



Supplemental Benefits Guide

Plan Year 2016

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Important

Your Medical/Prescription Drug and Dental Benefit, Medical and Child Care Flexible Spending Accounts, new Cancer, 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 2016 using the County's Advantage AMS Employee Self Service (ESS) system.

Any Changes made during Open Enrollment will become effective January 1, 2016. Changes could be an addition, deletion, or cancellation of a benefit. These changes will remain in effect throughout 2016 unless you experience a Qualifying Event during 2016.

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 Friday, October 9, 2015.

You're Current Coverage for Supplemental Life, old Cancer, old Critical Care, Heart/Stroke and Short Term Disability **will automatically** continue for 2016 unless you want to enroll, change, or cancel any coverage(s), 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.

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

New for 2016

Dental

- Aetna will administer the new dental program
- New dental cards will be available
- Annual maximum benefit will increase to \$1,750 and can be increased by \$200 a year to \$2,350 maximum
- No annual orthodontic deductibles
- Aetna's dental network will save employees additional out of pocket costs
- The Safe Guard-MetLife dental plan will no longer be offered

Vision

- Aetna will administer the new vision program
- New vision cards will be available
- Lower biweekly premiums
- Frames - \$120 allowance with additional 20% off
- Contact lenses - \$110 allowance with additional 15% off
- Aetna's vision network will save employees additional out-of-pocket costs

New Cancer and Critical Illness insurance!

- Employees participating in the old individual cancer and critical illness insurance can continue with that policy or change to the new group cancer and critical illness insurance during open enrollment.
- The new group cancer and critical illness policy is a guarantee issue (No health

questions or physical required!)

Short Term Disability (STD) - Lower biweekly premiums, plan remains the same.

Supplemental Life Insurance - Lower biweekly premiums, \$100,000 guarantee for new employees and \$40,000 for spouse.

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 2016 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 (SBG) 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.

Open Enrollment Due Dates

Friday, September 11, 2015 - 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 2016. These benefits ***will not*** be automatically rolled over from 2015.

Wednesday, September 30, 2015 – 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.

Thursday, January 1, 2016 - New benefit plan elections take effect. Any changes to your elected benefits during the Plan Year must comply with IRS' Qualifying Event guidelines.

Changes to Your Benefits

Heart/Stroke: 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. You must complete the questions on the back of the form that pertain

to the coverage for which you are applying.

Heart/Stroke – check individual or family and answer questions 1, 2, 4, 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
P.O. Box 940386
Maitland, FL 32794*

AMS Advantage Employee Self Service (ESS)

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. 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 "ESS", the last two digits of your year of birth and last four digits of your social security number. For example (ESS671245). 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

1. Select the **My Desktop** workspace tab on the left of screen
2. Select the **Change Password** tab at the top of screen
3. Under the Change Password, click in the **Old Password** field and enter your old password
4. Click in the **New Password** field and enter your new password
5. Click in the **Verify New Password** field and enter your new password
6. Click on the **Change User Password** button

Password Facts

- You can change the password to something you will remember.
- Password must be at least nine (9) 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.

Downloadable Forms

Located in ESS, select the tab Forms and Websites, 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, October 9, 2015 or 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.

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

1. Click on the **My Info** tab on the left side of the screen
2. Click on the **My Benefits** tab near the top of the screen
3. Click on the **Employee Benefit and Deductions** link to see your current benefits.

This will show you all current benefits and deductions.

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

To Complete Your Enrollment:

1. 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**.
2. Scroll down the page and click the **Continue** button
3. 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.)
4. Scroll down and click on the **Continue** button
5. Click on the **Open Enrollment** button
6. 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..... **Appointment** page lists your current job title

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

Page 3..... **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.....**Miscellaneous Deductions** page is currently not in use

Page 5.....**Enrollment Summary** page is used to verify and complete your enrollment process

Click.....**Finish**

Personnel will mail a confirmation page to your home.

Your ESS web enrollment and Wellness forms are due no later than Friday, October 9, 2015.

Contact Information

Medical and Prescription Drug Claims Information & Plan Inquiries

County of Volusia (Group 2081)
HealthSmart (855) 224-5173
Benefit Solutions
P.O. Box 91607
Lubbock, TX 79490-1607
Website: <https://www.medsaveadmin.com>

Dental Claims Information & Plan Inquiries

Aetna
PO Box 14094
Lexington, KY 40512
Customer Service: (877) 238-6200, M-F - 8am to 6pm

Vision Claims Information & Plan Inquiries

Aetna
PO Box 8504
Mason, OH, 45040-7111
Customer Service: (877) 973 3238, M-Sat - 7:30am to 11pm and Sun 11am to 8pm

Volusia County Personnel Division (Insurance-Benefit)

Personnel Main Number (386) 736-5951
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)

Heath Advocate - 24/7 Helpline (877) 240-6863

No pre-cert, no co-pay for Short Term Counseling and 1-10 visits per issue per year.

Online services with videos, articles and online training courses
Available to employees, spouse, dependent children, parents, and parent-in-law.

Website: <http://www.healthadvocate.com/members> Use Company Name: Volusia County Government

American Heritage Life (Allstate) - Cancer, Critical Illness and Heart/Stroke Care

Hunt Agency - Jan Hunt (407) 342-3728
American Heritage Life/Allstate (800) 521-3535

WageWorks - Flexible Benefits

Take care by WageWorks
PO Box 14054
Lexington, KY 40512
Website: <http://www.takecarewageworks.com>
Customer Service (800) 950-0105
Hours are weekdays, 8 a.m. to 8 p.m. Eastern time.

Email: claims@takecareclaims.com
Fax: (877) 782-8889

Supplemental Life Insurance

Standard Insurance Company (800) 368-2859
P.O. Box 2800
Portland, OR 97208
Fax: (800) 378-6053

Standard Short Term Disability Insurance

Standard Insurance Company (800) 368-2859
P.O. Box 2800
Portland, OR 97208
Fax: (800) 378-6053

Deferred Compensation

Nationwide Retirement Solutions (877) 677-3678
Website: <http://www.nrsforu.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 co-payments, co-insurance, 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, hospitals, 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 examples below are based on a total visit cost of **\$3,000**. (Family Practice, General Practice, Pediatrics, OB/GYN, and Internal Medicine)

Tier 1	Tier 2	Tier 3
In-Network Provider	Expanded-Network Provider	Out-of-Network Provider
\$0 Deductible*	\$500 Deductible* (\$3,000 – \$500 = \$2,500)	\$2,000 Deductible* (\$3,000 – \$2,000 = \$1,000)
\$25 Co-Pay	\$500 (20% Co-Insurance) (\$2,500/20% = \$500)	\$400 (40% Co-Insurance) (\$1,000/40% = \$400)

Cost to you: Only \$25
(\$2,000+\$400=\$2,400)

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

\$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.

Network Providers

To find doctors, hospitals, or other facilities (e.g. urgent care) access the following directories.

Tier 1 In-Network Providers

Tier 1 In-Network Providers are separated by counties. If you are looking for a particular doctor, hospital, or other facility, you would need to search each network.

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: <https://www.myvhn.com/provider-search-pdf.html>

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

Lake, Orange, Osceola and Seminole Counties

Florida Memorial Health Network - Expanded Network (FHHS)

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

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

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: (386) 615-0801

Tier 2 Expanded-Network Providers

Tier 2 Expanded-Network Providers are used if you are looking for a particular doctor, hospital, or other facility outside of the Tier 1 In-Network.

Multiplan

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

Customer Service: (888) 342-7427

HealthSmart HPO

Website: <http://providerlookup.healthsmart.com/SearchProviders.aspx>

Customer Service: (866) 511-4757

Tier 3 Out-of-Network Providers

Tier 3 Out-of-Network Providers are used if you are looking for a particular doctor, hospital, or other facility outside of the Tier 1 In-Network counties and Tier 2 Expanded-Network.

Other information available to you!

Both Volusia County's **Medical Coverage Program** (*HealthSmart*) and **Prescription Drug Coverage 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.

Medical Coverage Program: *HealthSmart* (Group Number 2081)

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

Customer Service: (855) 224-5173

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

Prescription Drug Coverage 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) Premiums

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 up to \$300.00 - Annual

Screening for Cholesterol	\$100.00
Screening for Triglycerides	\$100.00
Screening for Body Mass Index (BMI) and Blood	\$100.00

No Medical/Prescription Drug/ and Aetna Dental Coverage Option - Annual

(With Proof Of Other Insurance Coverage)

Full Time Employees	\$360.00
Part Time Employees	\$180.00
Accelerated Part Time Employees	\$180.00

Medical/Prescription Drug and Aetna Dental Premiums

Important: If you choose medical coverage, you are required to choose dental. If you do not choose dental, it will default to your medical plan type. (i.e. medical couple and dental couple)

New: Your medical and dental plan type does not need to match. (i.e. medical single and dental family)

Full-Time Employee

Medical/Prescription Drug

Employee Only	\$ 40.00
Parent Coverage (With 1 Or 2 Children)	\$130.91
Couple	\$133.66
Family (3 Or More Children Or Spouse And Children)	\$168.78

Aetna Dental

Employee Only	\$ 0.00
Parent Coverage (With 1 Or 2 Children)	\$13.70
Couple	\$10.95
Family (3 Or More Children Or Spouse And Children)	\$24.65

Part-Time Employee

Medical/Prescription Drug

Employee Only	\$118.56
Parent Coverage (With 1 Or 2 Children)	\$204.47
Couple	\$207.22
Family (3 Or More Children Or Spouse And Children)	\$242.34

Aetna Dental

Employee Only	\$10.95
Parent Coverage (With 1 Or 2 Children)	\$24.65

Couple	\$21.90
Family (3 Or More Children Or Spouse And Children)	\$35.60

Accelerated Part-Time Employee (Over 21 Payrolls)

Medical/Prescription Drug

Employee Only	\$146.79
Parent Coverage (With 1 Or 2 Children)	\$253.15
Couple	\$256.78
Family (3 Or More Children Or Spouse And Children)	\$300.04

Aetna Dental

Employee Only	\$13.56
Parent Coverage (With 1 Or 2 Children)	\$30.52
Couple	\$27.12
Family (3 Or More Children Or Spouse And Children)	\$44.08

Split Plan (Both County Of Volusia Employees)

Medical/Prescription Drug

Each Full Time Employee	\$48.01
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Aetna Dental

Family (3 Or More Children Or Spouse And Children)	\$24.65
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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.

Aetna Dental Coverage

Aetna Dental Rates

Employee Only	\$10.95
Parent Coverage (With 1 Or 2 Children)	\$24.65
Couple	\$21.90
Family (3 Or More Children Or Spouse And Children)	\$35.60

Biweekly Premiums

Aetna Dental Plans - Passive PPO with PPO Network	
Annual Deductible - The deductible applies to: Basic & Major services only	
Individual	\$50
Family	\$150
Preventive Services	100%
Basic Services	80%
Major Services	50%
Annual Benefit Maximum	\$1,750 * Dental Rewards Program - Can be increased by \$200 a year to \$2,350 max.
*Aetna's Dental Rewards Program – annual increase of \$200, if one preventative service is obtained each year to a maximum of \$2,350. Reverts back to \$1,750 if a year goes by without a preventative service.	
Office Visit Copay	N/A
Orthodontic Services (Adult and Child)	50%
Orthodontic Deductable	None
Orthodontic Annual Maximum	\$1,000
Preventative - Partial List of Services	
Oral examinations *	100%
Cleanings * Adult/Child	100%
Fluoride *	100%
Sealants * (permanent molars only)	100%
Bitewing Images *	100%
Full mouth series Images *	100%
Space Maintainers	100%
Basic - Partial List of Services	
Root canal therapy Anterior teeth / Bicuspid teeth	80%
Root canal therapy, molar teeth	80%
Scaling and root planing *	80%
Gingivectomy **	80%

Amalgam (silver) fillings	80%
Composite fillings	80%
Stainless steel crowns	80%
Incision and drainage of abscess **	80%
Uncomplicated extractions	80%
Major - Partial List of Services	
Inlays	50%
Onlays	50%
Crowns	50%
Full & partial dentures	50%
Pontics	50%
Denture repairs	50%
Crown Build-Ups	50%
Implants	50%
*Certain services may be covered under the Medical Plan. Contact Member Services for more details.	
** Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.	

This Aetna Dental® Preferred Provider Organization (PPO) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the PPO plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to usual and prevailing charge limits, as determined by Aetna.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Partial List of Exclusions and Limitations* - Coverage is not provided for the following:

1. Services or supplies that are covered in whole or in part:
 - (a) under any other part of this Dental Care Plan; or

- (b) under any other plan of group benefits provided by or through your employer.
- 2. Services and supplies to diagnose or treat a disease or injury that is not:
 - (a) a non-occupational disease; or
 - (b) a non-occupational injury.
- 3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
- 4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
- 5. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
- 6. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.
- 7. Those for any of the following services (Does not apply to the DMO plan in TX):
 - (a) an appliance or modification of one if an impression for it was made before the person became a covered person;
 - (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
 - (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.
- 8. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
- 9. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
- 10. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
- 11. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
- 12. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
- 13. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.

14. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than:
 - (a) during the first 31 days the person is eligible for this coverage, or
 - (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
 - (i) after the end of the 12-month period starting on the date the person became a covered person; or
 - (ii) as a result of accidental injuries sustained while the person was a covered person; or
 - (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.
15. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
16. Those for a crown, cast or processed restoration unless:
 - (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
 - (b) the tooth is an abutment to a covered partial denture or fixed bridge.
17. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
18. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
19. Services needed solely in connection with non-covered services.
20. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Aetna Vision Coverage

Aetna Vision Rates

Employee Only
 Parent Coverage (With 1 Or 2 Children)
 Couple
 Family (3 Or More Children Or Spouse And Children)

Biweekly Premiums

\$2.68
 \$5.36
 \$5.10
 \$7.88

Biweekly Rates (26 Pays)		
Employee	\$2.68	
Couple	\$5.10	
Single Parent	\$5.36	
Family	\$7.88	
Aetna Vision Network	In-Network	Out-of-Network
Exam - Use your Exam coverage once every calendar year.		
Routine/Comprehensive Eye Exam	\$0 Copay	\$23 Reimbursement
Standard Contact lens Fit/Follow up	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered
Eyeglass Lenses /Lens options - Use your Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses.		
Single Vision lenses	\$25 Copay	\$35 Reimbursement
Bifocal Vision lenses	\$25 Copay	\$55 Reimbursement
Trifocal Vision lenses	\$25 Copay	\$90 Reimbursement
Lenticular Vision lenses	\$25 Copay	\$90 Reimbursement
Standard Progressive Vision lenses	\$90 Copay	\$55 Reimbursement
Premium Progressive Vision lenses	20% Discount off retail minus \$120 plan allowance plus \$90 Copay = member out-of-pocket	\$55 Reimbursement
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid and Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	Member pays discounted fee of \$15	Not Covered
Standard Polycarbonate lenses - Adult	Member pays discounted fee of \$40	Not Covered
Standard Polycarbonate Lenses - Children to age 19	\$0 Copay	\$35 Reimbursement
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Photochromic/Transitions plastic	Member pays 80% of Retail	Not Covered
Polarized	Member pays 80% of Retail	Not Covered
Contact Lenses - Use your Contact Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses.		
Conventional contact lenses	\$110 Allowance Additional 15% off balance over the allowance	\$80 Reimbursement

Disposable contact lenses	\$110 Allowance	\$80 Reimbursement
Medically necessary contact lenses	\$0 Copay	\$200 Reimbursement
Frames - Use your Frame coverage once every 2 calendar years.		
Any Frame available, including frames for prescription sunglasses	\$120 Allowance Additional 20% off balance over the Allowance.	\$55 Reimbursement
Discounts - Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands.		
Additional pairs of eyeglasses or prescription sunglasses. Discount applies to purchases made after the plan allowances have been exhausted.	Up to a 40% Discount	No Discount
Non-covered items such as cleaning cloths and contact lens solution	20% Discount	No Discount
Lasik Laser vision correction or PRK from U.S. Laser Network only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price	No Discount
Retinal Imaging	Member pays a discounted fee up to \$39	No Discount
Replacement contact lenses	Receive significant savings after your lens benefit has been exhausted on replacement contacts by ordering online. Visit www.aetnavision.com for details	No Discount

You can choose to receive care outside the network. Simply pay for the services up front and then submit a claim form to receive an amount up to the out of network reimbursement amounts listed above. Reimbursement will not exceed the providers' actual charge.

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice.

Coverage is not provided for the following:

- Special vision procedures, such as orthoptics, vision therapy, or vision training.
- Vision services that are covered in whole or in part; under any other part of this plan; or under any other plan of group benefits provided by the policyholder; or under
- any workers' compensation law or any other law of like purpose.
- For an eye exam which is required by an employer as a condition of employment; or an employer is required to provide under a labor agreement; or is required by any law of a government.

- For prescription sunglasses or light sensitive lenses in excess of the amount which would be covered for non-tinted lenses.
- Any exams given during a stay in a hospital or other facility for medical care.

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.

Under Section 125, 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:

- The marriage, divorce, or legal separation (where legally recognized) of an Employee;
- The death of the Employee's Spouse, or a Dependent;
- The birth, or adoption of a child of the Employee;
- The termination, or commencement of employment of Employee's Spouse;
- 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;
- The taking of an unpaid Leave of Absence by the Employee, or Employee's Spouse;
- A significant change occurs in the health coverage of the Employee, or Spouse attributable to the Spouse's employment; or,
- 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:

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

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

IRS Section 125 – 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 up to \$300 (Obtain one, two or all three screenings and receive wellness dollars.)

\$100 Wellness Dollars, screening for **Cholesterol**.

\$100 Wellness Dollars, 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, October 9, 2015 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.

Medical (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. 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

New Cancer insurance! Employees participating in the current cancer insurance can continue with that policy or change to the new cancer insurance during open enrollment.

Below is a side by side comparison between the current Cancer Plan and the New Cancer Plan

	Current Plan- No longer issued.	New Cancer Plan
	Biweekly Premiums	
	Option 2	High Plan
Employee	\$8.92	\$8.74
Family	\$15.70	\$14.90
Benefits	Option 2	High Plan
Underwriting	Simplified Issue-Can be denied	Guaranteed Issue
Issue Ages	18-64	18+
Child Coverage	To age 26	To age 26
Pre-Existing Condition	12/12	6/12
Specified Disease	None	In addition to cancer, this policy also covers 29 additional specified illnesses including Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, Primary Biliary Cirrhosis
First Occurrence Benefit	\$2,400 (Other than skin Cancer)	\$5,000(Other than skin Cancer)
Hospital Confinement	\$420 Days 1-70; \$540 Days 71-90; \$780 Days 91+	\$200/day first 70 days
Extended Benefits	-	\$200/day after 70 days
Govt. Facility Confinement	-	\$200/Day
Private Duty Nurse	Actual Charges up to \$150/Day	\$200/Day
Extended Care Facility	-	\$200/Day
Home Health Care	\$30/Day	\$200/Day

Hospice	\$150/Day(Days 1-60); \$90/Day (Days 61+)	\$200/Day
Skilled Nursing	Actual Charges up to \$180/Day	-
Radiation/Chemotherapy	Actual Charges up to \$360/Day	Up to \$7,500 Per 12 Month period
Immunotherapy	-	
Experimental Treatment	-	Up to \$5,000 Per 12 Month period
Blood & Plasma	Actual Charges up to \$180/Day	Up to \$7,500 Per 12 Month period
Surgery	Up to \$10,800	Inpatient- up to \$1,500/surgery Outpatient- up to \$2,250/surgery
Anesthesia	25% of surgical benefit	25% of surgical benefit
Bone Marrow Transplant	Up to \$2,400/lifetime (autologous) Up to \$6,000/lifetime (non-autologous) Up to \$12,000/lifetime (non-autologous for leukemia)	Up to \$500/12 mo (autologous) Up to \$1,250/12 mo (non-autologous) Up to \$2,500/12 mo (non-autologous for leukemia)
Stem Cell Transplant	-	Up to \$500/12 mo (autologous) Up to \$1,250/12 mo (non-autologous) Up to \$2,500/12 mo (non-autologous for leukemia)
Ambulatory Surgical Center	Up to \$420	\$250/Day
Second Surgical Opinion	Up to \$300	\$200
Physician	Up to \$48/Day	\$50/Day
Drugs/Medicine	Up to \$48/Day	\$25/Day
Diagnostic Testing	(combined daily benefit)	-
Ambulance	Up to \$240	\$100/confinement
Transportation	Patient or Family Member: Coach fare or \$0.36/mile up to 1,000 miles	Patient or Family Member: Coach fare or \$0.40/mile up to 700 miles
Lodging	Family Member: Up to \$72/day max 60 days	Outpatient: up to \$50/day, max \$2000/12 mos. Family: up to \$50/day, max 60 days/confinement
Physical/Speech Therapy	-	Actual charges up to \$50/day
Prosthesis	Up to \$3,600 (surgically implanted prosthesis) Up to \$600 (non-surgically implanted prosthesis) Up to \$2,700 (reconstructive breast prosthesis)	Up to \$2000/amputation
Anti-Nausea	\$240/year	Up to \$200/year
Cancer Screening / Wellness Benefit	-	\$50
Waiver of Premium	Yes	Yes
Biweekly Premiums		
Biweekly Cost	Option 1	Low Plan
Employee	\$7.76	\$6.76
Family	\$13.62	\$11.44
Benefits	Option 1	Low Plan
Underwriting	Simplified Issue-Can be denied	Guaranteed Issue
Issue Ages	18-64	18+
Child Coverage	To age 26	To age 26
Pre-Existing Condition	12/12	6/12
Specified Disease	None	In addition to cancer, this policy also covers 29 additional specified illnesses including Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease),

		Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, Primary Biliary Cirrhosis
First Occurrence Benefit	\$1,800 (Other than skin Cancer)	\$3,000(Other than skin Cancer)
Hospital Confinement	\$360 Days 1-70; \$480 Days 71-90; \$720 Days 91+	\$200/day first 70 days
Extended Benefits	-	\$200/day after 70 days
Govt. Facility Confinement	-	\$200/Day
Private Duty Nurse	Actual Charges up to \$150/Day	\$200/Day
Extended Care Facility	-	\$200/Day
Home Health Care	\$24/Day	\$200/Day
Hospice	\$120/Day(Days 1-60); \$60/Day (Days 61+)	\$200/Day
Skilled Nursing	Actual Charges up to \$150/Day	-
Radiation/Chemotherapy	Actual Charges up to \$300/Day	Up to \$5,000 Per 12 Month period
Immunotherapy	-	
Experimental Treatment	-	Up to \$5,000 Per 12 Month period
Blood & Plasma	Actual Charges up to \$180/Day	Up to \$5,000 Per 12 Month period
Surgery	Up to \$9,000	Inpatient- up to \$1,500/surgery Outpatient- up to \$2,250/surgery
Anesthesia	25% of surgical benefit	25% of surgical benefit
Bone Marrow Transplant	Up to \$1,200/lifetime (autologous) Up to \$3,000/lifetime (non-autologous) Up to \$6,000/lifetime (non-autologous for leukemia)	Up to \$500/12 mo (autologous) Up to \$1,250/12 mo (non-autologous) Up to \$2,500/12 mo (non-autologous for leukemia)
Stem Cell Transplant	-	Up to \$500/12 mo (autologous) Up to \$1,250/12 mo (non-autologous) Up to \$2,500/12 mo (non-autologous for leukemia)
Ambulatory Surgical Center	Up to \$360	\$250/Day
Second Surgical Opinion	Up to \$270	\$200
Physician	Up to \$42/Day	\$50/Day
Drugs/Medicine	Up to \$48/Day	\$25/Day
Diagnostic Testing	(combined daily benefit)	-
Ambulance	Up to \$240	\$100/confinement
Transportation	Patient or Family Member: Coach fare or \$0.30/mile up to 1,000 miles	Patient or Family Member: Coach fare or \$0.40/mile up to 700 miles
Lodging	Family Member: Up to \$60/day max 60 days	Outpatient: up to \$50/day, max \$2000/12 mos. Family: up to \$50/day, max 60 days/confinement

Physical/Speech Therapy	-	Actual charges up to \$50/day
Prosthesis	Up to \$2,400 (surgically implanted prosthesis) Up to \$360 (non-surgically implanted prosthesis) Up to \$2,250 (reconstructive breast prosthesis)	Up to \$2000/amputation
Anti-Nausea	\$240/year	Up to \$200/year
Cancer Screening / Wellness Benefit	-	\$50
Waiver of Premium	Yes	Yes

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.

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

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.

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.

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.

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

Private Duty Nursing \$300 per day for private nursing care and attendance by a nurse during a

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

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.

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

New Critical Illness insurance! Employees participating in the current critical illness insurance can continue with that policy or change to the new cancer insurance during open enrollment.

Following is a side by side comparison between the current Cancer Plan and the New Cancer Plan and biweekly premium sheet.

Critical Illness	Allstate			Allstate
Platform	Individual Critical Illness (CILP)			Group Critical Illness (GVCIP2)
Guarantee Issue	None - Simplified Issue; can be denied			Yes - Up to \$30,000
Issue Ages	18-64			18-99
Pre-Existing Condition	12 / 12			12 / 12; Waived if prior coverage
Portable	Yes			Yes
Benefits				
Coverage Amounts				
Employee	\$5,000 to \$50,000			\$5,000 to \$50,000
Dependents (Spouse/Child)	Same as Employee			50% of Employee Amount
Guarantee Issue Limit	None			\$30,000
Covered Illnesses	Policy Pays Benefits in Each Category			Each Covered Illness it's own Category
Heart Attack	Category 1	100%	100%	100%
Heart Transplant		100%		Covered under Major Organ Transplant
Stroke		100%		100%
Coronary Bypass Surgery		25%		25%
Angioplasty, Atherectomy, Stent Placement		25%		N/A
Major Organ Transplant	Category 2	100%	100%	100%
End Stage Renal Failure		100%		100%
Multiple Sclerosis		25%		N/A
Alzheimer's Disease		25%		25%
Paralysis: Paraplegia		50%		100%
Paralysis: Quadriplegia		100%		
Parkinson's Disease	N/A			25%
Benign Brain Tumor	N/A			100%
Coma	N/A			100%
Complete Blindness	N/A			100%
Complete Loss of Hearing	N/A			100%
Additional Benefit				
Wellness Benefit	\$75			\$50
Covered Screenings	Bone Marrow Testing; CA15-3, CA125 & CEA (Blood tests for breast, ovarian & colon cancer); Chest -x-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography, including Thin Prep Pap Test; PSA (prostate specific antigen - blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer			Biopsy for skin cancer; Blood test for triglycerides; Bone marrow testing; CA15-3, CA125, CEA & PSA (Blood tests); Chest x-ray; Colonoscopy; Doppler screenings for carotids and peripheral vascular disease; Echocardiogram; EKG (Electrocardiogram); Flexible sigmoidoscopy; Hemocult stool analysis; HPV Vaccinatoon (Human Papillomavirus); Lipid panel (Total cholesterol count); Mammography (including Breast Ultrasound); Pap Smear (including Thin Prep Pap Test); Serum Protein Electrophoresis (Myeloma test); Stress test of bike or treadmill; Thermography; Ultrasound screening (abdominal aortic aneurysms)

New Group Critical Illness (GVCIP2)											
Premium Rates - Effective: January 1, 2016											
Tobacco Use	Age	Employee Only or Single Parent	Couple or Family	Employee Only or Single Parent	Couple or Family	Employee Only or Single Parent	Couple or Family	Employee Only or Single Parent	Couple or Family	Employee Only or Single Parent	Couple or Family
Policy Amount		\$ 5,000	\$ 5,000	\$ 10,000	\$ 10,000	\$ 15,000	\$ 15,000	\$ 20,000	\$ 20,000	\$ 25,000	\$ 25,000
Non-Tobacco	18-24	\$ 1.50	\$ 2.24	\$ 2.04	\$ 2.98	\$ 2.56	\$ 3.74	\$ 3.10	\$ 4.50	\$ 3.62	\$ 5.26
	25-29	\$ 1.62	\$ 2.46	\$ 2.14	\$ 3.22	\$ 2.68	\$ 3.98	\$ 3.20	\$ 4.72	\$ 3.74	\$ 5.48
	30-35	\$ 1.94	\$ 2.96	\$ 2.68	\$ 4.02	\$ 3.44	\$ 5.10	\$ 4.20	\$ 6.16	\$ 4.96	\$ 7.24
	36-39	\$ 2.28	\$ 3.54	\$ 3.34	\$ 5.08	\$ 4.40	\$ 6.62	\$ 5.44	\$ 8.16	\$ 6.50	\$ 9.70
	40-44	\$ 2.74	\$ 4.22	\$ 4.22	\$ 6.38	\$ 5.70	\$ 8.56	\$ 7.18	\$ 10.72	\$ 8.66	\$ 12.90
	45-50	\$ 3.44	\$ 5.24	\$ 5.60	\$ 8.42	\$ 7.78	\$ 11.60	\$ 9.94	\$ 14.78	\$ 12.12	\$ 17.98
	51-54	\$ 4.30	\$ 6.52	\$ 7.36	\$ 11.04	\$ 10.42	\$ 15.54	\$ 13.48	\$ 20.04	\$ 16.56	\$ 24.56
	55-60	\$ 5.40	\$ 8.14	\$ 9.58	\$ 14.34	\$ 13.76	\$ 20.54	\$ 17.96	\$ 26.74	\$ 22.14	\$ 32.96
	61-70	\$ 6.92	\$ 10.38	\$ 12.70	\$ 18.92	\$ 18.46	\$ 27.44	\$ 24.22	\$ 35.98	\$ 29.98	\$ 44.50
	71+	\$ 10.70	\$ 16.04	\$ 20.26	\$ 30.28	\$ 29.84	\$ 44.52	\$ 39.42	\$ 58.76	\$ 48.98	\$ 73.00
Tobacco	18-24	\$ 1.72	\$ 2.56	\$ 2.46	\$ 3.62	\$ 3.20	\$ 4.68	\$ 3.96	\$ 5.76	\$ 4.70	\$ 6.84
	25-29	\$ 1.84	\$ 2.78	\$ 2.58	\$ 3.84	\$ 3.32	\$ 4.92	\$ 4.06	\$ 6.00	\$ 4.82	\$ 7.06
	30-35	\$ 2.26	\$ 3.44	\$ 3.34	\$ 5.00	\$ 4.42	\$ 6.56	\$ 5.50	\$ 8.10	\$ 6.58	\$ 9.66
	36-39	\$ 2.88	\$ 4.42	\$ 4.54	\$ 6.86	\$ 6.20	\$ 9.28	\$ 7.84	\$ 11.72	\$ 9.50	\$ 14.14
	40-44	\$ 3.60	\$ 5.50	\$ 5.94	\$ 8.96	\$ 8.28	\$ 12.42	\$ 10.62	\$ 15.88	\$ 12.98	\$ 19.34
	45-50	\$ 4.74	\$ 7.18	\$ 8.24	\$ 12.34	\$ 11.72	\$ 17.46	\$ 15.20	\$ 22.60	\$ 18.70	\$ 27.74
	51-54	\$ 6.06	\$ 9.10	\$ 10.86	\$ 16.20	\$ 15.68	\$ 23.28	\$ 20.48	\$ 30.38	\$ 25.30	\$ 37.46
	55-60	\$ 8.02	\$ 12.04	\$ 14.80	\$ 22.10	\$ 21.62	\$ 32.18	\$ 28.42	\$ 42.28	\$ 35.22	\$ 52.34
	61-70	\$ 9.86	\$ 14.76	\$ 18.56	\$ 27.64	\$ 27.26	\$ 40.54	\$ 35.96	\$ 53.44	\$ 44.66	\$ 66.36
	71+	\$ 14.70	\$ 22.18	\$ 28.28	\$ 42.60	\$ 41.86	\$ 62.98	\$ 55.44	\$ 83.40	\$ 69.02	\$ 103.80
Tobacco Use	Age	Employee Only or Single Parent	Couple or Family	Employee Only or Single Parent	Couple or Family	Employee Only or Single Parent	Couple or Family	Employee Only or Single Parent	Couple or Family	Employee Only or Single Parent	Couple or Family
Policy Amount		\$ 30,000	\$ 30,000	\$ 35,000	\$ 35,000	\$ 40,000	\$ 40,000	\$ 45,000	\$ 45,000	\$ 50,000	\$ 50,000
Non-Tobacco	18-24	\$ 4.14	\$ 5.98	\$ 4.66	\$ 6.74	\$ 5.20	\$ 7.50	\$ 5.72	\$ 8.26	\$ 6.26	\$ 9.00
	25-29	\$ 4.26	\$ 6.22	\$ 4.78	\$ 6.98	\$ 5.32	\$ 7.72	\$ 5.84	\$ 8.48	\$ 6.36	\$ 9.24
	30-35	\$ 5.70	\$ 8.30	\$ 6.46	\$ 9.36	\$ 7.22	\$ 10.44	\$ 7.96	\$ 11.50	\$ 8.72	\$ 12.58
	36-39	\$ 7.56	\$ 11.24	\$ 8.60	\$ 12.78	\$ 9.66	\$ 14.32	\$ 10.72	\$ 15.86	\$ 11.76	\$ 17.40
	40-44	\$ 10.14	\$ 15.06	\$ 11.62	\$ 17.24	\$ 13.08	\$ 19.40	\$ 14.56	\$ 21.58	\$ 16.04	\$ 23.74
	45-50	\$ 14.28	\$ 21.16	\$ 16.46	\$ 24.34	\$ 18.62	\$ 27.52	\$ 20.80	\$ 30.70	\$ 22.96	\$ 33.88
	51-54	\$ 19.62	\$ 29.06	\$ 22.68	\$ 33.56	\$ 25.74	\$ 38.08	\$ 28.80	\$ 42.58	\$ 31.86	\$ 47.10
	55-60	\$ 26.32	\$ 39.14	\$ 30.52	\$ 45.34	\$ 34.70	\$ 51.56	\$ 38.88	\$ 57.74	\$ 43.08	\$ 63.96
	61-70	\$ 35.74	\$ 53.04	\$ 41.50	\$ 61.58	\$ 47.26	\$ 70.10	\$ 53.04	\$ 78.64	\$ 58.80	\$ 87.16
	71+	\$ 58.54	\$ 87.24	\$ 68.12	\$ 101.48	\$ 77.70	\$ 115.72	\$ 87.26	\$ 129.98	\$ 96.84	\$ 144.22
Tobacco	18-24	\$ 5.44	\$ 7.90	\$ 6.18	\$ 8.96	\$ 6.92	\$ 10.04	\$ 7.66	\$ 11.10	\$ 8.42	\$ 12.16
	25-29	\$ 5.56	\$ 8.12	\$ 6.30	\$ 9.20	\$ 7.04	\$ 10.26	\$ 7.78	\$ 11.34	\$ 8.52	\$ 12.40
	30-35	\$ 7.66	\$ 11.22	\$ 8.74	\$ 12.76	\$ 9.82	\$ 14.32	\$ 10.90	\$ 15.88	\$ 11.98	\$ 17.44
	36-39	\$ 11.16	\$ 16.56	\$ 12.80	\$ 19.00	\$ 14.46	\$ 21.42	\$ 16.12	\$ 23.84	\$ 17.76	\$ 26.26
	40-44	\$ 15.32	\$ 22.78	\$ 17.66	\$ 26.24	\$ 20.00	\$ 29.68	\$ 22.34	\$ 33.16	\$ 24.68	\$ 36.62
	45-50	\$ 22.18	\$ 32.88	\$ 25.66	\$ 38.02	\$ 29.14	\$ 43.14	\$ 32.62	\$ 48.28	\$ 36.12	\$ 53.42
	51-54	\$ 30.10	\$ 44.54	\$ 34.92	\$ 51.64	\$ 39.72	\$ 58.72	\$ 44.54	\$ 65.80	\$ 49.34	\$ 72.90
	55-60	\$ 42.02	\$ 62.44	\$ 48.82	\$ 72.52	\$ 55.62	\$ 82.58	\$ 62.42	\$ 92.66	\$ 69.22	\$ 102.76
	61-70	\$ 53.36	\$ 79.24	\$ 62.06	\$ 92.14	\$ 70.76	\$ 105.04	\$ 79.46	\$ 117.94	\$ 88.16	\$ 130.84
	71+	\$ 82.60	\$ 124.20	\$ 96.18	\$ 144.60	\$ 109.76	\$ 165.00	\$ 123.34	\$ 185.40	\$ 136.92	\$ 205.80

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

The Standard Supplement Life Insurance

Employee Supplemental Life Coverage

You may purchase optional Supplemental 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 \$100,000 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 Supplemental Life Coverage – You must be covered for Optional term life in order to cover eligible family members.

Spouse

You may purchase Supplemental Life Insurance on your spouse in \$10,000 increments to a maximum of \$500,000. *Newly eligible employees* may elect up to \$40,000 of coverage on a guaranteed issue basis – no proof of good health is required. Spouse life cannot exceed 100% of employee's supplemental amount. Spouse coverage terminates at age 70.

Children

You may purchase Supplemental 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 from birth to the end of the calendar year in which the child turns age 26.

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

If you terminate or retire you can convert or port 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.

The Standard Supplemental Life Rates

BI-WEEKLY COST OF INSURANCE

Employee

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Under 25	\$ 0.23	\$ 0.46	\$ 0.69	\$ 0.92	\$ 1.15
25-29	\$ 0.26	\$ 0.53	\$ 0.79	\$ 1.05	\$ 1.32
30-34	\$ 0.35	\$ 0.70	\$ 1.05	\$ 1.40	\$ 1.75
35-39	\$ 0.40	\$ 0.79	\$ 1.19	\$ 1.59	\$ 1.98
40-44	\$ 0.44	\$ 0.88	\$ 1.32	\$ 1.75	\$ 2.19
45-49	\$ 0.69	\$ 1.38	\$ 2.08	\$ 2.77	\$ 3.46
50-54	\$ 1.06	\$ 2.12	\$ 3.18	\$ 4.25	\$ 5.31
55-59	\$ 1.98	\$ 3.95	\$ 5.93	\$ 7.90	\$ 9.88
60-64	\$ 3.05	\$ 6.09	\$ 9.14	\$ 12.18	\$ 15.23
65-69	\$ 5.57	\$ 11.14	\$ 16.71	\$ 22.28	\$ 27.85
70-74	\$ 9.03	\$ 18.06	\$ 27.10	\$ 36.13	\$ 45.16
75+	\$ 9.51	\$ 19.02	\$ 28.52	\$ 38.03	\$ 47.54
Age	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 25	\$ 1.38	\$ 1.62	\$ 1.85	\$ 2.08	\$ 2.31
25-29	\$ 1.58	\$ 1.84	\$ 2.10	\$ 2.37	\$ 2.63
30-34	\$ 2.10	\$ 2.46	\$ 2.81	\$ 3.16	\$ 3.51
35-39	\$ 2.38	\$ 2.78	\$ 3.18	\$ 3.57	\$ 3.97
40-44	\$ 2.63	\$ 3.07	\$ 3.51	\$ 3.95	\$ 4.38
45-49	\$ 4.15	\$ 4.85	\$ 5.54	\$ 6.23	\$ 6.92
50-54	\$ 6.37	\$ 7.43	\$ 8.49	\$ 9.55	\$ 10.62
55-59	\$ 11.85	\$ 13.83	\$ 15.80	\$ 17.78	\$ 19.75
60-64	\$ 18.28	\$ 21.32	\$ 24.37	\$ 27.42	\$ 30.46
65-69	\$ 33.42	\$ 39.00	\$ 44.57	\$ 50.14	\$ 55.71
70-74	\$ 54.19	\$ 63.23	\$ 72.26	\$ 81.29	\$ 90.32
75+	\$ 57.05	\$ 66.55	\$ 76.06	\$ 85.57	\$ 95.08

Spouse

Age	\$10,000	\$20,000	\$30,000	\$40,000
Under 25	\$ 0.23	\$ 0.46	\$ 0.69	\$ 0.92
25-29	\$ 0.26	\$ 0.53	\$ 0.79	\$ 1.05
30-34	\$ 0.35	\$ 0.70	\$ 1.05	\$ 1.40
35-39	\$ 0.40	\$ 0.79	\$ 1.19	\$ 1.59
40-44	\$ 0.44	\$ 0.88	\$ 1.32	\$ 1.75
45-49	\$ 0.69	\$ 1.38	\$ 2.08	\$ 2.77
50-54	\$ 1.06	\$ 2.12	\$ 3.18	\$ 4.25
55-59	\$ 1.98	\$ 3.95	\$ 5.93	\$ 7.90
60-64	\$ 3.05	\$ 6.09	\$ 9.14	\$ 12.18
65-69	\$ 5.57	\$ 11.14	\$ 16.71	\$ 22.28

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 (STD) 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 eligible 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) 756-5951.

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).

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 (LTD) 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

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 and a half (17.5) 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

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