use the card, they can pay for qualified expenses and submit a claim to get reimbursed from the flex account.

Items that do not qualify: Cosmetic surgery and procedures unless it is for reconstruction due to disease, birth defect or accident , Dental bleaching ,Marriage and family counseling ,Weight loss programs for general health or appearance , Over-the-Counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner

Dependent Care (FSA)

Employees set aside pre-tax payroll deductions in this take care account to budget for the day care expenses of a dependent child under age 13.

Qualified expenses include nannies, babysitters, housekeepers, nurse's fees and registration fees to a day care facility. The cost of pre-K or nursery school, before and after school care and day camp also qualify. To qualify, expenses paid for day care must allow an employee or the employee's spouse (if they are married) to work or look for employment.

Employees set aside pre-tax payroll deductions in this take care account to budget for the day care expenses of a dependent adult who cannot physically or mentally care for themselves.

Qualified expenses include housekeeper and nurse's fees for services provided inside your home. Expenses are eligible to the extent they are attributable to adult care and incidental household services. Day Care expenses for services outside your home also qualify, if they are for the care of a dependent that regularly spends at least 8 hours per day in your home. To qualify, expenses paid for day care must allow an employee or the employee's spouse (if they are married) to work or look for employment.

Claim Instructions for Flexible Spending Accounts

When filing your claim, you must attach copies of the receipts. The receipt must show the date and type of service. Cancelled checks, credit card slips or statements showing only a balance due on your account are not allowable. Keep a copy of the claim form and supporting documents for your records.

Fax: For faster service, fax your claim with receipts to 877-782-8889. Your claim form is your fax cover page. After you fax a claim and receipts, please do not follow up with a postal mail or email.

Email: For even faster service, scan your claim form with receipts into a single PDF. Your claim form should be the first page of your scan. Email the PDF to claims@takecareclaims.com. After you email a claim with receipts, please do not follow up with a postal mail or fax.

Mail: If you don't use email or fax, postal mail your claim with receipts to:
take care by WageWorks, PO Box 14054, Lexington, KY 40512

Take Care Card

Why is the Flex Plan card so convenient?

When you use the Flex Plan card, you won't have to pay plan expenses out of your personal funds and then wait for a reimbursement



Cancer Insurance

Cancer insurance from Allstate Workplace Division pays you benefits that can be used for non-medical cancer-related expenses that health insurance might not cover. The policy is guaranteed renewable for life, subject to change in premiums by class. Benefits paid directly to you unless assigned. Benefits are paid in addition to any other coverage. Individual or Family coverage:

Biweekly Premiums	OPTION 1	OPTION 2
Employee	\$7.76	\$8.92
Family	\$13.63	\$15.70

First Occurrence Benefit

When a covered person is diagnosed for the first time as having cancer, other than skin cancer. Benefit is payable only once per covered person. We pay this benefit even when cancer is not diagnosed until after death.	\$1,800.00	\$2,400.00
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Benefits Associated With Hospitalization for Cancer Treatment

For each day of continuous hospital confinement up to 70 days	\$420.00 a day
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	\$480.00 a day	\$540.00 a day
71st thru 90th day of continuous hospital confinement		
After 90th day actual charges up to amount shown until the end of the continuous hospital confinement (in lieu of benefits which would otherwise be payable—except the waiver of premium benefit).	\$720.00 a day	\$780.00 a day
Drug and Diagnostic Testing Benefit Actual charges made by the hospital up to amount shown per day for drugs, medicine and diagnostic testing related to cancer treatment (unless such charges are covered under the radiation/chemotherapy benefit—except the waiver of premium benefit).	\$48.00 a day	\$48.00 a day
Attending Physician or Surgeon Actual charges up to amount shown per day for services of an attending physician while a covered person is an inpatient receiving cancer treatment. Limit of one visit by one physician or surgeon per day.	\$42.00 a day	\$48.00 a day
Private Nursing While a covered person is an inpatient receiving cancer treatment, we will pay the actual charges up to the amount indicated per day if such covered person requires the full-time services of a private nurse for at least 8 hours during a 24-hour period. Must be required and authorized by a physician for cancer treatment and must be provided by a nurse not related to the covered person.	\$150.00 a day	\$150.00 a day
Benefits Associated With Cancer Treatments, Either in or out of Hospital		
Surgical Procedure Actual charges up to amount shown and subject to a maximum that varies by procedure. Two or more procedures performed at the same time through one entry point are considered one	\$9,000/max depending on procedure	\$10,800/max depending on procedure

surgery; we will pay the amount specified for the procedure with the highest benefit. This benefit does not pay for surgeries covered by other benefits in the policy

Anesthesia	25%	25%
Actual charges up to 25% of the amount paid for the surgical procedure benefit.		

Second Surgical Opinion	\$270.00	\$300.00
Actual charges for an independent second opinion in conjunction with a surgery for cancer treatment (other than skin cancer) up to amount shown. This second opinion must be: rendered prior to surgery being performed; and obtained from a physician not in practice with or otherwise affiliated with the physician making the original recommendation.		

Ambulatory Surgical Center		
We will pay the actual charges up to the amount indicated per day for a surgical procedure performed in an ambulatory surgical center.	\$360.00 a day	\$420.00 a day

Prosthesis and Reconstructive Breast Surgery		
AWD will pay for one of the following benefits whose procedure provides you the greatest benefit: 1. Charges up to the amount shown for a surgically implanted prosthesis, prescribed by a doctor as a direct result of cancer surgery; 2. Charges up to the amount shown for a non-surgically implanted prosthesis, prescribed by a doctor as a direct result of cancer surgery or cancer treatment; 3. Reconstructive breast surgery, the cost of such surgery up to amount shown. AWD will pay the reconstructive breast surgery benefit only once for each covered person for each diagnosis of cancer.	\$2,400	\$3,600
	\$360.00	\$600.00
	\$2,550	\$2,700

Radiation/Chemotherapy		
Actual charges of such treatments up to amount shown per day. Benefit is payable for an unlimited number of days of treatment.	\$300.00 a day	\$360.00 a day

Comfort/Anti-Nausea Actual charges up to amount shown per year for prescribed anti-nausea medication in conjunction with cancer treatment received as an outpatient.	\$240.00 a year	\$240.00 a year
Home Care Recovery After discharge from a covered hospital confinement, the amount stated per day for up to a total number of days equal to the days spent in the hospital.	\$24.00 a day	\$30.00 a day
Blood, Plasma and Platelets The actual charges for blood, plasma and platelets up to amount shown per day for each day that such items are received as part of cancer treatment. This benefit does not pay for charges incurred for the procurement or processing of blood, plasma or platelets.	\$150.00 a day	\$180.00 a day
Benefits Associated with Bone Marrow Transplants For Cancer Treatment		
Bone Marrow Transplants-AWD pays the amount shown for bone marrow transplant benefits for the following: 1. Transplant for cancer treatment other than a non-autologous(donor to patient) transplant; 2. Non-autologous (donor to patient) transplant for cancer treatment, other than leukemia; 3. Non-autologous bone marrow transplant for cancer treatment for leukemia. Each benefit is payable only once for each covered person.	\$1,200	\$2,400
	\$3,000	\$6000
	\$6000	\$12,000
Benefits Associated With Transportation and Lodging For Cancer Treatment		
Ambulance In conjunction with each continuous hospital confinement of the covered person, the cost of a licensed ambulance service up to the amount shown.	\$240.00	\$240.00
Transportation Actual charges for the lowest unrestricted published coach class plane, train, or bus fare, or the amount shown per mile (up to 1,000 miles each way) if a covered person must travel more than 100 miles one way from home to receive covered cancer treatments, or for consultation (one time per calendar year) about his or her cancer at a Comprehensive or Clinical/Cancer Center (as defined by the National Cancer Institute)	\$.30 a mile	\$.36 a mile
Family Member Transportation If a covered person is an inpatient in a hospital more than 100 miles one way from home for covered cancer treatment not available within 100 miles from home, the actual charges of the lowest unrestricted published coach class plane, train, or bus fare, or the amount shown per mile for up to 1,000 miles each way if a covered person chooses to travel by car, we will pay the amount shown per mile. This benefit is limited to two one-way trips per period of continuous hospital confinement. This benefit will not be paid if a	\$.30 a mile	\$.36 a mile

mileage benefit is paid for the covered person and the family member lives in the same city as the covered person.

Family Member Lodging

\$60.00 a day

\$72.00 a day

If a covered person is hospitalized as an inpatient more than 100 miles one-way from home for covered cancer treatment not available within 100 miles of home, we will pay the actual charges for lodging of a family member who accompanies the covered person up to the amount shown per day for up to 60 days per continuous hospital confinement.

Benefits Associated With Skilled Nursing Facility Care And Hospice Care Due To Cancer

Skilled Nursing Facility

\$150.00 a day

\$180.00 a day

If confined within 14 days of a covered hospital confinement, a benefit equal to the actual charges of the skilled nursing facility up to the amount shown per day for up to a number of days equal to the days of the immediately preceding covered hospitalization.

Hospice Care

\$120.00 a day

\$150.00 a day

When a terminally ill covered person is no longer receiving cancer treatment and expected to live 6 months or less, the amount shown per day for each of the first 60 days of hospice services at home, in a hospital, or on an outpatient or inpatient basis by a hospice.

On the 61st day and thereafter, the amount shown for every day the insured receives hospice services

\$60.00 a day

\$90.00 a day

The policy is a Limited Benefit Cancer Policy.

Servicing Agent: Jan Hunt at (407) 342-3728

Heart Stroke

You may elect coverage for Heart Care or Critical Illness; however, you may not elect coverage under both plans.

Biweekly Premiums

Employee \$10.84

Family \$21.08

Benefits are payable for treatment of a heart attack, heart disease or a stroke. Two or more surgical or invasive procedures done at the same time and through a common incision or entry point are considered one operation and benefit is paid for the one procedure with the largest total benefits.

Benefit amounts listed are based on one unit of coverage.

Hospital Confinement \$600 per day for each day a covered person is admitted and confined as an inpatient in a hospital.

Physician's Attendance \$75 per day for the services of a physician during a covered hospital confinement. Payable only for the number of days the hospital confinement benefit is payable.

Inpatient Drugs and Medicine \$75 per day for drugs or medicine required during a covered hospital confinement. Payable only for the number of days the hospital confinement benefit is payable.

Private Duty Nursing \$300 per day for private nursing care and attendance by a nurse during a covered hospital confinement, subject to a maximum of 60 days per continuous hospital confinement. Must be required and authorized by attending physician.

Physiotherapy \$150 per day for physiotherapy performed by a licensed physical therapist during a covered hospital confinement, subject to a maximum of 60 days per continuous hospital confinement.

Pacemaker Insertion \$3,000 for the initial insertion of a permanent pacemaker

Oxygen \$600 for use of oxygen equipment during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.

Cardiograms \$300 for an electrocardiogram, echocardiogram, phonocardiogram, or vectorcardiogram required during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.

Cerebral or Carotid Angiogram \$450 for a cerebral or carotid angiogram required during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement

Blood, Plasma and Platelets \$600 for the administration of blood, plasma, or platelets during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.

Coronary Angioplasty \$2,250 for a coronary angioplasty procedure, regardless of the number of blood vessels repaired during the procedure

Cardiac Catheterization \$2,000 for a cardiac catheterization procedure.

Coronary Artery Bypass Graft Operation \$7,500 for a coronary artery bypass graft operation, regardless of the number of grafts performed during the operation.

Pacemaker Insertion \$3,000 for the initial insertion of a permanent pacemaker.

Thromboendarterectomy \$7,500 for a thromboendarterectomy operation

Heart Transplant \$300,000 for the implantation of a natural human heart. This benefit is only payable once per covered person

Surgery and Anesthesia

1. **Surgery***. Up to \$15,000 for a surgery performed in a hospital or ambulatory surgical center. For a surgical procedure not listed in the surgical schedule, we pay \$34 multiplied by the 1964 C.R.V.S. unit value for the procedure, subject to a maximum of \$15,000. If no 1964 C.R.V.S. unit value exists for the procedure, then the payment amount will be based upon relative difficulty and payment amounts for other procedures, up to maximum of \$15,000.
2. **Anesthesia***. 25% of the amount paid for benefit described in “1” above for anesthesia received during the surgery.
3. **Ambulatory Surgical Center***. \$750 when surgery benefit described in “1” above is paid for a surgery performed at an ambulatory surgical center.*These benefits do not pay for surgeries covered by other benefits in the policy.

Second Surgical Opinion \$300 for a second opinion obtained after a positive diagnosis that results in the physician recommending surgery for a covered illness.

Ambulance \$600 Non-Air Ambulance; \$1200 Air Ambulance for transfer by ambulance to a hospital or emergency room for the treatment of a covered condition.

Non-Local Transportation \$600 for a covered hospital confinement which is obtained more than 100 miles from the covered person’s home because the prescribed treatment cannot be obtained locally. This is subject to a maximum of 1 payment per continuous hospital confinement

Family Member Lodging and Transportation

1. **Lodging**. \$150 per day when the Non-Local Transportation benefit is paid and a family member stays in a motel, hotel, or any other accommodation acceptable to us, in order to be near the covered person, subject to a maximum of 60 days per continuous hospital confinement.
2. **Transportation**. \$600 when the Non-Local Transportation benefit is paid and a family member travels more than 100 miles from their home to be near the covered person for a portion of their continuous hospital confinement. This is subject to a maximum of 1 payment per continuous hospital confinement.

Optional Hospital Intensive Care Rider (ICR90) This optional rider is not disease specific and pays a benefit for covered confinement in a hospital intensive care unit for any covered illness or accident from the very first day of confinement.

- Benefits paid in addition to other insurance coverage.
- Guaranteed renewable for life, subject to change in premiums by class.
- Pays a benefit when hospital intensive care confined to a Government or VA hospital.

Description of Benefits • Hospital Intensive Care Confinement Benefit \$500 (or \$250 at age 70 and older) per 24 hours (fractional amounts for fractions of 24 hours) of intensive care unit confinement for any covered illness or accident, subject to a maximum of 45 days per continuous hospital intensive care unit confinement.

Ambulance Benefit Actual Charges for transportation by a licensed ambulance service to the hospital for admission to an intensive care unit. This benefit is not paid if an ambulance benefit is paid under the policy.

Servicing Agent Jan Hunt, Phone (407) 342-3728.

Critical Illness

Benefits payable from both Category 1 and 2
Basic benefit amounts (\$5,000 - \$50,000) to meet your individual needs.

Your premium is based on your age at issue, tobacco status, and basic benefit amount you select.

Your premium does not increase with age.

Benefits paid directly to you

Benefits paid in addition to any other coverage

Guaranteed renewable for life, subject to change in premiums by class

No reduction in benefits due to age

Individual, single parent family or family coverage available.

Category 1:

Heart Attack - 100% The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis must be based on both new electro cardiographic changes; and elevation of cardiac enzymes or biochemical markers.

Stroke - 100% Death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from• an extra-cranial source. There must be evidence of permanent neurological deficit.

Heart Transplant -100%the process of receiving a transplant of a heart.

By-Pass Surgery - 25% Undergoing a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a consultant cardiologist licensed in the United States. Angiographic evidence to support the necessity for bypass surgery will be required.

Angioplasty, Atherectomy, Stent Placement - 25%

The dilatation of an artery for the treatment of coronary artery disease: stenosed by atherosclerotic plaque or hyperplasia by the passage of an inflatable catheter through the vessel to the area of disease where inflation of the catheter compresses the plaque against the vessel wall. Stent placement and/or atherectomy are likewise covered in a similar manner. Confirmation by a licensed cardiologist and angiographic evidence of the underlying disease must be received. Benefits are payable for only one of the three procedures listed.

Category 2:

Major Organ Transplant (other than heart) - 100% the process of receiving a transplant of a lung, liver, pancreas, or kidney.

End Stage Renal Failure - 100% End stage renal disease affecting both kidneys, due to whatever cause or causes, with the insured undergoing peritoneal dialysis or hemodialysis or resulting in renal Transplant.

Multiple Sclerosis - 25% Unequivocal diagnosis by a consultant neurologist following more than one episode of well-defined neurological symptoms and signs and confirmed by a neurological exam and M RI scan of the brain or spinal fluid analysis. Symptoms must persist continuously for 6 months to ensure

that the condition is permanent.

Alzheimer 's disease - 25% a clinically established diagnosis of Alzheimer's disease by a psychiatrist or neurologist, resulting in the inability to perform independently 2 or more of the following activities of daily living: bathing; and dressing; and toileting; and eating; and taking medication.

Paralysis (not as a result of a stroke) - 50% (2 limbs) & 100% (4 limbs) Complete and permanent loss of use of two (2) limbs (Paraplegia) through paralysis. Complete and permanent loss of use of four (4) limbs (Quadriplegia) through paralysis. • Paralysis as a result of stroke is excluded. The additional 50% of the basic benefit amount may be payable for diagnosis of Quadriplegia subsequent to diagnosis of Paraplegia.

Wellness Benefit Rider (WBR3) Included

We pay \$75 for each covered person for each calendar year, for one of the following cancer screening tests performed: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest X-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; mammography, including breast ultrasound; Pap smear, including Thin Prep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); or biopsy for skin cancer. There is no limit to the number of years a covered person can receive cancer

Servicing Agent Jan Hunt, Phone (407) 342-3728.

Critical Illness Biweekly Premium Rates Non-Tobacco Rates

Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Employee										
18-29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4.18
30-39	n/a	n/a	n/a	n/a	4.72	5.46	6.20	6.94	7.66	8.40
40-49	n/a	4.02	5.52	7.02	8.50	10.00	11.50	13.00	14.50	15.98
50-59	n/a	5.96	8.42	10.88	13.34	15.80	18.26	20.72	23.18	25.64
60-64	4.96	8.88	12.82	16.74	20.66	24.58	28.52	32.44	36.36	40.28
Single Parent										
18-29	n/a	n/a	n/a	n/a	n/a	n/a	4.22	4.58	4.94	5.30
30-39	n/a	n/a	4.18	5.02	5.86	6.70	7.52	8.36	9.20	10.04
40-49	n/a	5.12	6.84	8.56	10.28	12.00	13.72	15.44	17.16	18.88
50-59	4.52	7.36	10.20	13.06	15.90	18.74	21.58	24.44	27.28	30.12
60-64	5.98	10.30	14.62	18.94	23.26	27.56	31.88	36.20	40.52	44.82
Family										
18-29	n/a	n/a	n/a	n/a	4.48	5.04	5.60	6.16	6.72	7.28
30-39	n/a	4.36	5.70	7.04	8.38	9.74	11.08	12.42	13.76	15.10
40-49	4.60	7.52	10.44	13.36	16.30	19.22	22.14	25.06	27.98	30.92
50-59	6.66	11.66	16.64	21.64	26.64	31.62	36.62	41.62	46.60	51.60
60-64	9.20	16.72	24.26	31.78	39.32	46.84	54.38	61.90	69.42	76.96

Critical Illness Bi-weekly Premium Rates Tobacco Rates

Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Employee										
18-29	n/a	n/a	n/a	n/a	4.38	5.04	5.72	6.38	7.06	7.72
30-39	n/a	4.32	5.98	7.62	9.26	10.92	12.56	14.20	15.86	17.50
40-49	4.62	8.22	11.82	15.40	19.00	22.66	26.18	29.78	33.38	36.96
50-59	7.08	13.14	19.20	25.24	31.30	37.36	43.42	49.46	55.52	61.58
60-64	9.86	18.68	27.52	36.34	45.16	54.00	62.82	71.64	80.48	89.30
Single Parent										
18-29	n/a	n/a	n/a	4.72	5.48	6.22	7.00	7.76	8.50	9.28
30-39	n/a	5.56	7.50	9.44	11.38	13.32	15.26	17.20	19.14	21.10
40-49	5.82	9.98	14.14	18.28	22.44	26.60	30.74	34.90	39.06	43.20
50-59	8.40	15.12	21.84	28.56	35.30	42.02	48.74	55.48	62.20	68.62
60-64	11.48	21.30	31.12	40.92	50.74	60.56	70.36	80.18	89.98	99.80
Family										
18-29	n/a	4.06	5.26	6.44	7.64	8.84	10.02	11.22	12.42	13.62
30-39	4.80	7.92	11.04	14.18	17.30	20.42	23.56	26.68	29.80	32.92
40-49	8.44	15.24	22.02	28.80	35.58	42.36	49.14	55.92	62.70	69.48
50-59	13.04	24.42	35.78	47.16	58.52	69.90	81.26	92.64	104.02	115.38
60-64	18.34	35.00	51.68	68.34	85.00	101.68	118.34	135.0	151.68	168.34

Safe Guard-MetLife Dental

DHMO (UNIVERSAL II PLAN)

Deductible (Waived for Preventive)	None
Annual Maximum	Unlimited
Selection of Dentist	Choice of Universal Plan network dentist
Waiting Periods	None
Office Visit Co-pay	None
Preventive Care (includes exams, cleanings, x-rays)	No Charge
Basic Care (includes fillings, simple extractions)	Scheduled Co-payment
Major Care (includes crowns, dentures)	Scheduled Co-payment
Orthodontia (at a network provider)	25% discount
Biweekly Premiums:	
Employee	\$3.78
Employee plus one Dependent	\$6.16
Family	\$8.06

Visit our web-site at <http://www.metlife.com/individual/employee-benefits/group-dental/index.html>

This is a dental plan comparison for illustrative purposes only. Please refer to the plan Schedule of Benefits and Certificate of Insurance for all rights and benefits.

The co-payments contained in the Schedule of Benefits for the Universal II plan apply only when treatment is performed by a contracted General Dentist. If the services of a contracted specialty care provider are recommended and available, then the co-payments do not apply and the member's charge will be the specialist's usual and customary fee, less a discount of 25%.

Minnesota Life Insurance Company (Optional Life)

Employees

You may purchase optional Term Life Insurance coverage for yourself in \$10,000 increments from a minimum of \$10,000 to a maximum of \$500,000.

Newly eligible employees may elect up to \$50,000 of coverage on a guaranteed issue basis – no proof of good health is required.

The amount of insurance on an employee age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following;

Employees age 70-74 may have 65% of provided insurance, employees age 75-79 may have 45% of employees insurance, and employees 80 plus may have 30% of provided insurance Age reductions will apply the first day of the month following an insured employee's 70th, 75th, and 80th birthdays. .

Dependent Term Life Coverage – You must be covered for Optional term life in order to cover eligible family members.

Spouse

You may purchase Term Life Insurance on your spouse in \$20,000 increments to a maximum of \$500,000. Spouse life cannot exceed 100% of employee's supplemental amount. Spouse coverage terminates at age 70.

Children

You may purchase Term Life Insurance on your eligible child(ren) in \$2,000 increments to a maximum of \$20,000 . Child life cannot exceed 100% of employee's supplemental amount.

An eligible Child is age 14 days to six months, are eligible to 19 years, or up to age 25 if a full-time student . (Children 14 days to 6 months are covered at \$500.00) Coverage may be extended for disabled children.

The cost of the excess life coverage will be payroll deducted on an after-tax basis.

If you terminate or retire you can convert your own and your family's coverage by applying for an individual policy and paying the first premium within 31 days after your group insurance terminates.

Minnesota Life Insurance (Optional Life) Rates

BI-WEEKLY COST OF INSURANCE

Employee

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Under 30	\$ 0.28	\$ 0.55	\$ 0.83	\$ 1.11	\$ 1.38
30-34	\$ 0.37	\$ 0.74	\$ 1.11	\$ 1.48	\$ 1.85
35-39	\$ 0.42	\$ 0.83	\$ 1.25	\$ 1.66	\$ 2.08
40-44	\$ 0.46	\$ 0.92	\$ 1.38	\$ 1.85	\$ 2.31
45-49	\$ 0.83	\$ 1.66	\$ 2.49	\$ 3.32	\$ 4.15
50-54	\$ 1.38	\$ 2.77	\$ 4.15	\$ 5.54	\$ 6.92
55-59	\$ 2.08	\$ 4.15	\$ 6.23	\$ 8.31	\$ 10.38
60-64	\$ 3.23	\$ 6.46	\$ 9.69	\$ 12.92	\$ 16.15
65-69	\$ 5.86	\$ 11.72	\$ 17.58	\$ 23.45	\$ 29.31
70-74	\$ 9.51	\$ 19.02	\$ 28.52	\$ 38.03	\$ 47.54
75-79	\$ 10.94	\$ 21.88	\$ 32.82	\$ 43.75	\$ 54.69
Over 80	\$ 16.38	\$ 32.77	\$ 49.15	\$ 65.54	\$ 81.92

Age	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 30	\$ 1.66	\$ 1.94	\$ 2.22	\$ 2.49	\$ 2.77
30 – 34	\$ 2.22	\$ 2.58	\$ 2.95	\$ 3.32	\$ 3.69
35 – 39	\$ 2.49	\$ 2.91	\$ 3.32	\$ 3.74	\$ 4.15
40 – 44	\$ 2.77	\$ 3.23	\$ 3.69	\$ 4.15	\$ 4.62
45 – 49	\$ 4.98	\$ 5.82	\$ 6.65	\$ 7.48	\$ 8.31
50 – 54	\$ 8.31	\$ 9.69	\$ 11.08	\$ 12.46	\$ 13.85
55 – 59	\$ 12.46	\$ 14.54	\$ 16.62	\$ 18.69	\$ 20.77
60 – 64	\$ 19.38	\$ 22.62	\$ 25.85	\$ 29.08	\$ 32.31
65 – 69	\$ 35.17	\$ 41.03	\$ 46.89	\$ 52.75	\$ 58.62
70 – 74	\$ 57.05	\$ 66.55	\$ 76.06	\$ 85.57	\$ 95.08
75 – 79	\$ 65.63	\$ 76.57	\$ 87.51	\$ 98.45	\$ 109.38
Over 80	\$ 98.31	\$ 114.69	\$ 131.08	\$ 147.46	\$ 163.85

Spouse

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Under 30	\$ 0.28	\$ 0.56	\$ 0.84	\$ 1.12	\$ 1.40
30 – 34	\$ 0.37	\$ 0.74	\$ 1.11	\$ 1.48	\$ 1.85
35 – 39	\$ 0.42	\$ 0.84	\$ 1.26	\$ 1.68	\$ 2.10
40 – 44	\$ 0.60	\$ 1.20	\$ 1.80	\$ 2.40	\$ 3.00
45 – 49	\$ 0.92	\$ 1.84	\$ 2.76	\$ 3.68	\$ 4.60
50 – 54	\$ 1.52	\$ 3.04	\$ 4.56	\$ 6.08	\$ 7.60
55 – 59	\$ 2.17	\$ 4.34	\$ 6.51	\$ 8.68	\$ 10.85
60 – 64	\$ 3.55	\$ 7.10	\$ 10.65	\$ 14.20	\$ 17.75
65 – 69	\$ 5.86	\$ 11.72	\$ 17.58	\$ 23.44	\$ 29.30

Child

	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
	\$0.12	\$0.24	\$0.36	\$0.48	\$0.60
	\$12,000	\$14,000	\$16,000	\$18,000	\$20,000
	\$0.72	\$0.84	\$0.96	\$1.08	\$1.20

Short Term Disability Income Insurance

This is an addition to the protection of your income. It pays 60% of your basic salary excluding overtime and any other income. Maximum Benefit is \$1,500.00 per week before reduction by Deductible Income. Benefits begin after all leave balances are exhausted or 15 days from first day of disability whichever is greater. Short Term Disability is payable up to the day benefits become payable under Long Term Disability.

Coverage is for off-the-job sickness, injury or pregnancy; you are unable to perform with reasonable continuity the material duties of your own occupation. You must be unable to work and under the continuous care of the physician who certifies your continued disability. **You must apply in order to obtain this valuable coverage. To request a claim form, contact Personnel at (386) 740-5137.**

You pay all of the cost of this plan. In order for you to obtain the benefits of this plan you must apply and authorize a payroll deduction (complete an enrollment form). Please refer to the charts above for cost.

Standard Insurance Company administers this benefit. Premiums are paid after taxes; therefore, benefits are not taxed.

You may apply for Short Term Disability at any time during the year; this is not an open enrollment benefit. You are subject to medical underwriting with a one year pre-existing clause.

Long Term Disability Income Insurance

The County provides long-term disability insurance at no cost to you. You are a member if you are a regular employee and actively at work at least thirty (30) hours each week and a citizen of the United States or Canada.

Benefits begin on the 181st day of continuous disability.

Long Term Disability benefits are equal to 60% of your basic monthly salary to a maximum of \$6,000 per month (benefits will be coordinated with other salary continuation programs). Because this is an employer-paid benefit on a pre-taxed basis, benefits are taxable.

County Provided Life Insurance – Minnesota Life

The County of Volusia provides you term life insurance with an accidental death and dismemberment benefit. This insurance is available to full-time and part-time employees. Retired County employees may purchase this insurance upon retirement.

Basic Life provides coverage in the amount of your annual salary, rounded up to the nearest \$1000.00 for full-time active employees, subject to a \$250,000 maximum. All full-time employees in a status eligible for insurance and working thirty (30) hours or more are eligible for Life Insurance coverage. For all part-time employees in a status eligible for insurance, the benefit is \$5,000.

Eligible Classes: All active full-time employees, including Elected Officials, scheduled to work at least thirty (30) hours per week and all permanent part-time employees scheduled to work at least seventeen (17) hours per week.

Beneficiary Designation: How do I designate or change my beneficiary?

You may designate or change a beneficiary by doing so in writing on a form satisfactory to us (forms are located on Personnel's ENN page) and filing the form with the Employer (via Personnel). Only satisfactory forms sent to the Employer prior to your death will be accepted. Beneficiary designations will become effective as of the date you signed and dated the form, even if you have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change from the Employer. In no event may a beneficiary be changed by a Power of Attorney.

Please see your Group Life Insurance Policy for complete details of your life insurance policy.

Deferred Compensation Plan

The Deferred Compensation Plan offered through Nationwide Retirement Solutions is a benefit available only to employees. You are eligible to invest a portion of your paycheck in a variety of investment products. You will immediately reduce your tax bill: all money invested into the Program is sheltered from Federal Income Taxes. You can invest in mutual funds, variable annuities, certificates of deposit, savings accounts or fixed annuities. Nationwide Retirement Solutions can answer your questions, and provide you with information about the Plan.

You can enroll in the plan at any time during the year, not just during the "open enrollment" period. Those currently in the Plan are encouraged to Contact NATIONWIDE RETIREMENT SOLUTIONS, which can provide you with publications and answer any questions.

Please contact (877) 677-3678 you can also access them through website: <http://www.nrsretire.com>

Changes to Your Benefits

Cancer, Heart/Stroke, or the Critical Illness Policy: To add or change these benefits, you must complete the form Application for Life Insurance, American Heritage Life Insurance Company.

Fill out the top two lines of information, go down half way down the form, and elect the appropriate coverage:

Cancer - write in the Option 1 or Option 2

Heart/Stroke – check individual or family

Critical Illness – check individual, family, or single parent, and you must indicated which benefit amount you are electing, example 5,000, 10,000 etc.

You must complete the questions on the back of the form that pertain to the coverage for which you are applying.

Cancer – answer 1, 2 6, 12 & 13

Heart/Stroke – answer 1, 2, 4, 12, & 13

Critical Illness – answer 1, 2, 3, 6, 7, 8, 10, 11, 12 & 13

Make sure you sign and date the bottom of the form where it says Signature of proposed insured, and date signed.

Please mail your completed form to

The Hunt Agency

c/o Jan Hunt

5300 S. Atlantic Ave. #2405

New Smyrna Beach, Fl 32169

Minnesota Supplemental Life Insurance

To enroll or increase your current coverage, you must complete all three pages of the Minnesota Life Enrollment form, answer all three health related questions, and sign and date both forms.

To cancel or decrease your current coverage, you only need to complete the first form, indicate whether you are cancelling or decreasing and to what level, sign and date the form.

Please mail your completed form to

Minnesota Life

Group Administration Department

400 Robert Street North

St. Paul, Minnesota 551001-2098