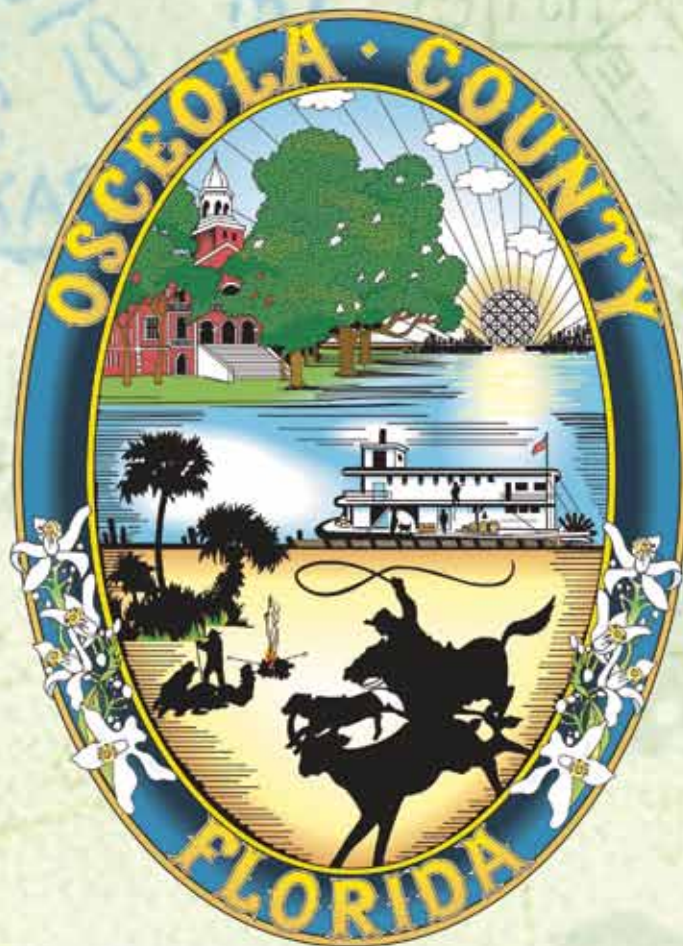


# OSCEOLA COUNTY PASSPORT TO WELLNESS



## EMPLOYEE BENEFITS SUMMARY

2010 - 2011



**Osceola County Government**  
**1 Courthouse Square, 2nd Floor**  
**Kissimmee, FL 34741**

<p><b>Employee Benefits Department</b>          Phone: (407) 742-1256          Email: nhea@OSCEOLA.org</p>	<p><b>Benefits Online</b>  <a href="http://share/SITES/HR/Pages/Benefits.aspx">http://share/SITES/HR/Pages/Benefits.aspx</a>          Inside Osceola</p>
<p style="text-align: center;">Medical Insurance</p>	<p style="text-align: center;">Pharmacy</p>
<p style="text-align: center;"><b>CIGNA Healthcare</b>          Customer Service: (800) 244-6224  <a href="http://www.CIGNA.com">www.CIGNA.com</a>          Members: <a href="http://www.MyCIGNA.com">www.MyCIGNA.com</a></p>	<p style="text-align: center;"><b>CIGNA Healthcare</b>          Customer Service: (800) 244-6224          Tel-Drug Mail Order: (800) 835-3784  <a href="http://www.CIGNA.com">www.CIGNA.com</a>          Members: <a href="http://www.MyCIGNA.com">www.MyCIGNA.com</a></p>
<p style="text-align: center;">Dental Insurance</p>	<p style="text-align: center;">Employee Assistance Program (EAP)</p>
<p style="text-align: center;"><b>CIGNA Dental</b>          Customer Service: (800) 244-6224  <a href="http://www.CIGNA.com">www.CIGNA.com</a>          Members: <a href="http://www.MyCIGNA.com">www.MyCIGNA.com</a></p>	<p style="text-align: center;"><b>CIGNA Behavioral Health</b>          Customer Service: (877) 622-4327  <a href="http://www.CIGNABehavioral.com">www.CIGNABehavioral.com</a></p>
<p style="text-align: center;">Basic Life / AD&amp;D          Additional Employee &amp; Dependent Life/AD&amp;D</p>	<p style="text-align: center;">Vision Insurance</p>
<p style="text-align: center;"><b>CIGNA Group Insurance</b>          Call County Employee Benefits Department to          Report a Claim: 407-742-1256</p>	<p style="text-align: center;"><b>Humana</b>          Customer Service: (866) 537-0229  <a href="http://www.HumanaVisionCare.com">www.HumanaVisionCare.com</a></p>
<p style="text-align: center;">Short Term Disability</p>	<p style="text-align: center;">Long Term Disability</p>
<p style="text-align: center;"><b>CIGNA Group Insurance</b>          To Report a Claim: (800) 362-4462</p>	<p style="text-align: center;"><b>CIGNA Group Insurance</b>          To Report a Claim: (800) 362-4462</p>
<p style="text-align: center;">Medical &amp; Dependent Care          Flexible Spending Account</p>	<p style="text-align: center;">Supplemental Insurance</p>
<p style="text-align: center;"><b>EBC</b>          Customer Service: (800) 346-2126  <a href="http://www.ebcflex.com">www.ebcflex.com</a></p>	<p style="text-align: center;"><b>Agent – Ren Taylor</b>          Customer Service: (407) 933-2145  <a href="mailto:erentaylor@aol.com">erentaylor@aol.com</a></p>



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**Open Enrollment Information**

Open enrollment meetings are scheduled from July 27th to August 13th. During these meetings, the County will have a brief overview of the plans offered followed by one on one meetings with Human Resources staff, CIGNA representatives, and Bouchard Insurance representatives to further assist you in answering questions.

The County’s online enrollment system opens July 30th and closes on August 13th. If you do not participate in open enrollment, you will be enrolled in the base HRA medical plan and those additional plans similar to your prior year’s elections – including optional benefits with any new adjusted premium.

To assist you with your individual questions and help you understand the medical plan choices available for 2010:

**Call CIGNA’s Enrollment Hotline at 1-800-401-4041**

Remember it is your responsibility to review the open enrollment information.



## 2010 – 2011 Plan Year Overview

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Osceola County Government offers a wide range of benefits to our benefit eligible employees, so that you may select the benefit plans that best fit your needs. This booklet will briefly describe those programs which include medical, dental, vision, life, disability, employee assistance program, flexible spending accounts, and supplemental policies. During open enrollment, all benefit eligible employees can make changes to their current elections or add new coverage.

The County has made a number of significant changes to the benefits offered to benefit eligible employees for the 2010 – 2011 plan year. Once again the County will be able to provide a medical plan at no cost to a single employee, while offering two buy-up options that the employee may elect instead at a cost to the employee. As always employees may elect to cover their dependents and the County will continue to offset some of those costs.

**Some of the new plan highlights are as follow (please see the respective sections in this booklet for more details):**

**Medical** - The County's basic medical plan will be a Health Reimbursement Account (HRA) plan and will be free to employees electing single coverage. This plan has no copays, as all medical and pharmacy services are subject to deductible and coinsurance. For the HRA plan only, the County will contribute \$500 for single employees or \$1,000 for employees with dependents into a separate fund to help offset medical expenses. In addition, two buy-up options are offered at a cost to employees. These two plans include a combination of benefits covered by copays, deductible, and coinsurance – similar to the current medical plans.

**Dental** - The County will continue to offer a PPO plan with coverage provided for both in-network and out-of-network dentists. While the annual plan maximum has been reduced from \$2,000 to \$1,000, the County has decided to offer orthodontia benefits as part of the plan this year. Each covered child under the age of 25 will have a \$1,000 lifetime benefit for orthodontia services.

**Vision** - The voluntary vision benefits and rates have not changed this plan year.

**Life** - Please review the life section of this booklet that shows enhancements to the life plan this year that include, will preparation services, CIGNA secure travel services, identity theft services, and beneficiary services. Also, note that the County's new life company, CIGNA, is offering a one time open enrollment, where any employee may elect to purchase additional employee, spouse, or dependent coverage regardless of current health conditions. This is a tremendous opportunity to purchase additional life insurance – no questions asked and you can't be denied coverage. This offer will not be available again during next year's open enrollment.

**Disability** - Both short term and long term disability will continue to be paid by the County and will be provided through CIGNA this plan year. Employees will continue to have the option to buy-up additional coverage. Effective this plan year, both short term and long term coverage include residual (partial) benefits.  
*Note: This year CIGNA is offering a one time open enrollment, where any employee may elect to purchase buy-up disability coverage regardless of your current health condition.*

**Employee Assistance Plan** - The EAP plan, now offered through CIGNA, will continue to provide confidential assistance to help employees balance the issues of daily living.

**Medical Flexible Spending Accounts** - Allows employees with predictable medical expenses the opportunity to save money – on a tax advantage basis – to help with future expenses.

**Dependent Care Flexible Spending Accounts** - This new benefit, will allow employees to save or set aside money – on a tax advantage basis – that will be used to pay for child care or elderly care expenses.

**Supplemental Insurance** - Employees may want to speak with the County's AFLAC representatives about plans that can help offset expenses incurred by planned or unplanned life events.

There are certain situations in which you must take action. Please note that if you participated in a flexible spending account (FSA) and do not complete the enrollment process online, your 2009-2010 FSA will not continue for the 2010-2011 plan year. If you wish to enroll, modify, or cancel your AFLAC supplemental coverage, you must meet with an AFLAC representative, as these products are not included in the County's online enrollment system.



The County's group insurance plan year is October 1st through September 30th. For new hires eligible to participate in the County's group insurance plans, coverage will be effective the first of the month following 60 days of employment. Example: if you are hired on February 11th, your coverage will be effective on May 1st. If you separate employment with the County, your health insurance will continue through the end of the month in which the separation occurred. Contact the Employee Benefits Department if further clarification regarding group insurance eligibility is required.

## Eligible Employees are:

- Full-time, active employees working at least 30 hours per week
- Retirees

## Dependent Coverage:

You may also elect coverage for your dependents, including spouse and unmarried children defined as follows:

- Legal spouse
- Natural child
- Step child
- Legally adopted child
- Foster child
- Child for whom legal guardianship has been awarded

## Dependent Eligibility Age Requirements

Coverage may continue to end of calendar year in which the dependent reaches the age of 26 if:

- The child is dependent upon the policyholder for support;
- The child is living in the household of the policyholder, or the child is a full-time or part-time student;

Medical coverage may continue past the age of 26 to the end of the calendar year in which the dependent reaches age of 30 if:

- The child is unmarried with no dependents; and
- The child is a resident of Florida, or a full-time or part-time student;
- The child is not eligible for benefits at their place of work and not entitled to Medicare

If you elect coverage for a dependent age 26-30, you will be subject to an additional premium payroll deduction over and above the applicable family contribution based on your selected tier of coverage. This additional premium deduction will be deducted on a post-tax basis.

## Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age of 30 if the dependent is physically or mentally disabled, coverage began prior to age 19, and dependent has continuously been insured.

## Where Do I Find the Most up to Date List of Network Physicians?

You can find the most up to date listing of network physicians on CIGNA's website. Go to [www.cigna.com](http://www.cigna.com) then click on "Find a Doctor". The next prompt will ask you what type of plan do you have, select "Open Access Plus" to find a provider, and finally select the type of physician you are seeking.



## Medical Plan Overview

Osceola County Government is pleased to offer you the choice of three health plans this year. For the 2010-2011 plan year you may choose one of the following health plans:

**CIGNA Health Reimbursement Account (HRA) Plan** – An HRA is a high deductible medical plan with an account funded by the County that provides first dollar coverage, or money set aside to offset initial medical expenses. The plan has no copayments, as all non-preventative medical services and pharmacy services are subject to deductible. Once the deductible is met, employees share in the expenses – called coinsurance – until you meet your maximum out-of-pocket. Once you have met your maximum out-of-pocket for the plan year, all further expenses are covered and paid at 100% by the plan.

Coverage is obtained through a set network of physicians and providers. This plan allows you to self refer to specialists. There will be no benefits payable if you choose to obtain medical services from a provider outside of the network.

*Note: Families will be subject to a collective family deductible, meaning that family members must meet the family deductible before coinsurance begins. The family deductible may be satisfied by medical and pharmacy expenses incurred by one or more family members.*

**CIGNA Open Access Plus In-Network (OAPIN) Copay Plan** – Plan provides a high level of coverage through a set network of physicians and providers. This plan allows you to self refer to specialists. While you won't be required to select a Primary Care Physician, it is always a good idea to allow your physician to help coordinate your health care.

*Note: There will be no benefits payable if you choose to obtain medical services from a provider outside of the network.*

**CIGNA Open Access Plus (OAP) Copay Plan** – This plan allows individuals the ability to choose to obtain services from either in-network or out-of-network providers. Plan provides a high level of coverage through a set network of physicians and providers. The plan does allow you to self-refer to specialists. While you won't be required to select a Primary Care Physician, it is always a good idea to allow your physician to help coordinate your health care.

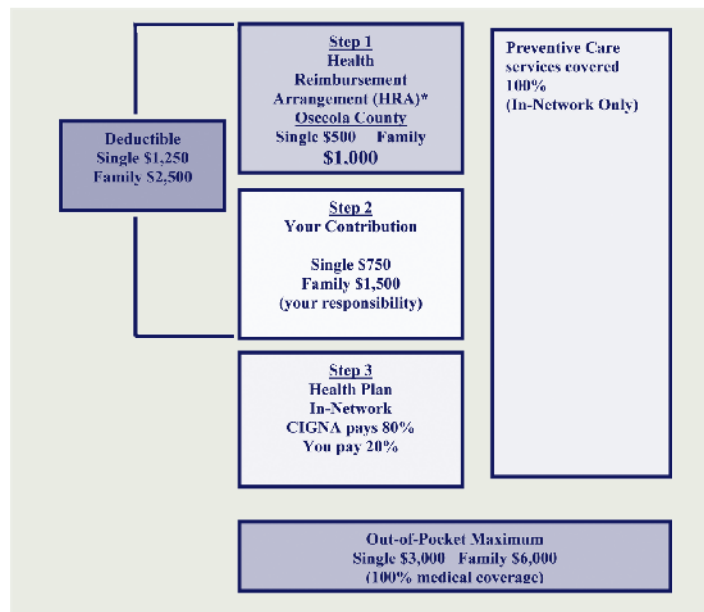
You also have benefits when you go outside the network, but if the provider you elect to see is not contracted by CIGNA they are not obligated to accept CIGNA's payment allowance and may bill you for any unpaid balance.

## What is an HRA?

As stated previously, an HRA is a high deductible medical plan with an account funded by the County that provides first dollar coverage, or money set aside to offset initial medical expenses. Key features of the County's HRA plan include the following:

- The County will contribute \$500 for single employees or \$1,000 for employees with dependents into a separate fund to help offset medical expenses – expenses limited to medical and pharmacy expenses only.
- When a member obtains services, CIGNA's claim system will automatically use HRA funds first. Once a member's HRA fund is exhausted, the member will then be responsible for the remainder of the plan deductible, and then coinsurance until the out-of-pocket maximum is satisfied. For employees planning to incur expenses exceeding the HRA fund, the County offers the flexible spending accounts and supplemental insurance as options to offset additional, predictable expenses.
- Any employee with covered dependents, will be subject to a collective family deductible, meaning that family members must meet the family deductible before coinsurance begins. The family deductible may be satisfied by medical expenses incurred by one or more family members.
- Preventative services including annual physicals, well child exams, well adult and woman exams, i.e., annual mammogram, pap smear, etc., are covered 100%.
- 100% coverage for preventative generic drugs – see Human Resources or [www.mycigna.com](http://www.mycigna.com) for complete list.

### The following is a diagram of how the HRA plan works:





### The following are important tools made available to County employees through CIGNA:

- HRA members will be provided a personal CIGNA HRA Advisor/Coach consisting of nurses, behavioral clinicians, and health educators that will provide outreach, support, and direction for those members who are enrolled in the HRA.
- Members can track and predict healthcare expenses under the HRA using the Rx pricing tool and Quicken Health Expense Tracker on mycigna.com.
- Members in mycigna.com can take the Health Risk Assessment to evaluate current health status, increase health awareness and potential future risk factors, engage in online programs and Health Coaching to improve general health outcomes.

### MyCIGNA.com

MyCIGNA.com is CIGNA's member self-service website. This secure website provides you with 24-hour access to many self-service choices and other health related information. Personalized and convenient, log on to mycigna.com to:

- View your personal information
- Review your / dependent coverage
- Learn about your benefits
- Find a provider / facility
- View the status of claims
- View explanations of benefits (EOB)
- Communicate with Customer Service
- Search frequently asked questions
- Order a new ID card or print temporary one
- Learn about CIGNA's value-added programs

### Healthy Rewards

CIGNA's Healthy Rewards program provides access to a full range of health and wellness programs which are often not covered by traditional benefits. To learn about these programs, simply call 1-800-870-3470 or log in to [www.cigna.com](http://www.cigna.com). Healthy Rewards discounts are available by participating providers for such services as:

- Acupuncture
- Fitness clubs
- Laser vision care
- Smoking cessation
- Natural supplements
- Hearing exams and aids
- Massage therapy
- Weight management
- And much more!

### 24-Hour Health Information Line: (800) 564-8982

The CIGNA 24-Hour Health Information Line provides you access to helpful, reliable information on a wide range of topics 24 hours a day, any day of the year. You can listen to tapes on topics that include aging, women's health, nutrition and surgery. The tapes are regularly updated to include new treatments and medical data. You can also speak with a health information nurse at any time during the call - even if you are in the middle of a health information library tape.

*Note: for emergencies, you will be directed to call 911.*

### CIGNA's Mail Order Program May Save You \$\$\$

Do you or anyone in your family take daily medication for management of a disease like high blood pressure, cholesterol, or insulin injections for diabetes? Instead of purchasing a 30 day (one month) supply of drugs each month at your local retail store, you may utilize CIGNA's mail order program and receive a 90 day (3 months) supply of prescription medication for payments equal to two month's cost - a savings equal to one month's cost. Mail order prescription drugs are mailed directly to you. Contact CIGNA to learn how to enroll in the mail order program and begin saving money!

*Note: Birth control medications may also be purchased through CIGNA's mail order program.*



# Medical Plans at a Glance - CIGNA

Plan	HRA	OAPIN	OAP	
	In-Network	In-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	\$1,000,000
Contract Year Deductible (Single Family)	\$1,250 \$2,500 Collective	\$500 \$1,000	\$500 \$1,000	\$1,000 \$2,000
Employer Fund (Single/Family)	\$500 \$1,000	None	None	None
Out-of-Pocket Maximum (Single/Family)	\$3,000 \$6,000	\$3,000 \$6,000	\$3,000 \$6,000	\$6,000 \$12,000
Coinsurance Levels	80%	80%	80%	60%
Primary Care Physician Office Visits	20% after plan deductible	\$25	\$25	40% after plan deductible
Specialist Office Visit	20% after plan deductible	\$35 CCN \$50 Non-CCN	\$35 CCN \$50 Non-CCN	40% after plan deductible
Preventative Services (including Annual Physicals, Well Child exams, and Well Woman exams)	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Inpatient Hospital Facility	20% after plan deductible	20% after plan deductible	20% after plan deductible	40% after plan deductible
Outpatient Facility Services	20% after plan deductible	20% after plan deductible	20% after plan deductible	40% after plan deductible
Emergency Room	20% after plan deductible	\$200	\$200	\$200
Urgent Care	20% after plan deductible	\$75	\$75	\$75
Laboratory and Radiology Services	20% after plan deductible	No Charge	No Charge	40% after plan deductible
Advanced Radiological Imaging (MRI, MRA, CAT and PET Scans)	20% after plan deductible	20% after plan deductible	20% after plan deductible	40% after plan deductible
Outpatient Short Term Rehabilitation Therapy	20% after plan deductible	\$35	\$35	40% after plan deductible
Outpatient Cardiac Rehabilitation	20% after plan deductible	\$35	\$35	40% after plan deductible

# Pharmacy Plans at a Glance - CIGNA



Plan	HRA	OAPIN	OAP	HRA
Benefits	In-Network	In-Network	In-Network	In-Network
Retail Stores – 30 Day Supply				
Deductible	Combined with Medical, Deductible must be satisfied first	None	None	None
Generic	\$7*	\$7	\$7	None
Preferred Brand	30% Min \$25 Max \$45	30% Min \$25 Max \$45	30% Min \$25 Max \$45	None
Non-Preferred Brand	30% Min \$50 Max \$75	30% Min \$50 Max \$75	30% Min \$50 Max \$75	None
Out-of-Pocket Maximum	Combined with Medical	None	None	None
Mail Order – 90 Day Supply				
Deductible	Combined with Medical, Deductible must be satisfied first	None	None	None
Generic	\$14*	\$14	\$14	None
Preferred Brand	30% Min \$50 Max \$90	30% Min \$50 Max \$90	30% Min \$50 Max \$90	None
Non-Preferred Brand	30% Min \$100 Max \$150	30% Min \$100 Max \$150	30% Min \$100 Max \$150	None
Out-of-Pocket Maximum	Combined with Medical	None	None	None

\* No cost for preventive generic drugs

## 2010 - 2011 Medical Plan Deductions (26 Deductions)



Plan	HRA	OAPIN	OAP
Employee	\$0.00	\$26.76	\$39.74
Employee + 1 Dependent	\$52.02	\$101.65	\$125.02
Family	\$80.25	\$158.48	\$194.84
Dual	\$0.00	\$53.51	\$79.49
Dual + Dependent	\$51.17	\$129.41	\$165.77



## Dental - CIGNA

Osceola County Government has contracted with CIGNA to provide dental benefits to you and your dependents. Each person covered under the plan has the freedom to visit any dentist. There may be savings advantages to receiving care from an in-network dentist because your out-of-pocket costs tend to be lower than visiting out-of-network dentists.

When you visit an in-network dentist, payment is based on the PPO fee schedule. The in-network dentist has agreed to accept this fee as the approved amount. Although you are responsible for deductible and co-insurance, the in-network dentist cannot bill you for covered charges above the approved amount.

Out-of-network dentists are not obligated to accept CIGNA negotiated fee and may bill you for any unpaid balance. Generally, out-of-network dentists will require payment at time of service and then you will have to file a claim form with CIGNA for applicable reimbursement.

### New dental plan features include:

- Orthodontia benefits are now covered! This is a new benefit and will provide \$1,000 of lifetime benefits per covered child up to age 25.
- Annual plan maximum has been reduced from \$2,000 to \$1,000.
- New hires will have 50% of the stated Basic and Major service benefits during the first 12 months of being covered on the plan. This provision only applies to Basic and Major services and only applies to new hires.
- Sealants are now covered under Preventative services meaning that coverage will be paid at 100% and not subject to deductible.

*Note: Members may be subject to balance billing if utilizing an out-of-network dentist.*

- Members participating in both the CIGNA medical and dental plans may be eligible for additional cleanings IF the member is enrolled and participating in CIGNA's Well Aware Cardiovascular program, Well Aware Diabetes program, or Maternity program. Contact CIGNA's Customer Service at 1-800-244-6224 before obtaining additional cleanings.

### Taking Care of Children's Teeth

Children need a balanced diet to help the development of their bodies, including teeth. Discourage snacks that are high in sugar or starch and sticky foods. Pay special attention to your child's teeth during the teenage years, when almost all permanent teeth are in. Decay most often occurs during this time, due to dietary changes and inadequate dental hygiene.

Regular at home preventative care – brushing and flossing after every meal – can help keep dental problems to a minimum. From age 2, children should begin to brush their own teeth with a parent's help. After age 8, children can brush and floss alone, with an occasional check by an adult.

The American Academy of Pediatric Dentistry recommends taking your child to the dentist before his or her first birthday, followed by visits every six months.



## 2010 – 2011 Dental Plan Deductions (26 Deductions)

Plan	Dental – Deduction Per Paycheck
Employee	\$0.00
Employee + 1 Dependent	\$9.44
Family	\$17.16
Dual	\$0.00
Dual + Dependent	\$8.58

# CIGNA - Dental Benefit Summary - Preferred Provider (PPO) Plan



<b>Benefit Highlights</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Calendar Year Deductible (Single/Family)	\$50 \$150	\$50 \$150
Plan Annual Maximum	\$1,000	\$1,000
Deductible Waived for Preventative Services	Yes	Yes
Waiting Period	50% coverage on Class III and IV for 12 months	
Preventative Services <ul style="list-style-type: none"> <li>• Periodic Exams</li> <li>• Cleanings</li> <li>• Fluoride Treatments</li> <li>• X-rays</li> <li>• Sealants</li> </ul>	100%	100%
Basic Services <ul style="list-style-type: none"> <li>• Filings / Amalgams</li> <li>• Extractions</li> <li>• Root Canals (Endodontics)</li> <li>• Gum Treatment (Periodontics)</li> </ul>	80%	80%
Major Services <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Dentures</li> <li>• Prosthetics</li> <li>• Bridges</li> </ul>	50%	50%
Orthodontia Services	50%	
Lifetime Maximum per Child	\$1,000	
Child Age Limitation	Age 25	

**Note:**

1. Out-of-network charges in excess of Maximum Reimbursable Charge do not apply to individual's out-of-pocket maximum.
2. Teeth missing prior to coverage under CIGNA Dental plan are not covered.

## How Does the Dental Plan Work?

Sample claim payment – Claim payment for D2150 two (2) surface amalgam fillings (Basic Service):

	In-Network	Out-of-Network
	Dentist	Dentist
Dentist Submitted Amt	\$125.00	\$125.00
CIGNA Approved Amt	\$75.00	\$125.00
CIGNA Allowed Amt	\$75.00	\$75.00
CIGNA Payment*	\$60.00	\$60.00
Patient Payment*	\$15.00	\$65.00

\*Assume calendar year deductible has been met.



Benefit Highlights	In-Network	Out-of-Network
Copay	\$10 Exam \$15 Materials	Not Applicable
Vision Exam	100% after Copay	\$35 Allowance
<b>Materials</b>		
Lenses		
Single Vision Lens	100% after Copay	\$25 Allowance
Bifocal	100% after Copay	\$40 Allowance
Trifocal	100% after Copay	\$60 Allowance
Frames*	\$50 Wholesale Frame Allowance	\$45 Retail Allowance
<b>Contact Lenses</b>		
Elective	\$150 Contact Lens Allowance	\$150 Contact Lens Allowance
Medically Necessary**	100%	\$300 Allowance
<b>Frequency of Service</b>		
Examination	Once Every 12 Months	
Lenses or Contacts	Once Every 12 Months	
Frames	Once Every 24 Months	
Wholesale Frame Allowance	\$100 -\$150 approximate retail value	
Contact Lens Allowance	The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15% discount on professional service fees. The discount for professional services is available for 12 months after the covered eye exam.	

### Early Detection of Vision Problems is Critical

The leading causes of irreversible blindness – glaucoma, diabetic retinopathy, cataracts, and macular degeneration – advance without pain and other symptoms in their earliest stages. Eighty percent of the world’s blindness is preventable, according to the International Agency for the Prevention of Blindness.



### 2010 – 2011 Vision Plan Deductions (26 Deductions)

Plan	Vision - Deduction Per Paycheck
Employee	\$2.64
Employee + 1 Dependent	\$5.27
Family	\$7.05



## What's Not Covered?

The following are not covered by the HumanaVision plan:

- Ortho-optics or vision training
- Replacement of broken or lost frames and lenses
- Two pairs of glasses in lieu of bifocals
- Workers' Compensation-provided materials
- Any employer-required exam
- Other group plan-provided services or materials

## How does the wholesale frame allowance work?

In-network benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference – they never pay full retail.

## Does the plan include benefits for Lasik?

Members receive substantial reductions when procedures are done by in-network providers. Members can expect to pay no more than \$1,800 per eye for conventional Lasik procedures and \$2,300 per eye for custom Lasik or they can use designated TLC Vision Lasik Advantage Centers that have the following fixed prices:

- |                               |                 |
|-------------------------------|-----------------|
| • Conventional Lasik          | \$ 895 per eye  |
| • Custom Lasik                | \$1,295 per eye |
| • Custom Lasik with IntraLase | \$1,895 per eye |

## Does the HumanaVision plan offer any additional discounts?

Yes, the plan offers members the following additional discounts:

- Members receive additional fixed copayments on lens options including anti-reflective and scratch-resistant lenses.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the in-network provider who sold the initial pair of eyeglasses.
- After copayment, standard polycarbonate are available at no charge for dependents less than 19 years old.

## Vision Impacts Overall Health

Periodic eye exams are an important part of routine preventative healthcare. Many eye and vision conditions have no obvious symptoms and employees may be unaware of problems, therefore early diagnosis and treatment are important for maintaining good vision and preventing permanent vision loss. Eye exams can detect symptoms of diseases such as diabetes, hypertension, multiple sclerosis, brain tumors, osteoporosis and rheumatoid arthritis.





### Life / Accidental Death & Dismemberment (AD&D)

The County will provide all full-time, benefit eligible employees a Group Term Life Insurance policy equal to one times annual earnings rounded to the next higher multiple of \$1,000, if not already an exact multiple thereof. This policy also includes a double indemnity provision for accidental death. Double indemnity means the policy will pay twice the amount of coverage. This is provided at no cost to you.

Retirees of the County are eligible for \$10,000 of Group Term Life/AD&D. You pay for the cost of your coverage if you are a retired employee.

The policy also includes an accelerated benefit provision that allows you to receive up to 75% of the coverage paid to you if you are diagnosed with a terminal illness and have six months or less to live.

*Note: If you choose to receive proceeds under the accelerated benefit provision, your beneficiary will only receive the remainder of your initial life insurance amount.*

Group Term Life/AD&D Insurance benefits reduce at older ages. Once you attain age 70, your Life/AD&D insurance benefits will reduce to 65% of your original amount. Once you attain age 75, your Life/AD&D insurance benefits will reduce to 50% of your original amount.

The following summary highlights some, but not all of the provisions found in your Group Term Life/AD&D Insurance policy:

- Waiver of premium provision. This provision enables the County and you the ability to waive the collection of premiums while keeping the life coverage in force after you have been disabled for 180 continuous days prior to turning age 60.  
*Note: CIGNA must certify your disability before the waiver of premium begins.*
- Upon termination of life coverage, you have the right to convert your term life insurance into permanent life insurance regardless of your physical condition and without a medical examination. You cannot be denied coverage. You will be responsible for paying the premiums for a conversion policy. You must apply for conversion within 31 days of termination or loss of benefits.
- Seat Belt benefit provision is included in your AD&D coverage. Your policy may pay your beneficiary an additional \$10,000 in AD&D benefits if you sustain an accidental bodily injury which causes your death while driving or riding in a private passenger car while wearing your seat belt. In addition to the seat belt benefit, if an air bag deploys in the same accident, your beneficiary may be eligible to receive an additional \$5,000 in AD&D benefits.  
*Note: In order to receive the seat belt and air bag benefits you must qualify to receive AD&D benefits first.*
- Portability and Conversion provisions are included in your life coverage. Portability means that employees terminating employment with the County may continue coverage at term insurance rates. Conversion means employees terminating may convert coverage to permanent life insurance. Each provision has separate eligibility requirements – please contact CIGNA to see which you may qualify for if you leave County employment and wish to maintain your life coverage.

### New Coverages Added this Plan Year:

- CIGNA is offering a one time open enrollment, where any employee may elect to purchase additional employee, spouse, or dependent coverage regardless of current health conditions. This is a tremendous opportunity to purchase additional life insurance – no questions asked and you can't be denied coverage. This offer will not be available again during next year's open enrollment.
- Will preparation services allow you and your family to create a Last Will and Testament, Living Will, Healthcare Power of Attorney and a Financial Power of Attorney as well as creating a Medical authorization for Minors all at no additional cost.
- CIGNA Secure Travel. This new feature to your policy protects you and your family by providing you with comprehensive worldwide travel assistance. If you or a covered family member is sick/injured while traveling this coverage will pay to transport that member back home or for you to travel to that family member; this includes cash and travel arrangements. Also, provided medical referrals and prescription assistance as well as legal or translation/interpretation assistance.
- Identity Theft Information and Resolution Service will provide you and your family with education on how to avoid and identify identity theft. This includes one on one person assistance 24/7 until your case is resolved. It also provides all paperwork and filings in the case of identity theft or the ability to run a report to see if your identity has been stolen. Lastly, you can receive free credit reports through this service.
- Felonious Assault and Violent Crime Enhancement states that in the event a covered Employee is assaulted while on the job (on or off Osceola County premises) they will receive an additional 10% of the AD&D benefit up to \$10,000 for an Accidental Death or Dismemberment Loss.
- CIGNAssurance Program for Beneficiaries. Immediate access to Life or AD&D Insurance proceeds via personalized drafts on an interest bearing account. One on one Bereavement counseling with trained, certified CIGNA Behavioral Health Specialists. Free legal consultations and discounted professional legal services with a network of licensed practicing attorneys. Free Consultation with experienced financial professionals and referrals for additional assistance.

## Additional Life for Employees - CIGNA



### Additional Purchasing Options

You may purchase additional Life/AD&D insurance in increments of \$10,000 up to the lesser of five (5) times your annual earnings or \$300,000. The guarantee issue limit is \$200,000 for active employees and \$100,000 for retirees. Guarantee issue means you do not have to provide evidence of good health and cannot be turned down for any reason during your initial enrollment period. *Note: If you waive additional Life/AD&D during the initial enrollment period or decide to increase coverage in the future you will have to provide evidence of good health to CIGNA so that they can then determine if you are approved or denied for the additional Life/AD&D.*

## Additional Life for Dependents - CIGNA



### Additional Purchasing Options

You must purchase additional Life/AD&D coverage on yourself (employee or retiree) before you can enroll your spouse in additional Life/AD&D or child(ren) in the additional Life program. The cost of additional life is paid 100% by the employee or retiree.

You may purchase additional Life/AD&D insurance on your spouse in increments of \$10,000 up to the lesser of 100% of the employee's benefit or \$300,000. The guarantee issue limit for a spouse is \$10,000. Guarantee issue means your spouse does not have to provide evidence of good health and cannot be turned down for any reason during the initial enrollment period. *Note: Spouses of retirees are eligible for additional life only.*

You may purchase additional life on your child(ren) depending on their age. Birth to 6 months \$500 and 6 months to Age 25 by choosing one of three option amounts: (1) \$2,000, (2) \$5,000, or (3) \$10,000. If you have one child or five children, the amount of coverage selected will apply to each child individually. The guarantee issue limit for child(ren) is \$10,000. Guarantee issue means your child(ren) do not have to provide evidence of good health and cannot be turned down for any reason during the initial enrollment period.

*Note: If you waive additional life for your spouse or child(ren) during the initial enrollment period or decide to increase coverage in the future, you will have to provide evidence of good health to CIGNA so that they can then determine if you are approved or denied for the additional life.*

## Who can I name as a beneficiary for life insurance?

You may name any person, organization or trust as your life insurance beneficiary, and under most circumstances may change your beneficiary at any time. Assuming you name an individual as your beneficiary, the person or person(s) to whom your life insurance will be paid at the time of your death is the primary beneficiary. A secondary beneficiary is the person or person(s) to whom your life insurance will be paid at the time of your death if your primary beneficiary has predeceased you.

The wording of your beneficiary designation is very important as it can have drastic effects on how the insurance proceeds are paid out. It's prudent to check with an insurance or legal professional before designating a beneficiary. It's also a good idea to review, and update if necessary, your beneficiary designation during annual enrollment or anytime you experience a life changing event (marriage, divorce, birth of child, etc.).

### Important to Know

CIGNA is offering a one time open enrollment, where any employee may elect to purchase additional employee, spouse, or dependent coverage regardless of current health conditions. This is a tremendous opportunity to purchase additional life insurance - no questions asked and you can't be denied coverage. This offer will not be available again during next year's open enrollment.

If you or your spouse want to enroll for an amount of life insurance greater than the guarantee issue amount or have previously waived additional life insurance and want to enroll for the first time, you must provide evidence of good health. Please see your Human Resources Department for more details.



## How can I calculate the cost of additional life insurance?

Please look at the rate table and example below.

Monthly Rates Per \$10,000 of Life Insurance				
Age	Employee	Employee Spouse	Retiree	Retiree Spouse*
Less than 30	\$1.17	\$1.17	\$1.27	\$0.87
30-34	\$1.25	\$1.25	\$1.35	\$0.87
35-39	\$1.69	\$1.69	\$1.79	\$0.95
40-44	\$2.81	\$2.81	\$2.91	\$1.39
45-49	\$4.95	\$4.95	\$5.05	\$2.51
50-54	\$7.69	\$7.69	\$7.79	\$4.65
55-59	\$13.12	\$13.12	\$13.22	\$7.39
60-64	\$15.66	\$15.66	\$15.76	\$12.82
65-69	\$29.88	\$29.88	\$29.98	\$15.36
70-74	\$53.28	\$53.28	\$53.38	\$29.58
75+	\$78.98	N/A	\$79.06	N/A

\* Retiree spouse rates do not include AD&D coverage. All other rates include AD&D.

Note: As employees, retirees and their respective spouses age, the rate per \$10,000 will increase when future birthdays cause an individual to move into a new age bracket at increased rates. The rate change only takes place at plan anniversary.

Child(ren) monthly rates are: \$0.40 for \$2,000; \$1.00 for \$5,000; and \$2.00 for \$10,000

## How to calculate the additional Life/AD&D monthly premium:

### Formula for Additional Life:

Step 1: Select Desired Amount / 10,000 = Number of Units

Step 2: Number of Units x Rate per \$10,000 = Monthly Cost

#### Example:

Employee, age 36, wants to purchase \$50,000 of additional Life/AD&D insurance for themselves, \$10,000 of Life/AD&D coverage for their spouse (age 32), and \$5,000 Life/AD&D coverage for each of their three (3) children.

Employee Cost =  $\$50,000 / 10,000 = 5$  units  
 $5 \times \$1.69 = \$8.45$  per month for \$50,000 of Life/AD&D

Spouse Cost =  $\$10,000 / 10,000 = 1$  unit  
 $1 \times \$1.25 = \$1.25$  per month for \$10,000 of Life/AD&D

Children Cost = \$1.00 per month for \$5,000 of Life/AD&D

**This Employee's Total Cost is \$10.70 Per Month or \$4.94 Per Paycheck**



The County is pleased to offer group short term disability to all full-time, active employees. The purpose of short term disability is to provide a weekly benefit to those who are sick or hurt and cannot work.

*Note: You are not eligible for short term disability benefits due to an occupational sickness or injury as this is a Workers' Compensation issue.*

### Why do I need Short Term Disability?

A short term disability does not have to put your life or income on hold. The short term disability insurance plan provides a stable income to carry you and your family through a temporary disability.

### Plan Features

- Benefits begin after you are disabled for 14 consecutive days due to an injury or sickness  
(*Note: Your accumulated sick leave days must be exhausted before benefit payments begin.*)
- Benefits, provided by the County, pay 60% of your weekly earnings to a maximum of \$2,300 per week (minimum of \$25 per week)
- You may purchase coverage that pays an additional 10% of your weekly earnings to a maximum of \$2,300 per week (combined with County paid coverage)
- Benefits are payable up to 24 weeks
- Residual (Partial) Benefit - The policy includes a provision for disabled employees to receive residual (partial) benefits for those employees who have the ability to work part time, but still have at least a 20% loss of income. CIGNA determines eligibility for this benefit.

### Are disability benefits tax free?

Only the portion of short term disability benefits that you elect to purchase will not be subject to Federal Income tax, meaning you will receive more income when you need it most. This will occur only when you elect the additional short term coverage as the County will deduct the premium on a post-tax basis. The portion of short term disability benefits paid by the County will be subject to Federal Income tax.

### Important Information to Consider

This year CIGNA is offering a one time open enrollment, where any employee may elect to purchase buy-up disability coverage regardless of your current health condition.

If you do not elect additional short term or long term disability at this open enrollment or during your initial enrollment, you will be required to furnish evidence of insurability (proof of good health) at the time of your application. CIGNA would determine if you are approved or denied additional short term or long term disability.



## How do I calculate the cost of the weekly Short Term Disability (STD) buy-up plan?

In order to calculate the employee STD buy-up payroll deduction, use the following formula to calculate your bi-weekly cost.

### Formula to Calculate 70% Buy-up Payroll Deduction:

Annual Salary / 52 = Weekly Salary

Weekly Salary x .70 (70% of Salary) = Weekly Benefit

Weekly Benefit / 10 = Number Units (Weekly Benefit on Per \$10 Basis)

Number Units x \$0.44 = Monthly Premium

Monthly Premium x 12 = Annual Premium

Annual Premium / 26 = Employee Bi-Weekly Deduction

### Example: Employee earning \$26,000 annually elects to purchase additional Short Term Disability (STD).

#### Calculation:

\$26,000 / 52 = \$500 Weekly Salary

\$500 x .70 = \$350 Weekly Benefit

\$350 / 10 = 35

35 x \$0.44 = \$15.40 Monthly Premium


\$15.40 x 12 = \$184.80 Annual Premium

\$184.80 / 26 = \$7.11 Employee Bi-Weekly Deduction

### Total Employee Cost = \$7.11 Per Paycheck for 70% STD Coverage

Note: Changes to Short Term and Long Term Disability Policies

- The LTD contract now has a "or" definition instead of an "and " as a definition of disability. This means that if you are disabled due to a covered injury or sickness you are unable to perform the material duties of your regular occupation "OR" you are unable to earn 80% or more of your monthly earnings from working in your regular occupation.
- Both the STD and LTD now have a Return to Work benefit. This means that during the STD and the 1st 2 years of the LTD period, an employee is able to keep all disability earnings provided that the combination of the CIGNA Benefit, Other income benefits and disability earning do not exceed 100% of the Pre-Disability earnings.



A disability can put a lot of things in your life on hold. One out of three Americans can expect to have a sickness or injury resulting in a disability lasting at least 90 days at some time during his or her career.\*

\*Source: Commissioner's Individual Disability Table A, Society of Actuaries, 1985. The society's 1985 statistics are the current standard for income protection risk evaluation and policy pricing throughout the insurance industry.



If you are disabled, mounting expenses are the last thing you need to worry about. This long term disability insurance plan helps alleviate financial problems by providing up to 60% of your monthly earnings if a covered disability leaves you unable to work. The County is pleased to provide this valuable coverage at no cost to you.

## Plan Features

- Benefits start after you are continuously disabled for 180 days
- Benefits, provided by the County, pay 60% of your monthly earnings to a maximum monthly benefit of \$9,000 per month (minimum is greater of \$100 or 10% of gross disability payment)
- You may purchase coverage that pays an additional 10% of your monthly earnings to a maximum of \$9,000 per month (combined with County paid coverage)
- Your benefits under this plan will be coordinated with Social Security, Workers' Compensation, retirement plans (FRS) or any other group benefits to ensure you receive up to 60% of your monthly earnings
- If you are disabled before age 60 and eligible to receive benefits, you will receive monthly payment up to age 65. The chart below shows the maximum length of time benefits will be paid if you are eligible to receive a monthly payment.

Age at Disability	Maximum Benefit Duration
Before age 60	To age 65, but not less than 5 Years
60	60 Months
61	48 Months
62	42 Months
63	36 Months
64	30 Months
65	24 Months
66	20 Months
67	18 Months
68	15 Months
69 and older	12 Months

### The following summary highlights some, but not all of the provisions found in your Long Term Disability insurance policy:

- Residual (Partial) Benefit - The policy includes a provision for disabled employees to receive residual (partial) benefits for those employees who have the ability to work part time, but still have at least a 20% loss of income. CIGNA determines eligibility for this benefit.
- Rehabilitation and Return to Work Assistance Program – Provides a rehabilitation and return to work assistance benefit for disabled employees who are receiving long term disability payments, and who are medically able to participate. CIGNA will determine eligibility for this program.
- Mental Illness Limitation – You can receive payments for a covered disability which does not require hospitalization that results from mental illness for a maximum of 24 months. After 24 months, the benefit will continue only for a disability that requires a hospitalization, in a facility licensed to provide care and treatment for the condition causing the disability, for at least 14 consecutive days.
- Pre-existing Condition – If your disability results, directly or indirectly, from a pre-existing sickness or injury for which you incurred expenses, received medical treatment, took prescription drugs, or consulted a physician in the three (3) months before the most recent effective date of your insurance, you will receive no benefits for that condition. However, this limitation does not apply to disabilities which begin more than twelve (12) months after the effective date of your insurance.
- Conversion - Means employees terminating may, if eligible, convert LTD coverage to permanent individual disability insurance policy. Please contact CIGNA when you leave County employment and wish to maintain your long term disability coverage.



## How do I calculate the cost of the weekly Long Term Disability (LTD) buy-up plan?

In order to calculate the employee LTD buy-up payroll deduction, use the following formula to calculate your bi-weekly cost.

### Formula to Calculate 70% Buy-up Payroll Deduction:

Annual Salary / 12 = Monthly Salary

Monthly Salary / 100 = Number Units (Monthly Payroll on Per \$100 Basis)

Number Units x \$0.52 = Monthly Premium

Monthly Premium x 12 = Annual Premium

Annual Premium / 26 = Employee Bi-Weekly Deduction

**Example: Employee earning \$26,000 annually elects to purchase additional Long Term Disability (LTD).**

### Calculation:

\$26,000 / 12 = \$2,167 Monthly Salary

\$2,167 / 100 = 21.67

21.67 x \$0.52 = \$11.27 Monthly Premium

\$11.27 x 12 = \$135.20 Annual Premium

\$135.20 / 26 = \$5.20 Employee Bi-Weekly Deduction

**Employee Cost = \$5.20 Per Paycheck for 70% LTD Coverage**

## What's not covered for both Short Term and Long Term Disability?

Benefits are not payable for a disability caused by or resulting from the following:

- Intentionally self-inflicted injuries
- Active participation in a riot
- Loss of professional license, occupational license or certification
- Commission of a crime for which you have been convicted
- Incarceration
- War, declared or undeclared, or any act of war



## Percentage of People Still Disabled After 90 Days

Age When Disabled <u>For 90 Days</u>	% of People Still Disabled at the End of <u>2 Years &amp; 90 Days</u>	% of People Still Disabled at the End of <u>5 Years &amp; 90 Days</u>
25	63.5%	44.2%
35	69.7%	52.6%
45	73.6%	58.0%
55	77.6%	59.6%

Source: Figures based upon Commissioners Daily table & Commissioners 1980 Standard Ordinary Mortality Table; Published by John Hewitt & Associates, Inc. in The JHA Disability Fact Book



Osceola County will continue to offer employees the opportunity to participate in a Flexible Spending Account (FSA) through Employee Benefits Corporation (EBC).

## What is an FSA?

An FSA allows you to set aside a portion of your earnings to pay for qualified medical expenses, established by the IRS under a cafeteria plan, associated with common medical expenses. Money deducted from your pay check and deposited into an FSA is not subject to payroll or income taxes. You decide how much money to put into this account during the enrollment period, and then when you incur an eligible expense, you receive tax-free reimbursements from the FSA.

A Medical FSA is used to pay for medical expenses not paid for by insurance – usually copayments, deductibles and co-insurance, but may also include expenses not covered under the medical plan such as dental expenses, vision expenses, or over-the-counter (OTC) drugs. It should be noted that a Medical FSA cannot pay for medical insurance premiums, cosmetic items, cosmetic surgery, or controlled substances. The IRS defined allowable expenses for FSA in IRS publication 502 (a partial list of eligible and ineligible Medical expenses is found on page 22). The Medical FSA contribution limit is \$5,000 for this plan year.

## Is an FSA right for me?

If you spend money on reoccurring eligible medical expenses during your plan year, you may save money by paying for them with an FSA. A portion of your salary is deposited into your FSA account each pay period.

- You decide the amount to be deposited.
- You are reimbursed for eligible expenses before income and Social Security taxes are deducted.
- You save income and Social Security taxes each time you are paid.

## Savings Example

The chart below reflects the benefit of a Medical FSA program. By using an FSA to pay for anticipated reoccurring medical expenses, you convert the money you save in taxes to additional spendable income. In this example, an employee with an annual salary of \$32,000 elects to contribute \$2,625\* into a Medical FSA or \$100.96 per paycheck. The annual savings from participating in the Medical FSA program is \$595 in additional spendable income.

<b>Employee Savings Calculation Example</b>		
	<b>Employee Elects to Utilize FSA, Pays Medical Costs with Pre-Tax Dollars</b>	<b>Employee Declines FSA Participation, Pays Medical Costs with After-Tax Dollars</b>
Annual Gross Income	\$32,000	\$32,000
FSA Deposit for Recurring Expenses*	\$2,625	0
Taxable Gross Income	\$29,375	\$32,000
Federal, Social Security Taxes**	\$6,653	\$7,248
Annual Net Income	\$22,722	\$24,752
Cost of Recurring Expenses	0	\$2,625
Spendable Income	\$22,722	\$22,127



### Important FSA Guidelines

1. The IRS does not allow you to pay your medical or other insurance premiums with your Medical FSA funds.
2. You have a 90-day run-out period (until December 1, 2011) at the end of the plan year for reimbursement of eligible FSA expenses incurred during the 2010-2011 plan year (October 1, 2010 to September 30, 2011).
3. You may not receive insurance compensation or any other compensation for expenses which are reimbursed through your FSA.
4. You cannot deduct reimbursed expenses for income tax purposes.
5. You may not be reimbursed for a service which you have not received yet.
6. Be conservative when estimating your medical care expenses for the 2010-2011 plan year. IRS regulations state that any unused funds which remain in your FSA after a plan year ends and all reimbursable requests have been submitted and processed cannot be returned to you nor carried forward to the next plan year. You must use it or lose it.

*Note: If you enroll in the HRA, the HRA fund will be used first before your FSA funds may be accessed for medical and pharmacy expenses.*

### Benny™ Benefits Card

EBC's Benny™ Benefits Card is a special MasterCard® that participants can use instead of cash to pay eligible, out-of-pocket expenses. When used to pay for eligible medical expenses, the card debits your FSA account.

Cardholders should save all receipts from Benny™ Benefits Card purchases because you may be required to later verify that the card was used to pay for eligible expenses. EBC sends out receipt requests every two weeks. Benny™ Benefits Card participants have 30 days to submit their receipts to EBC or they must reimburse the plan. If you don't respond to EBC, they will send a second and third letter. If you don't respond to EBC's third letter, the right to use the Benny™ Benefits Card is suspended until you submit receipts or the account is balanced. Do not send receipts until they have been requested by Employee Benefits Corporation (EBC).

There are two instances where Benny™ Benefits Card transactions are verified at point of sale, eliminating the need to submit any follow up documentation.

- The Benny™ Benefits Card is used to pay for an office visit or prescription copay and the expense amount exactly matches the copay amount the County filed with EBC.
- The card is used to purchase eligible expenses (prescriptions, over-the-counter items, etc.) through stores that have implemented an Inventory Information Approval System (IIAS), such as Walgreens, Wal-Mart, Target or Sam's Club. IIASs only allow eligible expenses to be paid with the Benny™ Benefits Card and automatically substantiate card transactions at the point of sale.

*Note: If a specified retailer does not meet IIASs or health related merchant category codes (MCCs) requirements, the Benny™ Benefits Card swipes will decline.*



## What documentation of expense do I need to keep?

The IRS requires FSA participants to maintain complete documentation including keeping copies of receipts for reimbursed expenses for a minimum of one year.

Under IRS guidelines Employee Benefit Corporation (EBC), the County's plan administrator, is required to have all FSA participants submit receipts each time you request manual reimbursement for services received.

## How do you request reimbursement?

Requesting reimbursement from your Medical FSA is easy. Simply complete and sign the reimbursement form, attach expense documentation to the form and either mail or fax it to EBC. Once the request is processed, EBC issues reimbursement checks and direct deposits Monday through Friday. Copies of the reimbursement form may be downloaded from EBC's website (see Contact Information on the inside front cover).

*\*Note: Using an FSA Worksheet (found on page 22) to estimate predictable or reoccurring out-of-pocket expenses, the employee and family expects to incur two monthly maintenance prescriptions (two tier 2 drugs - \$20 copay each), two visits to a PCP (\$20 copay), three visits to a CCN specialist (\$35 copay), and \$2,000 in orthodontic treatments for a dependent child during the plan year which translates into a \$100.96 per paycheck contribution (assuming 26 pay periods).*

*\*\*Based upon a 22.65% tax rate (15% Federal and 7.65% Social Security) calculated on a calendar year.*

## Whose expenses are eligible?

Your Medical Expense FSA may be used to reimburse eligible expenses incurred by you, your spouse, or your eligible dependents. An individual is an eligible dependent if they:

- Are a United States citizen, national, or resident of the United States, Mexico or Canada,
- Have a specified family-type relationship to you,
- Live in your household for more than half of the taxable year,
- Are 18 years old or younger (23 years, if full-time student) at the end of the taxable year, and
- Receive over one-half of their support from you during the taxable year.

*Note: There is no age requirement for an eligible child if they are physically and/or mentally incapable of self-care.*

## Partial List of Eligible & Ineligible Medical FSA Expenses

### The following is a partial list of eligible expenses:

Acupuncture  
 Ambulance services  
 Bandages and related items  
 Birth control pills and devices  
 Chiropractic care  
 Coinsurance  
 Contact lenses (corrective)  
 Copayments  
 Deductibles  
 Dental fees  
 Diabetic monitor, test strips and supplies  
 Diagnostic tests/Health screenings  
 Doctor fees  
 Drug addition/Alcoholism treatment  
 Eyeglasses and exams  
 First aid kits  
 Flu shots  
 Guide dogs  
 Hearing aids, batteries, and exams  
 In vitro fertilizations  
 Injections and vaccinations  
 Lasik/Laser Eye surgery  
 Nasal sprays and strips  
 Nursing services  
 Optometrist/Ophthalmologist fees  
 Orthopedic treatments  
 Over-the-Counter medication  
 Physical therapy  
 Pregnancy tests  
 Prescription drugs  
 Psychiatric care and fees  
 Smoking cessation programs/treatments  
 Speech therapy  
 Surgery (non-cosmetic purposes)  
 Transportation for medical care  
 Vasectomy  
 Vitamins (prescription for medical condition)  
 Weight-loss programs and meetings  
 Wheelchair and repairs  
 X-rays

### The following is a partial list of ineligible expenses:

Adoption fees  
 Cosmetic surgery, not medically necessary  
 CPR classes  
 Emergency kits  
 Exercise equipment  
 Funeral expenses  
 Hair treatments, transplants, and removal  
 Herbal or homeopathic medicines  
 Health Club Dues/Fitness Programs  
 Insurance premiums  
 Late payments/No-show charges  
 Marriage counseling  
 Rogaine  
 Shampoos/Soaps  
 Suntan Lotion/Sunscreen  
 Teeth bleaching or whitening  
 Toothbrush and toothpaste  
 Vitamins (Over-the-Counter)



## Medical Flexible Spending Account - EBC

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### Medical FSA Expense Worksheet

The following worksheet will help figure out how much to deposit in your Medical FSA account. Calculate the amount you expect to pay during the coming plan year for eligible out-of-pocket medical expenses. The calculated amount cannot exceed established IRS and plan limits.

*Note: Be conservative in your estimates, since any monies remaining in your account cannot be returned to you or rolled over into the next plan year.*

### Uninsured Medical Expenses Health Insurance:

Deductibles	\$ _____
Copayments	\$ _____
Co-insurance	\$ _____
Prescription Drugs	\$ _____
Dental Care	\$ _____
Vision care	\$ _____
Over-the-Counter expenses	\$ _____
Travel costs for medical Care	\$ _____
Other eligible expenses	\$ _____
TOTAL cannot exceed \$5,000	\$ _____
DIVIDE by the number of paychecks you will receive during the plan year (26*)	/ _____
This is your per pay period contribution:	\$ _____

*\*Note: If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.*

# Dependent Care Flexible Spending Accounts (FSA)



Beginning October 1, 2010, Osceola County will offer employees the opportunity to participate in a Dependent Care FSA. Dependent Care FSA's were established to pay for certain expenses incurred in caring for dependents living with employees while they work. While this most commonly means child care, it can also be used for adult day care for parents/grandparents that live with employees. (See partial list of eligible and ineligible Dependent Care expenses).

The account reimburses you for eligible expenses up to an annual maximum of \$2,500 if you file a single or \$5,000 if you are married and file a joint tax return. Unlike the Medical FSA, you will only be reimbursed up to the amount that has been payroll deducted for Dependent Care expenses.

*Note: Medical FSA's and Dependent Care FSA's are separate accounts and funds deposited into the respective accounts cannot be comingled. Debit cards are NOT issued for Dependent Care FSA accounts.*

## Eligible & Ineligible Dependent Care FSA Expenses

### The following is a partial list of *eligible* expenses:

#### Child Care Expenses

Baby-sitting fees (work related)  
Before or after school care  
Daycare services  
In-home care/Au Pair services  
Nursery school  
Pre-school  
Summer day camps  
Transportation to and from eligible care

#### Adult/Elder Care Expenses

Adult day care center  
Custodial elder care (work related)  
Senior day care  
Transportation to and from eligible care

### The following is a partial list of *ineligible* expenses:

#### Child Care Expenses

Babysitting (non work related)  
Books and supplies  
Child support payments  
Household services (maid, cook, etc.)  
Medical care  
Private school tuition (K-12)  
School tuition  
Services provided by dependent under age 19  
Sleep-away camps

#### Adult/Elder Care Expenses

Assisted living care  
Day nursing care  
Custodial elder care (non work related)  
Independent living care  
Nursing home care



# Dependent Care Flexible Spending Accounts (FSA)

## Dependent Care FSA Expense Worksheet

The following worksheet will help figure out how much to deposit in your Dependent Care FSA account. Calculate the amount you expect to pay during the coming plan year for eligible out-of-pocket dependent care expenses. The calculated amount cannot exceed established IRS and plan limits.

*Note: Be conservative in your estimates, since any monies remaining in your account cannot be returned to you or rolled over into the next plan year.*

### Child Care Expenses

Daycare services \$ \_\_\_\_\_

In-home/Au Pair services \$ \_\_\_\_\_

Nursery and Pre-school \$ \_\_\_\_\_

Before/After school care \$ \_\_\_\_\_

Summer day camp \$ \_\_\_\_\_

Other expenses \$ \_\_\_\_\_

Adult/Elder Care Expenses Daycare center \$ \_\_\_\_\_

In-home care \$ \_\_\_\_\_

Other expenses \$ \_\_\_\_\_

TOTAL Remember your total contribution  
Cannot exceed IRS limits for the plan year (\$5,000) \$ \_\_\_\_\_

DIVIDE by the number of paychecks you will  
receive during the plan year (26 \*) / \_\_\_\_\_

This is your per pay period contribution: \$ \_\_\_\_\_

*\*Note: If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.*

## Employee Assistance Plan (EAP) - CIGNA Behavioral Health



The County is pleased to provide you and your dependents access to a confidential work-life balance employee assistance program through CIGNA designed to assist you with the issues of daily living.

You can call and request assistance for virtually any personal or professional issue, from helping find a day care or transportation for an elderly parent, to researching possible colleges for a child, to helping deal with the stress of the workplace. This work-life balance program is available for everyday issues as well as crisis support.

**Available 24 hours a day, 7 days a week, CIGNA's expert counseling helps employees find assistance for a wide range of topics, including:**

- Parenting and childcare
- Resources for older adults
- Health
- Education
- Disability
- Everyday issues
- Your job and career
- Taking care of yourself
- Addiction and recovery
- Legal matters
- Your money and financial issues

CIGNA prides itself in providing employees with an expert counseling staff experienced in culturally-sensitive support, referrals and problem resolution. Counselors will listen to all your needs, do extensive research if needed, and provide you with information or referrals that best match your needs.

*Note: All communication with the CIGNA counseling staff is strictly confidential.*

### **Plan Features:**

- Unlimited number of phone contacts
- Three (3) face to face consultation referrals per employee per incident
- Website - [www.CIGNABehavioral.com](http://www.CIGNABehavioral.com)

*Example of EAP services at work: Employee has parent with Alzheimer's that needs to be placed in a nursing home. The employee calls CIGNA and requests a list of all nursing home facilities specializing in Alzheimer's patients within 20 miles of employee's home. CIGNA counselors research available facilities and provide the employee with a list of facility options that meet their needs/criteria.*



### **AFLAC**

**Licensed Agent: Ren Taylor**  
**Phone: (407) 933- 2145**  
**Email: erentaylor@aol.com**

Employees of the County may elect to purchase supplemental insurance on a voluntary basis through AFLAC via payroll deduction. AFLAC coverages pay you in addition to any other insurance coverages you may have. An overview of the available AFLAC plans are provided below – please contact Ren for more details. To learn more about these coverages or to schedule an appointment, please contact the County’s personal AFLAC agent, Ren Taylor, at the phone number or email address listed above.

### **Hospital Protection Plan**

Whether in hospital for a few days or a few weeks, AFLAC pays cash benefits to help you pay for the associated expenses either from planned or unplanned hospital stays.

### **Accident Plan**

Did you know that about 2,340 disabling injuries happen every four seconds? And a disabling injury occurs in the home about every four seconds? Accidents happen 24 hours a day, 7 days a week. They can happen to you, your spouse or your children. AFLAC’s accident plan has you covered.

### **Sickness Plan**

Illness, whether routine childhood occurrences or serious diseases, can require physicians visits, hospital stays, testing, surgeries, ambulance, etc. This usually entails time out of work, co-pays and deductibles and that means money out of your pocket. AFLAC can help with the extra expenses that an illness can cost your family.

### **Cancer Indemnity Plan**

According to the American Cancer Society, men have 1 in 2 lifetime risk of developing cancer while a woman’s risk is 1 in 3. Cancer treatment can cause out-of-pocket expense that are not covered by your health insurance such as travel, lodging, special food and supplements, special beds, household help and more. All of these expenses happen on top of our regular bills. AFLAC can help you keep on top of your bills, not the other way around.

### **Specified Health Event Plan**

About every 29 seconds an American will suffer a coronary event. Coronary bypass surgery is performed 49% of the time on people under age 65. On average, someone in the USA suffers a stroke every 53 seconds. This protection can assist you with recovering financially from serious illness with first occurrence, reoccurrence, hospital confinement, travel, lodging and many more benefits.

If you are interested in purchasing, changing or canceling an AFLAC policy, you **MUST** meet with an AFLAC representative during open enrollment. You will not be able to enroll, modify or cancel an AFLAC policy through the County online enrollment system.



### **Am I permitted to make mid-year plan election changes?**

You may change benefit elections or vary the salary reduction amounts you selected during a plan year only under limited circumstances, as provided by established IRS guidelines and your employer's plan(s). Some permitted and not permitted event categories under your employer's plan(s) appear on the next page. Complete details can be found at: [www.irs.gov/pub/irs-irbs/ir97-51.pdf](http://www.irs.gov/pub/irs-irbs/ir97-51.pdf)

Election changes must be consistent with the event. In its sole discretion your employer will review, on a uniform and consistent basis, the facts and circumstances of each timely submitted request for a mid-year plan election change. Note that even if there is a permissible election change under Section 125 rules, some of your employer's component plans' insurance may not allow (or may limit) mid-year plan changes.

### **How do I make a change?**

Within 30 days of an event which is consistent with one of the following categories, you must complete and timely submit a Change in Status/Election form to your employer. Contact the Human Resources Department to obtain this form. Documentation supporting your election change request is required. Upon approval and completion of processing your election change request, your existing benefit election(s) will be stopped or modified the first of the following month from the receipt after an approved mid-year plan election change request has been received by your employer. Generally, mid-year plan election changes can only be made prospectively and no earlier than the first payroll after your election change request has been received, unless otherwise provided by law. If your election change request is denied, you will have 30 days from the date of the denial to file an appeal with your employer's designee.

### **What is the appeal process?**

Approved appeals must comply with IRS regulations and the guidelines within your employer's plans. You must notify and submit your appeals to your employer 30 days from the original date of denial. Your appeal must state the following:

- Why you think your request should not be denied;
- Date of services for which your claim or request was denied;
- Copy of denied request;
- Copy of written denial you received;
- Any additional documents, information or comments you think may have bearing on your appeal.

Within 30 days of receipt of your appeal, your employer will review your appeal and notify you of the results. In unusual cases, as when review of your appeal requires additional documentation, the review may take longer. If your appeal is approved, additional processing time is required to modify your benefit elections.



## Changing Benefits Mid-Year

### Changing Benefits Elections Mid-Year (continued)

The following are some permitted event categories established by the IRS:

<b>Changes in Status:</b>	
<b>Marital Status</b>	A change in marital status includes marriage, death of spouse, divorce or annulment (legal separation is not recognized in all states).
<b>Change in Number of Tax Dependents</b>	A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
<b>Change in Status of Employment Affecting Coverage Eligibility</b>	Change in employment status of the employee, or a spouse, or dependent of the employee that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
<b>Gain or Loss of Dependents' Eligibility Status</b>	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status

<b>Some Other Permitted Changes:</b>	
<b>Coverage and Cost Changes</b>	Your employer's plans may permit election changes due to the following: a significant cost increase or decrease by your employer in your own or your dependent's coverage, coverage lost under group health plan sponsored by governmental or educational institution, significant improvement to coverage by your employer to an existing benefits package or option, addition by your employer of a new benefit plan or package option, or significant curtailment of coverage of any plan of your own or a dependent's employer.
<b>Open Enrollment Under Other Employer's Plan</b>	You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and: <ul style="list-style-type: none"> <li>• The other employer's plan has a different period of coverage (usually plan year), or</li> <li>• The other employer's plan permits mid-year plan election changes under this event.</li> </ul>
<b>Judgment/Decree/Order</b>	If judgment, decree or order from a divorce, legal separation (if recognized by law), annulment, or change in legal custody requires that you provide accident or health coverage for the dependent child. If the order requires that another individual (including spouse or former spouse) cover the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
<b>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</b>	If your employer's group health plan(s) are subject to HIPAA's special enrollment provision, the IRS regulations regarding HIPAA's special enrollment rights provide that an IRC Section 125 cafeteria plan may permit you to change a salary reduction election to pay for the extra cost for group health coverage, on a pre-tax basis, effective retroactive to the date of the change of status event, if you enroll your new dependent within 30 days of one of the following change in status events: birth, adoption or placement of adoption.
<b>Medicare/Medicaid</b>	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
<b>Family Medical Leave Act (FMLA) Leave of Absence</b>	Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your employer for additional information.

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Bouchar Insurance

The brief summaries of benefits that are included in this booklet are intended to highlight the benefits and do not include all of the benefits, limitations and exclusions of the contracts, and should not be relied upon to fully determine coverage. Please refer to the organization's Certificate of Coverage / Summary Plan Description for a complete description of terms. If this description in any way conflicts with the Certificate of Coverage / Summary Plan Description, the Certificate of Coverage / Summary Plan Description will prevail.

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