Osceola County Government

Employee Benefits Guide

Plan Year: October 1, 2018 – September 30, 2019

CONTACT INFORMATION

Osceola County Government Human Resources			
Employee Benefits	1 Courthouse Square, Suite 4200 Kissimmee, FL 34741	Phone: 407-742-1200 Fax: 407-742-1201	Email: Benefits@osceola.org
Medical Insurance			
Carrier	**Customer Service**	**Phone/Website**	
Cigna Healthcare	Onsite Representative: Carlos Ocasio Customer Service: Medical/Prescription Mail Order: Cigna Home Delivery Member Website	407-742-1292 800-244-6224 800-285-4812 www.myCigna.com	Email: Carlos.Ocasio@cigna.com
Dental Insurance			
Cigna Dental	Customer Service Member Website	800-244-6224 www.myCigna.com	
Vision Insurance			
EyeMed	Customer Service Member Website	866-939-3633 www.eyemed.com	
Life/AD&D and Disability Insurance			
Cigna Group Insurance	Claims Service Website	800-362-4462 www.cigna.com	
Employee Assistance Program (EAP)			
Cigna Behavioral Health	Customer Service Website	888-371-1125 www.CignaBehavioral.com	Password: osceolacounty
Flexible Spending Account			
Chard Snyder	Customer Service Website	800-892-7715 www.chard-snyder.com	
Voluntary Worksite Benefits			
Colonial Life	Customer Service Claims Service	888-756-6701 800-325-4368	
Employee Health Center			
My Health Onsite	Customer Service/Appointments Hours Website	888-644-1448 M-F, 7 a.m. to 5 p.m. www.myhealthonsite.com	Address: 704 Generation Place Suite 201 Kissimmee, FL 34744

Constitutional Agency employees, please contact your Human Resources department with questions.

This booklet is intended for illustration and informational purposes only. The plan documents, insurance certificates and policies will serve as the governing documents to determine plan eligibility, benefits and payments. In the case of conflict between the information in this booklet and the official plan documents, the plan documents will always govern.

WHAT'S INSIDE

Osceola County Government is proud to offer a comprehensive benefit package for you and your family. The purpose of this guide is to give you a high level overview of our employee benefit programs. Refer to the summary plan documents available from Human Resources or online at www.osceola.org.

BENEFITS ELIGIBILITY OVERVIEW

The Osceola County Government 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 45 days of employment. For example, if you are hired on February 11th, your coverage will be effective on April 1st. If you separate employment with the County, your health insurance will continue through the end of the pay period in which the separation occurred.

Eligible Employees

- Full-time and Part-time employees working at least 30 hours per week
- Retirees as defined by County policy

Dependent Coverage

You may also elect coverage for your dependents including, but not limited to, spouse, domestic partner, and unmarried children defined as follows:

- Natural child
- Step child
- Legally adopted child
- Foster child
- Child for whom legal guardianship has been awarded
- Child of qualifying domestic partnership

Required Documents

Proof of dependent eligibility is required. This may include birth certificate, marriage certificate, and other government issued or court ordered documentation. In accordance with the Affordable Care Act (ACA), Social Security Number information must also be provided. The ACA requires employers to report and verify employee's Social Security Number and/or date of birth. This documentation can be required for initial election of benefits, qualifying event changes, or yearly dependent audits. To add a dependent, you must first provide the required documentation and enrollment application to the Human Resources department. Incomplete forms, or forms without the required documentation, will not be processed. Please contact the Human Resources department for additional information.

New Hires

New Hires who choose to elect benefits with Osceola County must submit a Benefits Enrollment form within 31 days of their hire date. New Hires who choose to cover a qualified dependent(s) or domestic partner, must submit proof of relationship documentation (i.e. birth certificates, marriage license) as applicable. Enrollment forms received after the 31 day deadline will not be accepted and benefits will be considered waived. Employees who submit a late enrollment form will have to wait until the next Open Enrollment period to enroll in benefits. Please contact the Human Resources Department if you need assistance with your enrollment.

Open Enrollment/Mid-Year Changes

Employees can make changes to their insurance plans during our annual Open Enrollment period, which occurs annually in the month of July. New dependents added during the Open Enrollment period will not be effective on the plans until the beginning of the new plan year, which starts on October 1st.

To add a dependent during Open Enrollment, you must first provide the required proof of relationship documentation to the Human Resources department. If documentation is not received prior to the new plan year, added dependents will be dropped. Dependents will not be eligible again until the following Open Enrollment period, or if you experience a qualifying mid-year event.

If you experience a Qualifying Mid-Year Event (i.e. loss of coverage, birth of a child, marriage, etc.), as applicable under Section 125, you must submit your request to Human Resources within 30 days from the date of the event. Otherwise, you will have to wait until the next Open Enrollment period to change your benefits and/or coverage elections. Please see page 6 for additional information.

Domestic Partner

Domestic Partners are eligible for coverage under the County's group insurance. Domestic Partners must be at least eighteen years of age, not related by blood, and not legally married to another person. Domestic Partners must live together in an exclusive, committed relationship and assume joint responsibility for each other's financial welfare and living expenses. Domestic Partners have shared the same residence for the past twelve (12) months prior to the application for benefits and intend to reside together indefinitely.

An employee who wishes to add a Domestic Partner must complete a **Domestic Partnership Affidavit** and provide one (1) document from list A to verify twelve (12) months of residency and one (1) document from list B to verify twelve (12) months of financial interdependence:

List A – Residency (1 Document)	List B – Financial (1 Document)
Certificate of Domestic Partnership Registration	Joint ownership of personal property or assets
Property deed showing both names	Joint consumer or bank loans
Rental lease agreement showing both names	Bank statements showing both names
Utility bill showing both names	Joint legal guardianship of a dependent Child
Designation of domestic partner as the beneficiary of employee's life insurance or retirement plan.	Joint credit card statement or authorized user

To enroll a Domestic Partner, please contact the Human Resources Department to learn more about Domestic Partnership eligibility and the tax implications associated with this benefit.

Dependent Eligibility Age Requirements

Coverage may continue on all insurance plans to the end of the month in which the dependent reaches the age of 26. Medical coverage may continue past the age of 26 to the end of the month in which the dependent reaches age of 30 if:

- Dependent child is unmarried and has no dependents of their own
- Not eligible for insurance through their employer or covered under another medical policy
- Resides in the state of Florida
- Is a full-time or part-time student attending an accredited college or university

The parent of the overage dependent must be actively covered under Osceola County's group health plan. Eligible dependents must be the insured's natural or legally adopted child.

If your dependent meets these eligibility requirements, and you choose to elect this option, the cost for your Continuation of Overage Dependent Medical Insurance will be 50% of the full cost of the monthly plan premium (which is the combined total of the monthly Employer and Employee contributions) charged on a post-tax basis. Please note that premium costs are subject to change annually, based on annual plan renewal every October 1st.

Disabled Dependents

Coverage for an unmarried dependent child may be continued if the child is incapable of self-sustained employment due to a permanent mental or physical handicap that occurred prior to reaching the age limit for dependents. They must also receive all of their financial support and maintenance from the employee or the employee's spouse. (Medical documentation required).

Benefit Audits

Osceola County may conduct benefit audits to ensure that records are in compliance with applicable laws and County policies. The County may request employees to re-certify dependent information during these audits. All County employees are required to comply with this process.

Disclaimer

Any employee failing to provide the required information and documentation, or falsifying such, or listing ineligible individuals as eligible dependents, shall cause dependent(s) to be removed from Osceola County Government's benefit plans. Additionally, the employee may be subject to disciplinary action up to and including termination of employment, and may also be required to reimburse the County for the benefits costs paid on behalf of the ineligible dependent(s). By completing your Benefit Enrollment application, or your Annual Open Enrollment and/or Mid-Year Change elections, you understand and agree that any omissions or incorrect statements made by you may invalidate your dependent(s) coverage.

Changing Your Benefit Elections

Internal Revenue Service (IRS) regulations state that benefit elections cannot be changed during a plan year unless you experience a qualifying mid-year change in status. Generally, these may include:

- Marriage
- Divorce
- Legal separation
- Death of spouse or other dependent
- Birth, adoption, or placement of a child for adoption
- You, your spouse, or dependent experience a change in work hours that impacts your benefit eligibility (e.g. change from full-time to part-time or vice versa)
- You, your spouse, or dependent begin or end employment
- Relocation into or out of your plan's service area
- Dependent's eligibility changes due to age, student status, marital status, or employment
- You, your spouse, or dependent become entitled to Medicare or Medicaid
- You are issued a judgment, decree, or order that requires you to provide coverage for your dependent child

If you experience a qualifying mid-year event you may choose new levels of coverage at that time, consistent with the qualifying event that takes place.

Important: You have only 30 days from the date of the qualifying event to enroll or drop dependents or yourself from the applicable benefit. To make changes to your benefit elections, please notify Human Resources. You are required to supply supporting documentation as proof of the status change (e.g., marriage certificate, birth certificate, and social security number)

Automatic Tax Savings

Your medical and dental premiums are automatically paid using pre-tax payroll deductions. Because the premiums are taken out before you pay taxes, your taxable income is actually reduced and you pay less in taxes over the course of a year.

Once the County benefit options go into effect, they remain in effect for the entire plan year. Your benefit elections can be changed only at the next annual enrollment (effective October 1st) or as a result of a qualified change in your family.

How Pre-Tax Contributions Save You Money	After Taxes	Pre-Tax
Gross annual income	$ 20,000	$ 20,000
Annual employee-paid insurance premiums	$ 2,000	$ 2,000
Taxable income	$ 20,000	$ 18,000
Federal income and Social Security taxes	$ 2,370	$ 1,917
Net (take-home) pay	$ 15,630	$ 16,083
$453 More Take-Home Pay!		

* The Section 125 Plan provides tax savings by deducting your health care premiums from your gross salary prior to calculation of federal income and Social Security taxes, as allowed under Internal Revenue Code Section 125

- * Based on a $20,000 gross income; married filing jointly; family medical insurance coverage; and residence in a state that does not impose state income tax.

OPEN ENROLLMENT PROCESS

Employee Online- Open Enrollment How to Guide 2018

Employee Online will be available for Open Enrollment elections on July 10, 2018 and it will close on Friday, July 27th, 2018 at 5:00pm. You are required to complete your benefit elections for the new plan year, even if you are not making changes to your plans.

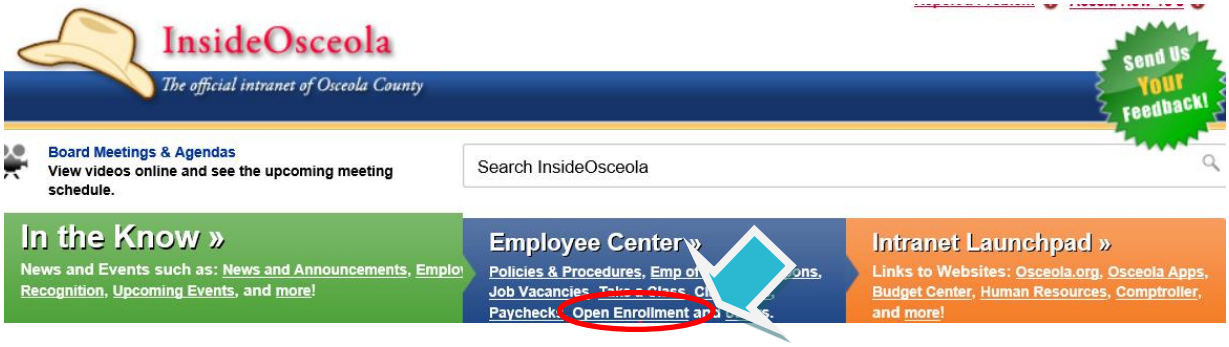
All employees are required to complete the Open Enrollment process.

New Hire enrollment and Mid-Year Changes must be completed via paper application.

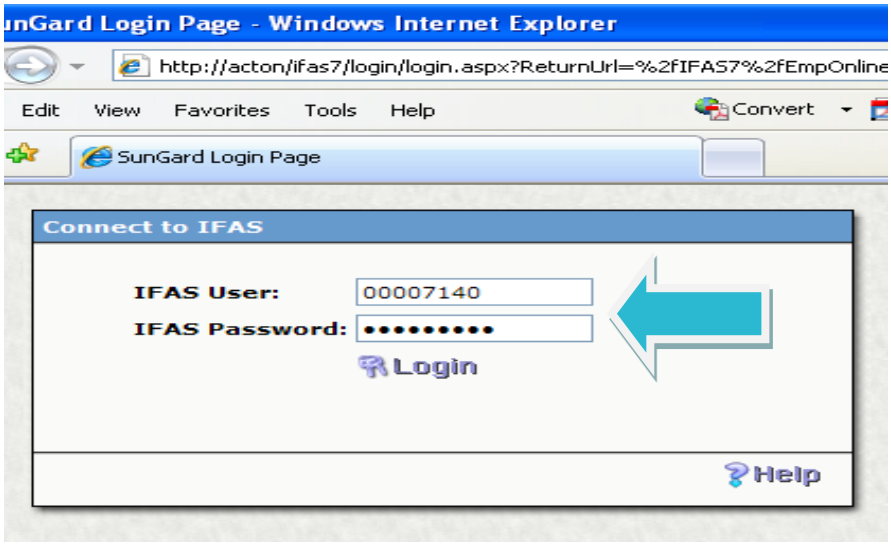
Go to InsideOsceola: http://inside.osceola.org

Click on Open Enrollment to connect to **Employee Online**

You can also enroll from home or any computer 24/7 at: http://enroll.osceola.org



To login to Employee online, your User name will be your ID# (0000####). If you are an IFAS user, you can use your IFAS user name and password. It is the same user name/password you use to check your paystubs.



If you are unable to login, or if you have forgotten your password, contact the IT Department at 407-742-2900 or ServiceDesk@OSCEOLA.ORG
The IT Department will be able to assist you with any login or connection issues you may experience.

Please note: *The IT Department is unable to answer any questions in regards to the Open Enrollment process or benefit selections. Please contact the HR Department during regular business hours: 407-742-1200 or by email benefits@osceola.org for Open Enrollment or benefit related questions.*

StepUp: Total Well-Being Program

Osceola County Government's wellness program is designed to help you achieve better health by providing you the tools and resources to become healthier and happier, not only at work, but at home. We know that healthier employees equal more productive and satisfied employees, and that is why Osceola County is fully invested in offering health improvement activities that focus on a person's total well-being.

Total well-being depends on many dimensions of wellness. Nutrition and physical activities continue to be a crucial part of our wellness. However, our focus for this year is to offer you opportunities to not only continue learning how to eat better and move more, but also how to improve your emotional and financial health. That is why we are adding more opportunities for you to earn your wellness incentives by focusing on these other areas of wellness that can impact your entire well-being

Together we will focus on the following health topic: **Understanding Your Well-Being: Physical, Emotional, and Financial Health.**

StepUp
Total Well-Being
Osceola County

What is this program about? StepUp: Total Well-Being Program is designed to recognize and reward active employees and covered spouses who are currently working towards achieving better health.

Who is eligible to participate? Active employees, and their spouses, who are covered on the Cigna Medical plan may participate.

When can I start earning points towards my wellness incentive? The StepUp: Total Well-Being Program runs from October 1, 2018 to July 31, 2019**.** (Note: To earn an incentive, participants must still be actively employed during the pay period in which the incentives are awarded.)

How do I start earning points? Earn points by participating in a variety of health improvement programs and activities! Contact Human Resources for a full list of qualifying programs and activities.

Please follow these steps to begin earning your 2018-2019 wellness incentive:

- ✓ **Log on to myCigna.com** with your username and password
- ✓ **Complete your Health Risk Assessment** - You **must** complete this step in order to participate.
- ✓ **Click on the tab named "Incentive Awards"** to see the list of goals you can choose from.

Osceola County's employee total well-being program will allow employees to earn wellness incentives by accumulating points throughout the year. Employees can earn points by completing programs and activities, such as: their annual preventive exams, participating in health coaching programs offered by Cigna, attending employee health fairs, participating in Employee Assistance Program (EAP) classes and webinars, financial wellness initiatives and much more!

EMPLOYEE HEALTH CENTER

In partnership with the University of Central Florida and My Health Onsite, Osceola County Government offers a high-quality, primary care **Employee Health Center** (Employee Clinic) to provide health services to employees, retirees and dependents covered on the medical plan, at no out-of-pocket cost. Care you receive at the clinic does not go through the CIGNA medical insurance.

Call 888-644-1448 for an appointment Monday thru Friday, 7:00 a.m. to 5:00 p.m. You may also speak with a Registered Nurse about medical questions 24/7 by dialing 888-644-1448.

- Annual Physicals and Well-Woman Exams
- Women's Health Care
- Vaccines
- Onsite dispensary with over 150 generic medications available at no cost
- Onsite laboratory services
- Onsite X-Rays available
- Audiograms/Pulmonary Functions Tests
- Chronic illness evaluation, treatment and management
- Services are available at the Employee Clinic for members 8 years old and older Free diabetic testing supplies (meters, strips and lancets)
- An onsite dietician is available to all members
- Wellness programs and nutrition counseling
- Confidentiality, HIPAA compliant

Osceola County Employee Health and Wellness Center

704 Generation Place, Suite 201
Kissimmee, FL 34744

Health Center Hours:
Monday-Friday
7:00 am to 5:00 p.m.

My Health Onsite:
Patient Assistance: 888-644-1448
www.myhealthonsite.com

MY HEALTH ONSITE℠

EMPLOYEE HEALTH CENTER FREQUENTLY ASKED QUESTIONS (FAQ)

Do I have to pay to use the Employee Health Center?

No, your employer provides access to the Center with no out-of-pocket costs for all employees, retirees, and dependents covered under the group medical plan.

What are some of the benefits of using the Employee Health Center?

In addition to no out-of-pocket costs, we offer generic medicines, lab work, and vaccinations. We care for acute conditions and offer chronic illness evaluation, treatment, and management. We also provide the convenience of scheduling your appointment online. We have the ability to access your medical records online and we are committed to keeping your medical records confidential. You will have more one-on-one time with the physician and our physicians are available 5 days/week. We will have wait times that are far less than other physician's offices. Plus much more!

What can be treated at the Employee Health Center?

The Health Center providers can treat colds, flu, sore throats, high blood pressure, high cholesterol, diabetes, asthma, etc. We can perform annual physicals, school physicals, lab work, EKGs, pap smears, blood work, vaccines, and much, much more.

Can I use an Employee Health Center doctor as my Primary Care doctor?

Yes, any one of the Employee Health Center doctors can become your Primary Care provider.

If my doctor orders labs, may I get them drawn through the Employee Health Center?

Yes, but we require that you first establish with the provider so they can sign off on lab orders. The labs can be sent to your physician.

If I choose to keep my doctor, but I am seen for something at the Employee Health Center, how will my doctor know?

You may sign a Release of Information from at the Employee Health Center to request your information be sent to your doctor.

Can an Employee Health Center provider refer me to a specialist?

Referrals are not required on your medical plan. However, it is recommended that you schedule an appointment with an Employee Health Center provider to determine the potential need for a specialist.

What happens at the follow-up appointment after I complete my lab work?

Your follow up appointment will be scheduled before you leave your lab appointment. The doctor will review your medical history, lab results, and current medications. Don't forget to bring information on your current medications or information on your prescriptions.

What do I do if I have a medical emergency and the Employee Health Center is not open?

If you have a life-threatening emergency, please call 911. If the medical need is not life-threatening, please feel free to call our 24/7 Call Center at 888-644-1448. They will help you with determining whether you need to be seen by urgent care, the ER or schedule an appointment time when the Employee Health Center is next open.

How do I register to use the Employee Health Center?

To register:

- Go to **www.myhealth onsite.com**
- Click "Log In" on the top right hand corner
- Click "Patient Login" on the Patient Portal page
- First time users will need to register for an account
- Enter your information. Note: The Personal Identifier is the last four digits of your Social Security Number. Please use a personal email address instead of your work email.
- New users will be prompted to complete their Health History before scheduling an appointment
- Click "Schedule Appointment"
- Schedule your appointment online with a provider of your choice & set up email or text reminders

MEDICAL BENEFITS OVERVIEW

Osceola County Government is pleased to offer you the choice of two health plans for the 2018-2019 plan year. Below are some highlights that show how each plan differs.

HRA Base Plan

Health Reimbursement Account (HRA) funded by the County. See page 14 for details on how an HRA works.

- Preventive care services are covered at 100%.
- The County pays 100% of the premium for employee only coverage.
- No Copayments – all services apply to a Deductible and Coinsurance.
- Non-preventive medical services and pharmacy services are subject to Deductible.
- Once the Deductible is met, members share in the expenses – called Coinsurance – until the Out-of-Pocket maximum is met.
- Once the maximum Out-of-Pocket is met for the plan year, all further expenses are covered and paid at 100% by the plan.

HRA Buy-Up Plan

Health Reimbursement Account (HRA) funded by the County. See page 14 for details on how an HRA works.

- Preventive care services covered at 100%.
- Similar to the HRA Base plan with a lower Deductible.
- Plan includes co-pays for physician visits, outpatient facility services, urgent care and ER visits.

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.

- ***You must see a provider within the Cigna network for coverage.***
- ***You do not need a referral to see a specialist.***
- ***There are no out-of-network benefits.***

MEDICAL BENEFITS OVERVIEW

Osceola County offers medical and prescription drug benefits for you and your dependents. The following is a summary of your medical benefits. For a more detailed explanation of benefits, please refer to your certificate of coverage or Summary of Benefits and Coverage (SBC). You may access a list of participating providers through the carrier's website, www.myCigna.com.

Cigna	Base HRA	Buy Up HRA
In Network Benefits		
Deductible		
Individual	$1,250	$1,000
Family	$2,500	$2,000
HRA (Funded by Osceola County Government)		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance		
Plan Pays	80%	80%
You Pay	20%	20%
Out of Pocket Maximum		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Commonly Used Services		
Primary Care Physician	20% after deductible is met	$30 Copay
Specialist	20% after deductible is met	$40 Copay (Cigna Care Specialist) $60 Copay (Non Cigna Care Specialist)
Preventive Care Services	$0 Copay	$0 Copay
Telehealth Services	$10 Copay	$10 Copay
Urgent Care	20% after deductible is met	$75 Copay
Emergency Room	20% after deductible is met	$500 Copay (waived if admitted)
Major Diagnostics at Independent Facility	20% after deductible is met	20% after deductible is met
Labs at Independent Facility	20% after deductible is met	20% after deductible is met
X-rays at Independent Facility	20% after deductible is met	20% after deductible is met
Hospitalization	20% after deductible is met	20% after deductible is met
Outpatient Surgery	20% after deductible is met	$750 Copay (Surgical) 20% after deductible is met (Non-Surgical)

Take advantage of the Employee Health Center. Most labs can be done at the Center and there is no cost to you.

PHARMACY BENEFITS OVERVIEW

	Base HRA	Buy Up HRA
In Network Benefits		
Prescription Drugs	**Deductible Applies**	**Deductible Applies**
Preventive Generic	$0, no deductible	$0, no deductible
Generic	$7 Copay	$7 Copay
Preferred Brand	30% (Min $25 / Max $45)	30% (Min $25 / Max $45)
Non-preferred Brand	30% (Min $50 / Max $75)	30% (Min $50 / Max $75)
Specialty	30 Day Supply	30 Day Supply
Mail Order (90 day supply)	90 day supply at cost of 60 day supply	90 day supply at cost of 60 day supply

Step Therapy

Step Therapy is a program for anyone prescribed a high-cost or name-brand medication for the first time for the following conditions:

- ADD/ADHD
- Allergy
- Asthma
- Bladder Conditions
- Cholesterol Lowering
- Depression
- Heartburn/Ulcers
- High Blood Pressure
- Mental Health
- Narcotic Pain Relievers
- Non-narcotic Pain Relievers
- Osteoporosis
- Skin Conditions
- Sleep Disorders

Cigna will allow the first month's prescription to be filled. You will then be contacted by Cigna in reference to any future refill or Step Therapy requirements. Some Specialty medications may be limited to a 30 day supply. Please contact Cigna directly, or refer to the benefit summary if you have any questions or concerns regarding this program.

Prescription Drug Costs – Tips to help lower your cost

- **Shop around:** Pharmacies do not all charge the same amount for the same medication. Generally, stores such as Wal-Mart, Publix and Target have lower prices for prescription drugs than stores such as CVS or Walgreens.
- **Ask your pharmacist:** Many pharmacies now offer discount prescriptions, often even lower than your copay. Check with your pharmacy to see if they offer a $4 generic drug program or a lower cost for 90-day supply on some generic medications.
- **Visit the Employee Health Center dispensary:** Over 150 generic drugs available at no out of pocket cost to you.

A 90-day supply of generic maintenance medications will now be available at participating retail pharmacies.

HEALTH REIMBURSEMENT ACCOUNT

A Health Reimbursement Account (HRA) is an account set-up with CIGNA and funded by the County to help pay the first $500 of your deductible for those with employee only coverage, or the first $1,000 of your deductible if you have dependent or family coverage.

Can I use the HRA to pay for physician copays or prescriptions?

No, the HRA is only used for your deductible related expenses, and any applicable coinsurance thereafter if you still have funds available. Any additional copays or other Out-of-Pocket expenses are your responsibility. The County allows you to set up a Flexible Spending Account (FSA) to help pay for these additional expenses on a pre-tax basis. See page 21 for more information on FSAs.

Is the HRA available with both of the medical plans?

Yes, the HRA is set up on the HRA Base plan and the HRA Buy-up plan. You can also set up an FSA to help pay for any unreimbursed medical expenses for you and your dependents.

Can I use HRA funds for dental services?

No, the HRA is only available on the two medical plans. Dental services are <u>not</u> reimbursable by the HRA. You can set up an FSA to help pay for any dental expenses for you and your dependents.

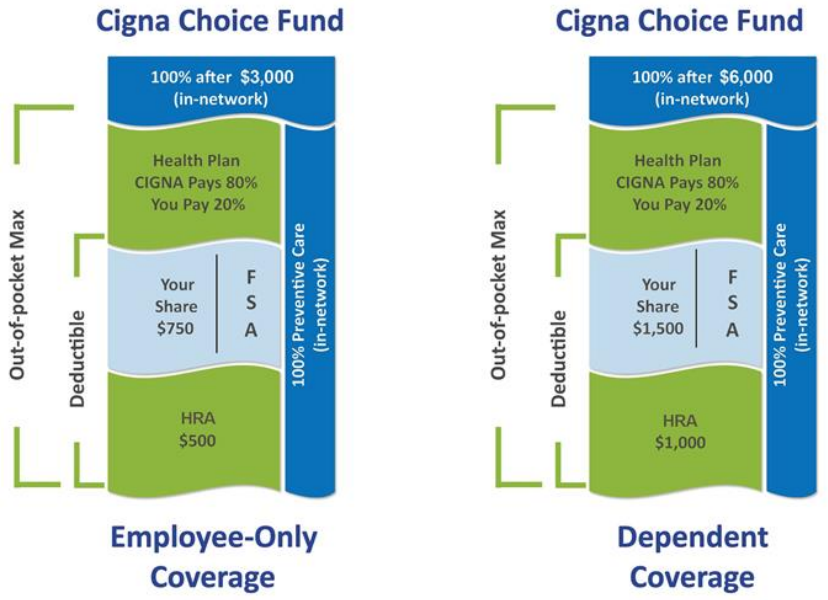
If I do not use my entire HRA, does it roll over to the next plan year?

Yes, any unused HRA funds will roll over if you elect an HRA plan during the following open enrollment. You cannot withdraw funds from the HRA or take any HRA money with you should you leave the employment of the County at any time. The maximum you can have in your HRA at any given time is equal to your current plan's Out-of-Pocket maximum.

Can I contribute to the HRA?

No, the County contributes 100% the HRA funds.

Example: How the Choice Fund HRA Base Plan Works



TELEHEALTH: AMWELL AND MDLIVE

Choice is good. More choice is even better.

Now Cigna provides access to **two** telehealth services as part of your medical plan – **Amwell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: Amwell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both Amwell and MDLIVE, you can speak with a doctor for help with:

- sore throat
- headache
- stomachache
- fever
- cold and flu
- allergies
- rash
- acne
- UTIs and more

The cost savings are clear.

Televisits with Amwell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

Amwell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, you have access to the **Cigna Behavioral Health** network of providers.

- Go to **Cignabehavioral.com** to search for a video telehealth specialist
- Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

Choose with confidence.

Amwell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

Register for one or both today so you'll be ready to use a telehealth service when and where you need it.

AmwellforCigna.com* **855-667-9722**

MDLIVEforCigna.com* **888-726-3171**

Signing up is easy!

Set up and create an account with one or both Amwell and MDLIVE

Complete a medical history using their "virtual clipboard"

Download vendor apps to your smartphone/mobile device**

The Amwell and MDLive services have a $10 copay

MYCIGNA.COM

If you have not registered on myCigna.com, please follow these steps:

myCigna 4+
Cigna Corporation >
★★½☆☆ (21)

- Visit myCigna.com or download the myCigna app
- Select **"Register"**
- Enter your name, address, and date of birth
- Confirm your identity with your Cigna ID number, Social Security number or with the myCigna security questionnaire
- Create a User ID and Password that you will remember
- Review and then select **"Submit"**

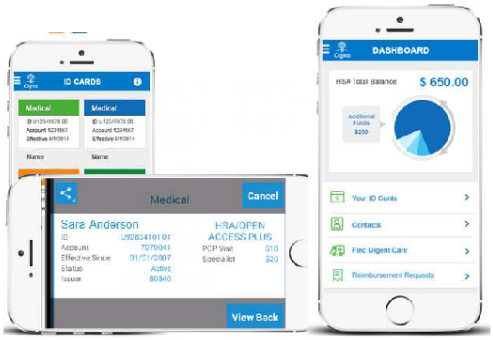
Already have an ID but haven't visited in a while? That's ok! If you don't remember your ID or password, just click **"forgot user ID"** or **"forgot password"** on the registration page and we'll help you out. If you guess either, you have 3 opportunities before the system locks you out and you must call Cigna to unlock your account. If this happens, please call 800-853-2713.

Your Health in an APP

- Life can be busy and complicated. So, we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The myCigna Mobile App helps you personalize, organize, and access your important plan information on your phone or tablet. The app has a new look and feel and it's available in Spanish too! Use the myCigna Mobile App,

Log In Anytime, Anywhere to:

- Track your account balances and deductibles
- Mange and calculate costs
- View, fax or email ID card information
- Find doctors and compare costs
- Find pharmacies, view medication costs based on your plan, and cost-savings for lower cost alternatives
- Review your coverage
- Store and organize all important contact information for doctors and hospitals



Download the myCigna Mobile App for your mobile device.

The myCigna Mobile App is all about helping you stay organized and in control of your health—anytime, anywhere—so you can get more out of life.

Available on amazon apps kindle fire | GET IT ON Google play | Download on the App Store | Get it at BlackBerry World

Use the MyCigna mobile app and never be without your ID card again!

DENTAL BENEFITS OVERVIEW

Osceola County offers 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. You have access to an extensive network of dentists. You can find a list of participating providers through the carrier's website, www.myCigna.com.

Cigna		Base PPO Plan		Buy Up PPO Plan	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Look for a participating provider in the following network:		DPP Advantage		Total Cigna DPPO	
Type I—Preventive Services: Exams, Cleanings, Fluoride Treatments, X-rays, Sealants	Plan Pays	100%	80%*	100%	100%*
	You Pay	0%	20%*	0%	0%*
Type II—Basic Services: Fillings/Amalgams, Extractions, Endodontics, Periodontics	Plan Pays	80% after deductible	60% after deductible*	80% after deductible	80% after deductible*
	You Pay	20% after deductible	40% after deductible*	20% after deductible	20% after deductible*
Type III—Major Services: Crowns, Dentures, Prosthetics, Bridges	Plan Pays	50% after deductible	50% after deductible*	50% after deductible	50% after deductible*
	You Pay	50% after deductible	50% after deductible*	50% after deductible	50% after deductible*
Type IV—Orthodontics Up to age 19	Plan Pays	Not Covered		50% Up to lifetime limit	
	You Pay	Full Cost		50% Up to lifetime limit, plus amounts above limit	50% Up to lifetime limit, plus amounts above limit
Maximum Allowable Charge		Fee Schedule	Percentile	Fee Schedule	Percentile
DEDUCTIBLE		**Plan Year Deductible**		**Plan Year Deductible**	
Waived for Preventive Services		Yes	Yes	Yes	Yes
Individual		$50	$100	$50	$50
Family		$150	$300	$150	$150
MAXIMUM BENEFIT LIMITS					
Annual Limit		$1,000 Combined	$1,000 Combined	$1,500 Combined	$1,500 Combined
Lifetime Limit: Orthodontics		Not covered	Not covered	$1,000 Combined	$1,000 Combined

*The Plan will pay according to the above schedule up to the Plan Annual Maximum. Once the Plan Annual Maximum is reached, you will be responsible for 100% of the contracted rate. This includes Preventive Care Services.

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.*

DENTAL BENEFITS OVERVIEW

Dental Plan Highlights

- ✓ Preventive care includes: Cleanings, Oral exams and X-rays
- ✓ Additional cleanings and benefit may be available for those with certain medical conditions such as pregnancy or diabetes.
- ✓ Pediatric dentists are available for children. The American Academy of Pediatric Dentistry recommends taking your child to the dentist every 6 months starting near their first birthday.
- ✓ In-Network dentists are paid based on the PPO fee schedule agreed upon in advance. Be sure to go to www.MyCigna.com to see if your dentist is In-Network. You are responsible for any deductible and Coinsurance costs, but the In-Network dentist cannot bill you for covered charges above the PPO fee schedule.
- ✓ Out-of-Network dentists are not obligated to accept Cigna's negotiated fee and may bill you for any unpaid balance, after the Deductible and Coinsurance. You may even have to file your own claims and wait for reimbursement from the insurance company.

How Cigna Dental WellnessPlus works

- ✓ When you get preventive care, your annual dollar maximum increases the next plan year. This lets you build your annual dollar maximum for other future needs.
- ✓ Your annual dollar maximum will grow each year. Up to the level listed in your plan documents. As long as you stay enrolled in the plan. And keep getting preventive care.
- ✓ Members of the same family could have different annual dollar maximums in future years. Why? Because family members who get preventive care also see an increase in their annual dollar maximum in the next year(s).
- ✓ If you don't get preventive care, your annual dollar maximum stays the same. This is also true for your family members.

Cigna Dental Oral Health Integration Program®

More Access
Available to ALL Cigna Dental Customers with qualifying condition(s)

More Wellness
Articles on behavioral issues linked to oral health

More Discounts
Up to 50% off average retail prices on certain prescription dental products

Covered Dental Procedures and Medical Conditions	Maternity	Chronic Kidney Disease	Organ Transplants	Head & Neck Cancer Radiation
Periodontal treatment and Maintenance*	√	√	√	√
Periodontal Evaluation	√			
Oral Evaluation	√			
Cleaning	√			
Emergency Palliative Treatment	√			
Fluoride - Topical Application and Varnish		√	√	√
Sealants		√	√	√

*Periodontal **treatment and maintenance are covered with Heart Disease, Stroke, and Diabetes conditions.**

One of the most comprehensive programs reimbursing individuals for enhanced preventive and periodontal services.

Cigna

VISION BENEFITS OVERVIEW

Osceola County offers vision benefits to you and your dependents. Each person covered under the plan has the freedom to visit any vision provider. *You receive the most benefit by seeing an In-Network provider.*

The vision care network consists of private practicing optometrists, ophthalmologists, opticians and optical retailers. You can find a list of participating providers through the carrier's website **www.eyemed.com**.

	Member Cost: In-Network	Out-of-Network Reimbursement up to:
Vision Care Services		
Exam With Dilation as Necessary	$10 co-pay	$30
Frames Any available frame at provider location	$0 co-pay; $150 allowance, 20% off balance over $150	$75
Contact Lenses (Contact Lens allowance includes materials only)		
Conventional	$0 co-pay; $150 allowance, 15% off balance over $150	$120
Disposable	$0 co-pay; $150 allowance, plus balance over $150	$120
Medically Necessary	$0 co-pay; Paid in full	$210
Standard Plastic Lenses		
Single Vision	$15 co-pay	$25
Bifocal	$15 co-pay	$40
Trifocal	$15 co-pay	$60
Lenticular	$15 co-pay	$100
Standard Progressive	$15 co-pay	$53
Premium Progressive Tier 1	$35 co-pay	$53
Premium Progressive Tier 2	$45 co-pay	$53
Premium Progressive Tier 3	$60 co-pay	$53
Premium Progressive Tier 4	$15 co-pay; 20% off retail, less $120 allowance	$53
Covered Lens Options		
Standard Polycarbonate- under age 19	$0 co-pay	$20

Vision Care Services	Frequency of Service
Examination	Once every 12 months
Lenses (in lieu of contact lenses)	Once every 12 months
Contacts (in lieu of lenses)	Once every 12 months
Frame	Once every 24 months

Choose in-network versus out-of-network providers to save on services!

VISION BENEFITS OVERVIEW

Additional Vision Discounts

Vision Care Services	Member Cost In-Network
Discounted Exam Services	
Retinal Imaging Benefit	Up to $39
Contact Lens Fit and Follow-Up (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)	
Standard Contact Lens Fit & Follow-Up	$40
Premium Contact Lens Fit & Follow-Up	10% off retail price
Discounted Lens Options	
Photochromic (Plastic)	$75
Tint (Solid & Gradient)	$15
UV Treatment	$15
Standard Plastic Scratch Coating	$15
Standard Polycarbonate – age 19 and over	$40
Premium Anti-Reflective Coating	
Standard	$45
Tier 1	$57
Tier 2	$68
Tier 3	20% off Retail Price
Other Add-on Services and Materials	20% off Retail Price

Freedom Pass: Any frame, any price, for $0 out-of-pocket

With the Freedom Pass, employees can enjoy a special offer from Sears Optical and Target Optical. For $0 out-of-pocket expense, get any available frame, any brand – no matter the original retail price! You're free to choose any frame in either store at no additional cost to you.

For example, if you purchase a pair of frames that retail for $180, you're out-of-pocket cost is still $0 – even if you have a $150 frame allowance. That's a $30 value! **Offer Code:** 755288

40% off
additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off
any item not covered by the plan, including non-prescription sunglasses

Hearing Care
Amplifon Hearing Health Care Network
40% off hearing exams and a low price guarantee on discounted hearing aids

Lasik
Lasik or PRK from US Laser Network
15% off retail price or 5% off promotional price

FLEXIBLE SPENDING ACCOUNTS (FSA)

What is a Flexible Spending Account?

A healthcare Flexible Spending Account (FSA) allows you to set aside money from your paycheck before income taxes (Federal, Social Security, Medicare, state and local taxes, if applicable) are withheld. This money is available to pay for eligible expenses, such as copayments, deductibles, eyeglasses, contact lenses, prescriptions and other health-related expenses that are not reimbursed by insurance or dependent care expenses, such as child care.

How does the FSA work?

You decide how much to contribute to your healthcare FSA on a plan year basis to the maximum allowable amount. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the plan year.

Debit Card and Claims Filing

You will be issued a Benny Card to access the Healthcare FSA (transactions are to be processed like a credit card; a PIN will not be issued). Simply swipe your card at the provider's office, pharmacy, etc. It is important when utilizing the debit card to still request and keep an itemized receipt. You may receive a letter asking for a copy of the receipt. If you fail to submit the information requested, your debit card may be deactivated. Please contact Chard Snyder if this occurs.

Visit **www.Chard-Snyder.com** for additional information about Flexible Spending Accounts, including a list of eligible expenses and an interactive contribution and tax-savings calculator. **You may also call 1-800-982-7715 to speak with a Chard Snyder FSA specialist.** You can use the Mobile App to manage your plan. You can view your account balances along with transaction details, file claims and attach receipts. Email questions to **askpenny@chard-snyder.com**.

If you do not use the debit card and you have an eligible expense that needs to be reimbursed, simply complete a claim form, include a bill or itemized receipt from the provider, and submit this information for reimbursement. ***NOTE: The debit card issued is valid until the expiration date noted on the card.***

Sample Eligible Expenses:

- Unreimbursed medical expenses (deductibles, coinsurance, copay, etc.
- Dental services (including cosmetic services)
- Orthodontia
- Glasses, contacts, and eyes exams; Lasik eye surgery

Annual FSA Maximum 2018 Contribution Limits	
Healthcare FSA	$2,650 per household
Dependent Care FSA	$2,500 per person or $5,000 married couple filing jointly

Things to consider before you contribute to an FSA:

- Be sure to fund the account wisely as the funds are "use it or lose it". Any unused funds not exhausted by the December 15th grace period deadline will automatically be forfeited.
- You cannot take income tax deductions for expenses you pay with your Healthcare and/or Dependent Care FSA.
- You cannot stop or change contributions to your FSA during the year unless you have a change in family status consistent with your change in contributions.
- You may have a Healthcare FSA and a Dependent Care FSA.

DEPENDENT CARE FSA OVERVIEW

What is a dependent care FSA Account?

This is a pre-tax benefit account used to pay for eligible expenses for dependents under age 13 or care for disabled spouse or dependent that allows you - or you and your spouse - to work.

Below are some examples of eligible expenses:


In-Home Babysitting Fees*


Before and After School Care


Day Care Facility Fees

Dependent Care FSA Contribution Limits

Under the Dependent Care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual IRS limit is $5,000. If you are married and file separate returns, you can each elect $2,500 for the plan year. You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate in the Dependent Care FSA.

Claims Reimbursement

You may fax, mail or submit your dependent care claim to Chard Snyder for reimbursement online.

Note: You can only be reimbursed for the money you put into the account. For example: if you have contributed $200 into your Dependent Care FSA, but the actual after school care was $300 for the month, you can only be reimbursed for $200.

Things to consider before you contribute to a Dependent Care FSA:

- Be sure to fund the account wisely as the funds are "use it or lose it". Any unused funds not exhausted by the December 15th grace period deadline will automatically be forfeited.
- You must enroll in the Dependent Care FSA prior to the start of the plan year or during Open Enrollment (unless you experience a qualifying mid-year event that allows a mid-year enrollment.
- Save your receipts for each eligible expense you submit for reimbursement. Receipts must include: Name (who received the service), Provider name (provider that delivered service) and date, type and cost of service.

Sample Eligible Expenses:

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters* or nursery school) provided in or outside of your home.
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp- primary purpose must be custodial care and not educational in nature.

For a full list of eligible expenses, visit: www.irs.gov/publications and refer to Publication 503.

*In order to receive reimbursement for in-home babysitting fees, income must be recorded by the provider.

SHORT TERM DISABILITY OVERVIEW

Short Term Disability insurance provides income protection in the event you become disabled and are unable to work due to sickness or non-occupational injury, including pregnancy, for a short period of time. **As a benefit to you, Osceola County provides the base Short Term Disability coverage to all eligible employees at no cost.**

Base (County Paid)	
Benefit Amount	60% of weekly earnings
Benefit Maximum	$2,300 per week
Benefits Begin After	14 days accident/illness
Maximum Benefit Period	24 weeks
Evidence of Insurability	N/A

Buy-Up (Employee Paid*)	
Benefit Amount	Additional 10% of base weekly earnings
Benefit Maximum	$2,300 per week
Benefits Begin After	14 days accident/illness
Maximum Benefit Period	24 weeks
Evidence of Insurability	Required if you did not enroll when initially eligible

Note: Base weekly earnings do not include any incentive, hazard or overtime pay. Base weekly earnings also does not include any additional bonuses or allowances added to your earnings.

Plan Features

- **You must exhaust all sick leave prior to receiving short term disability benefit.** (Note: You may choose to utilize other accrued leave (i.e. vacation, etc.) before short term disability benefit payment begins.)
- You may purchase coverage that pays an additional 10% of your base weekly earnings to a maximum of $2,300 per week (combined with Osceola County paid coverage).
- Residual (Partial) Benefit - The policy includes a provision for disabled employees to receive residual (partial) benefit 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.
- Short Term Disability benefits are not payable to employees on Worker's Compensation.

See page 29 for the rate calculation.

**If you waive voluntary disability coverage when you are initially eligible, you will be required to provide Evidence of Insurability (EOI) when enrolling at a later date. Please allow 4 to 6 weeks for underwriting review. Claims incurred prior to the approval of your coverage will not be covered. Benefits may be limited and/or denied based on the EOI results.*

LONG TERM DISABILITY OVERVIEW

Long term disability insurance provides income protection in the event you become disabled and are unable to work for an extended period of time. **As a benefit to you, Osceola County provides the base Long Term Disability coverage to all eligible employees at no cost.**

Base (County Paid)	
Benefit Amount	60% of monthly earnings
Benefit Maximum	$9,000 per month
Definition of Disability	24 month own occupation
Benefits Begin After	180 days
Maximum Benefit Period	Social Security Normal Retirement Age (if disabled at age 62 or older, refer to the plan document for details on your benefit duration)
Pre-existing Condition	Lookback 3 months prior to coverage if less than 12 months of coverage
Evidence of Insurability	N/A

Buy-Up (Employee Paid*)	
Benefit Amount	Additional 10% of Base Monthly Earnings
Benefit Maximum	$9,000 per month
Definition of Disability	24 month own occupation
Benefits Begin After	180 days
Maximum Benefit Period	Social Security Normal Retirement Age (if disabled at age 62 or older, refer to the plan document for details on your benefit duration)
Pre-existing Condition	Lookback 3 months prior to coverage if less than 12 months of coverage
Evidence of Insurability	Required if you did not enroll when initially eligible

Note: Base monthly earnings do not include any incentive, hazard or overtime pay. Base monthly earnings also does not include any additional bonuses or allowances added to your earnings.

Plan Features

- Your benefit under the long term disability plan will be coordinated with Social Security, retirement plans (FRS) or other income benefits to ensure you receive up to 60% of our base monthly earnings.
- You may purchase coverage that pays an additional 10% of your base monthly earnings to a maximum of $9,000 per month (combined with Osceola County paid coverage).

See page 29 for the rate calculation.

Cigna

**If you waive voluntary disability coverage when you are initially eligible, you will be required to provide Evidence of Insurability (EOI) when enrolling at a later date. Please allow 4 to 6 weeks for underwriting review. Claims incurred prior to the approval of your coverage will not be covered. Benefits may be limited and/or denied based on the EOI results.*

LIFE AND AD&D INSURANCE OVERVIEW

Life insurance provides a monetary benefit to your beneficiary in the event of your death while you are employed at the County. Accidental Death and Dismemberment (AD&D) insurance is equal to your life insurance benefit amount and is payable to your beneficiary in the event of your death as a result of an accident and may also pay benefits in certain injury instances. It is important to keep your beneficiary information up to date. **As a benefit to you, Osceola County provides the Basic Life and AD&D coverage to all eligible employees at no cost.**

Basic Life Insurance	1x base annual earnings rounded to the next $1,000 to a maximum of $300,000
Accidental Death and Dismemberment	Matches life
Benefit Reduction Schedule	65% at age 70; 50% at age 75

Voluntary Employee and Dependent Life and AD&D Insurance

You have the opportunity to purchase Voluntary Life and AD&D insurance for yourself, your spouse and/or your dependent child(ren). Employees pay the full cost of the premiums for the Voluntary Life and AD&D coverage.*

Rates are based on chosen benefit amount and your age. Spouse rates are based on your spouse's age. See page 29 for the rates and rate calculation.

	Voluntary Life and AD&D Coverage		
	Employee	**Spouse****	**Dependent Child(ren)**
Increments	$10,000	$10,000	$2,000; $5,000; $10,000
Guarantee Issue Amounts*	$200,000	$20,000	All amounts are guarantee issue
Maximum	$300,000 or to the lesser of 5x base salary	Up to $300,000 not to exceed 50% of the employee combined benefit amount (Basic & Voluntary)	$10,000

With Cigna's Value Added Services, employees can create their will – for free! Log on to www.CignaWillCenter.com to access multiple will templates and state-specific legal documents. You can also get resources to help with will preparation, estate planning, and more.

**If you waive Voluntary Life coverage when you are initially eligible, you will be required to provide Evidence of Insurability (EOI) when enrolling at a later date. The carrier will review and determine approval based on EOI documentation. Benefits may be limited and/or denied based on EOI results. Claims incurred prior to the approval of your coverage will not be covered.*

***To purchase Voluntary Life for your spouse, you must first purchase Voluntary Life for yourself.*

EMPLOYEE ASSISTANCE PROGRAM (EAP)

We are interested in your total well-being. That is why we offer an Employee Assistance Program (EAP) through CIGNA. This program provides a counseling service that helps you manage problems before they adversely affect your personal life, health and job performance.

This is a **free** and **confidential** service. Call toll-free **888-371-1125**.

If your supervisor refers you to the program for a work-related issue, he or she will never be told the nature of your personal problems.

3 Face-to-face counseling sessions per year

AND

Unlimited 24/7 telephonic counseling and work/life balance resources

Call Anytime, Any Day

Resources are just a phone call away whenever you need them, at no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a Specialist

You have three face-to-face sessions with a behavioral counselor available to you and your house-hold members. Call to request a referral.

Reward Yourself

Access our rewards discount program. You can get discounts on health and wellness products and services.

Achieve Work/Life Balance

If you'd like help handling life's demands, call the EAP for extra support. They can refer to a service in your community.

Assistance is available for the following personal and work life situations:

- Marital and family problems
- Parenting
- Teen Resources (dating, bullying, eating concerns, etc.)
- Work-related difficulties
- Emotional problems
- Relationship difficulties
- Alcohol and substance abuse
- Domestic violence
- Health and wellness resources
- Personal financial management
- Legal and financial resources and counseling

To learn more, call 1.888.371.1125 or visit us online at: www.CignaBehavioral.com and log in using your company's employer ID: osceolacounty

VOLUNTARY WORKSITE BENEFITS

Employees have the opportunity to enroll in voluntary worksite benefits. These policies can supplement the coverage you have in place with medical insurance. Coverage is available for you, your spouse, and eligible dependents with most products. These benefits are paid 100% by employees.

Accident Insurance

Accident insurance includes coverage for both on-the-job and off-the-job accidents. Having an unexpected accident can cause more than physical injury - it can hurt your bank account, too. Since accidents can happen at any time, it's important to prepare for the unexpected.

This policy can help you pay for out-of-pocket expenses associated with an accident by paying you a benefit depending on the injuries you receive. You can use the money as you wish - pay for healthcare-related expenses, childcare while you go to the doctor, or save it for another unfortunate incident.

Cancer Insurance

Cancer insurance helps offset Out-of-Pocket medical and non-medical expenses related to cancer that most plans don't cover. This coverage also provides a benefit for specified wellness tests.

Critical Illness Insurance

Critical Illness Insurance protects your family and your assets. Many people don't save money for healthcare expenses, which is why being diagnosed with a heath condition can be draining, both emotionally and financially. This policy provides you with a lump sum cash benefit in the event you or your loved one is diagnosed with a covered condition such as a heart attack, cancer or a stroke.

Hospital Confinement Insurance

Hospital Confinement Insurance provides a lump-sum benefit for items such as a covered hospital confinement, outpatient surgery, and more to help cover copayments and deductibles that aren't paid for by most major medical plans. This coverage also provides a benefit for specified wellness tests.

Claims – eClaims are quick and easy

You can access eClaims through your computer or mobile device. You can file most claims online by simply answering a few questions and uploading your supporting documentation. Once you're logged in to ColonialLife.com, visit the Claims Center and select "File an Online Claim" to get started.

Wellness Benefits

You can file your wellness benefits via telephone at **800-325-4368** mentation required

See page 30 for the premium rates for each of these benefits.

With most plans:
- ✓You can continue coverage when you retire or change jobs.
- ✓You receive benefits regardless of any insurance you may have with other companies.

Colonial Life

COST OF COVERAGE OVERVIEW

2018-2019 PAYROLL DEDUCTIONS (BI-WEEKLY)

	Employee Only	Employee + 1 Dependent	Family
MEDICAL (Pre-Tax)			
Cigna Base HRA Plan	$0.00	$79.17	$123.16
Cigna Buy Up HRA Plan	$14.17	$104.67	$162.84
DENTAL (Pre-Tax)			
Cigna Base PPO Plan	$0.00	$10.48	$19.30
Cigna Buy Up PPO Plan	$2.76	$15.85	$26.88
VISION (Pre-Tax)			
EyeMed Vision Care Plan	$2.64	$5.27	$7.05

Short Term Disability	**Base Plan**	**Buy-up Plan**
Employee Pays	$0.00	See next page for rates
Long Term Disability	**Base Plan**	**Buy-up Plan**
Employee Pays	$0.00	See next page for rates
Basic Life/AD&D		
Employee Pays	$0.00	

Voluntary Life/AD&D	**Employee**	**Employee's Spouse**	**Employee's Child(ren)**
Employee Pays	See next page for rates	Based on Spouse's date of birth	Flat monthly cost covers all children

VOLUNTARY LIFE AND DISABILITY RATES

Voluntary Life and AD&D Insurance	Employee	Employee's Spouse*
Age	**Monthly Rates Per $10,000 of Benefit****	
Less than 30	$1.17	$1.17
30-34	$1.25	$1.25
35-39	$1.69	$1.69
40-44	$2.81	$2.81
45-49	$4.95	$4.95
50-54	$7.69	$7.69
55-59	$13.12	$13.12
60-64	$15.66	$15.66
65-69	$29.88	$29.88
70-74	$53.19	N/A
75+	$78.98	N/A
Child(ren) monthly rates are: $0.40 for $2,000 $1.00 for $5,000 $2.00 for $10,000		
*** Spouse rates are based on the Spouse's age**		
**** All rates include Accidental Death and Dismemberment**		
Note: If you move into a new age bracket during the year, the rate change will not take effect until the next plan year.		

Formula for Additional Life and AD&D:
Step 1: Select Desired Amount / $10,000 = Number of Units
Step 2: Number of Units x Rate per $10,000 = Monthly Premium

Formula for 70% Short Term Disability Buy-up:
Step 1: Annual Salary / 52 = Weekly Salary
Step 2: Weekly Salary x .70 = Total Weekly Benefit (not to exceed $2,300 per week)
Step 3: Total Weekly Benefit x $0.143 / $10 = Monthly Premium

Formula for 70% Long Term Disability Buy-up:
Step 1: Annual Salary / 12 = Monthly Salary*
Step 2: Monthly Salary / 100 = Number of Units (Premium based on $100 of monthly salary)
Step 3: Number Units x $0.233 = Monthly Premium
*Note: Maximum Monthly Salary is **$12,857**, due to reaching the maximum monthly benefit limit.

To convert a monthly premium to a bi-weekly premium, multiply the monthly premium by .4615.

Bi-Weekly Rates (26 pay periods)

Accident Insurance	Employee	Employee + Child(ren)	Employee + Spouse	Family
*Base Plan Option **	*$5.00*	*$9.52*	*$8.16*	*$12.66*
*Premium Plan Option **	*$7.86*	*$14.12*	*$12.68*	*$18.92*

***Plans include sickness hospital confinement & wellness riders**

Cancer Insurance	Employee	Employee + Child(ren)	Employee + Spouse	Family
*Base Plan Option **	*$10.72*	*$17.82*	*$17.82*	*$17.82*
*Premium Plan Option **	*$13.78*	*$22.88*	*$22.88*	*$22.88*

***Plans include initial diagnosis & specified disease riders**

Critical Illness Insurance *Per each $10,000 face amount*	Employee	Employee + Child(ren)	Employee + Spouse	Family
Non-Tobacco				
Age 17-29	*$1.00*	*$1.00*	*$1.40*	*$1.40*
Age 30-39	*$1.60*	*$1.80*	*$2.40*	*$2.40*
Age 40-49	*$3.20*	*$3.20*	*$4.60*	*$4.80*
Age 50-59	*$5.60*	*$5.60*	*$8.60*	*$8.60*
Age 60-74	*$9.00*	*$9.00*	*$14.00*	*$14.00*
Tobacco				
Age 17-29	*$1.80*	*$2.00*	*$2.80*	*$2.80*
Age 30-39	*$3.20*	*$3.20*	*$4.80*	*$4.80*
Age 40-49	*$6.20*	*$6.40*	*$9.40*	*$9.40*
Age 50-59	*$11.00*	*$11.20*	*$17.20*	*$17.20*
Age 60-74	*$18.00*	*$18.00*	*$27.80*	*$28.00*
Health Screening - $50 benefit *Bi-weekly rate added after the desired face amount is calculated*	*$1.34*	*$1.34*	*$2.08*	*$2.08*

Hospital Supplemental Insurance *$1,500 hospital confinement benefit (maternity included)*	Employee	Employee + Child(ren)	Employee + Spouse	Family
Age 17-49	*$12.48*	*$19.68*	*$22.66*	*$30.44*
Age 50-59	*$16.78*	*$24.00*	*$32.44*	*$39.02*
Age 60-64	*$21.26*	*$29.08*	*$42.10*	*$48.40*
Age 65-99	*$26.20*	*$34.04*	*$52.76*	*$59.06*
$2,000 hospital confinement benefit (maternity included)				
Age 17-49	*$14.24*	*$25.82*	*$22.20*	*$34.36*
Age 50-59	*$19.06*	*$27.00*	*$36.96*	*$44.28*
Age 60-64	*$24.44*	*$33.02*	*$48.74*	*$55.78*
Age 65-99	*$30.70*	*$39.28*	*$62.08*	*$69.12*


OSCEOLA · COUNTY
FLORIDA