



## **2020 Monroe Employee Benefit Guide**

For Plan Year January 1, 2020 – December 31, 2020

For benefit-eligible employees and retirees of:

Board of County Commissioners

Property Appraiser

Clerk of Court

Supervisor of Election

Land Authority

Sheriff's Office

Tax Collector

## Contact Information

If you have specific questions about a benefit plan, please contact the Employee Benefits Office listed below.

Human Resources Department		Phone	Website/Email
<b>Employee Benefits Team</b>			
Employee Services Director	Bryan Cook		cook-bryan@monroecounty-fl.gov
Employee Benefits Administrator, HIPAA Privacy Office	Natalie Maddox		maddox-natalie@monroecounty-fl.gov
Employee Benefits Coordinator	Tania Mercurio		mercurio-tania@monroecounty-fl.gov
Benefit	Administrator	Phone	Website/Email
<b>Medical Insurance</b>	Florida Blue	800.664.5295	www.floridablue.com
<b>Rx Prescription</b>	Envision Rx	800.361.4542	www.envisionrx.com
<b>Virtual Visits</b>	Teladoc	800.835.2362	www.teladoc.com
<b>Health Savings Account</b>	Discovery Benefits	866.451.3399	www.discoverybenefits.com/
<b>Dental Insurance</b>	Delta Dental	800.521.2651	www.deltadentalins.com
<b>Vision Insurance</b>	VSP	800.877.7195	www.vsp.com
<b>Basic Life and AD&amp;D Insurance</b>	Minnesota Life/Natalie	305.292.4446	maddox-natalie@monroecounty-fl.gov
<b>Supplemental Life</b>	Minnesota Life/Natalie	305.292.4446	maddox-natalie@monroecounty-fl.gov
<b>Employee Assistance Program</b>	Quantum Health Solutions	877.747.1200	www.accessqhs.com

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

The County has contracted with Gallagher Benefit Services, Inc. to provide specific services. Gallagher Benefit Services, Inc. is responsible for the production of this booklet and not the content. This document is an outline of the coverage proposed by the carrier(s), based on information provided by The County. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those specific details. Policy forms for your reference will be made available upon request through your Benefits office.

## Table of Contents

Contact Information .....	2
Introduction .....	4
Group Insurance Eligibility .....	5
Qualifying Events and IRS Code Section 125 .....	7
Core Benefits .....	8
Additional Benefits .....	8
Medical Benefits .....	9
Tobacco User Surcharge .....	14
Approved Tobacco Cessation Program .....	14
Other Available Plan Resources .....	15
Health Savings Account (HSA) (Available Only with the Blue Options HSA Compatible High Deductible Health Plan) .....	16
Basic Life and AD&D Insurance .....	22
Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance .....	22
Resources For Work and Life Program (Including EAP) .....	23
Medicare Part D Prescription Drug Notice.....	24

This booklet is merely a summary of your benefits. For a full description, refer to the plan document. Where conflict consists between this summary and the plan document, the plan document controls. The County reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.

## Introduction

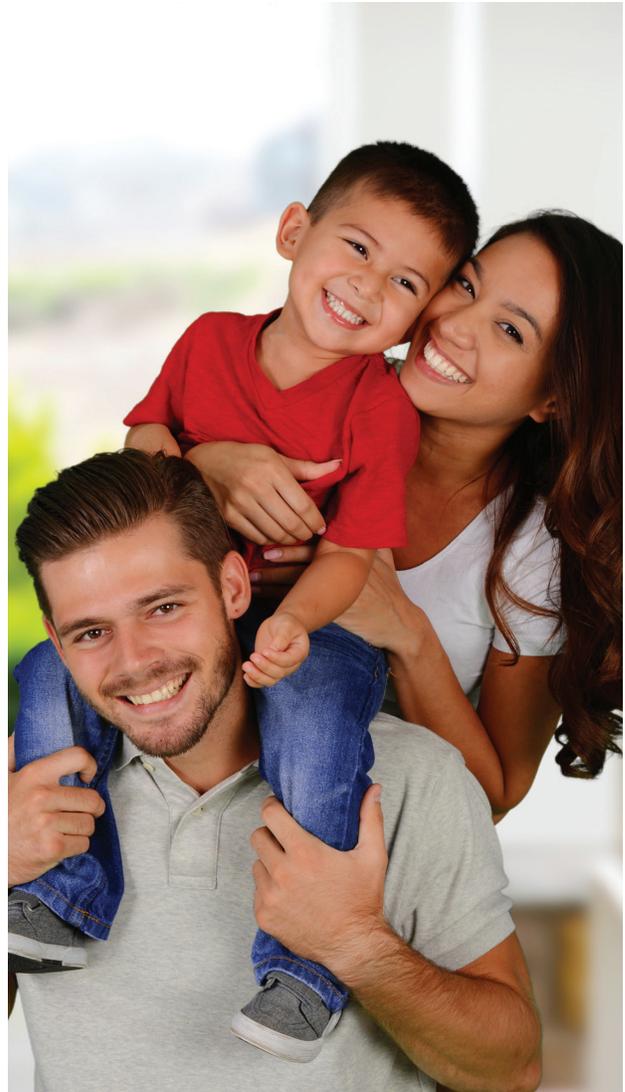
The County is pleased to provide this overview of benefits offered to all regular full-time employees. We strive to offer an array of benefits that allow employees to make choices regarding their health and wellness, as well as balance their life at home.

This is a collective summary of medical/Rx, dental, vision, life, and a number of other optional insurances and benefit related “perks” available to County employees. This overview is not intended to be all inclusive. Employees should consult individual policy documents for specific information, as they will supersede any information provided in this overview.

You share the costs of some benefits (medical/Rx), the County provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, you may enroll in the dental/vision plans along with other voluntary benefits with reasonable group rates that you can purchase through County payroll deductions.

### Benefit Plans Offered

- Medical/Rx
- Teladoc
- Health Savings Account (HSA)  
Discovery Benefits
- Dental
- Vision
- Basic Life and AD&D
- Supplemental Life
- Employee Assistance Program



## Group Insurance Eligibility



**Monroe County Board of County Commissioners' group insurance plan year is January 1 through December 31.**

### Employee Eligibility

Employees are eligible to participate in Monroe County Board of County Commissioners' insurance plans if they are full-time employees working a minimum of 25 or more hours per week. Coverage will be effective after a 60 day waiting period. This waiting period includes holidays and weekends.

**Full-time** employees working 25 or more hours per week.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. **If you experience a qualifying event, immediately contact the Employee Benefits Office and complete the change/special enrollment. You only have 30 days.**

### Termination

If an employee separates from the Monroe County Board of County Commissioners, all coverage ends on the date of termination. COBRA continuation of coverage may be available as applicable by law.

### Dependent Eligibility

A dependent is defined as:

- The legal spouse
- Domestic partner and/or dependent child(ren) of the participant.

The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn (up to age 18 months old) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner

### Dependent Age Requirements

**Medical Coverage:** Dependent children may be covered through the end of calendar year in which the children turn age 26. Over age dependents may continue to be covered on the medical plan to the end of the calendar year in which the over age dependent reaches the age of 30 and will be considered a taxable dependent, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is handicapped.

**Dental and Vision Coverage:** Dental ends at the end of the month the dependent turns 26. Vision ends at the end of the calendar year the dependent turns 26.

### Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee participant for support;
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured; and
- Coverage with the Monroe County Board of County Commissioners began prior to age 26.

Proof of disability will be required upon request. If dependent is disabled, the employee should contact the Employee Benefits Office for possible continued enrollment.

**If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 24-25 of the guide for more details.**

## Domestic Partner

Monroe County Board of County Commissioners offers domestic partner benefits to eligible same or opposite sex domestic partners, for the purpose of participation in the medical/Rx , dental and vision benefits. The employee and domestic partner must sign an Affidavit of Domestic Partnership and submit documentation that verifies a joint financial and shared residential arrangement. Per IRS rules, an employee may not receive a tax advantage on any portion of premium attributable to a domestic partner; therefore, imputed income for the value of the applicable domestic partner coverage for the period of coverage, including the value of the coverage for a domestic partner's child(ren), must be reported on the employee's W-2 and taxed accordingly. Imputed income is the dollar value of insurance coverage attributable to covering the domestic partner (and the domestic partner's child(ren)).

## Taxable Dependents

Employees covering adult children under their medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which the dependent child reaches age 26. Beginning January 1 of the calendar year in which the dependent child reaches age 27 through the end of the calendar year in which the child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year.

Imputed income is the dollar value of insurance coverage attributable to covering the adult dependent child.

Note: There is no imputed income if an adult child is eligible to be claimed as a dependent for federal income tax purposes on the employee's tax return. Contact the Employee Benefits Office for further details if covering an adult child who will turn age 27 any time during the upcoming calendar year or for more information.

Spouse/domestic partner eligibility certification is due each year during open enrollment or at time coverage is added.



## Qualifying Events and IRS Code Section 125

### IRS Code Section 125

Premiums for medical/Rx, dental, and vision insurance are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to an employee's pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the employee or qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

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

#### Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Employee, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employees work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing eligibility for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60-day notification period)
- Becoming eligible for State premium assistance under Medicaid or CHIP (60-day notification period)



#### IMPORTANT NOTES

Employee who experiences a qualifying event must contact the Employee Benefits Office as soon as possible within 30 days of life event and complete required paperwork. Beyond 30 days, requests will be denied and the employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of the employee or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes can be made immediately, but must be within 30 days of the life event. Newborns are effective on the date of birth and marriage or divorce is effective on the date of occurrence. Cancellation are immediate. In the event of death, coverage will terminate the date following the death. Employee will be required to furnish valid documentation supporting a change in status or "Qualifying Event."

#### Please Note the following:

- *After Tax Benefits: During the Plan Year, employees may **ONLY** add new or cancel after tax benefits, one time after the plan year, no other changes allowed unless there is a qualifying event.*
- *Any new dependents must provide a copy of their Social Security card, birth or marriage certificate and include their middle initial when they are added to the coverage.*

## Core Benefits

Monroe County Board of County Commissioners provides core benefits to eligible full-time employees who work a minimum of 25 hours per week. Summary Plan Descriptions or Certificates of Coverage for these benefits are available in the Employee Benefits Office and, in case of a conflict, will serve as the legal documents that determine an employee's benefits. The benefits are:

- Medical/Rx
- Dental
- Vision
- Basic Life and AD&D
- Supplemental Life
- Employee Assistance Program

## Additional Benefits

The following benefits are available to eligible Monroe County Board of County Commissioners employees. They are listed for informational purposes only.

### Wellness

The Passport to Wellness Program offers activities and educational opportunities throughout the year. Please contact the Employee Benefits Office for details. Also, Monroe County Board of County Commissioners has a fitness center with shower facilities located in the Gato Building in Key West available to County employees during certain times of the year. Please contact The County for hours of operation.

Other opportunities include:

- \$300 Savings
- 4 Hours Paid Time Off
- Health Fair
- Lunch and Learns
- Race Reimbursement
- Fitness Centers
- Fitness Activities Classes



## Medical Benefits

Monroe County Board of County Commissioners offers medical insurance through FloridaBlue to benefit-eligible employees. For information about the medical plans, please refer to the Summary of Benefits and Coverage (SBC) document or contact Florida Blue's customer service.

### MONROE COUNTY BOCC MEDICAL BENEFIT SUMMARIES EFFECTIVE 1/1/2020

#### Medical Plan Legend

HSA Compatible 05182/05183 =  
High Deductible Health Plan  
Predictable Cost 03559 =  
Traditional PPO Plan

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan 03559	BlueOptions HSA-Compatible 05182 (Single Coverage)	BlueOptions HSA-Compatible 05183 (Family Coverage)
<b>Deductible (DED) (Per Person/Family Agg)</b> In-Network Out-of-Network	\$400 / \$800 Combined with INN	\$2,000 / Not Applicable Combined with INN Applies to Pharmacy Benefits	\$4,000 / \$4,000 Combined with INN Applies to Pharmacy Benefits
<b>Coinsurance (Member Responsibility)</b> In-Network Out-of-Network	25% 55%	20% 50%	20% 50%
<b>Out of Pocket Maximum (Per Person/Family Agg)</b> In-Network Out-of-Network	Includes DED, Coins PAD, PVD and Copays \$7,150 / \$14,300 Combined with INN	Includes DED, Coins PAD, and PVD \$6,600 / Not applicable Combined with INN	Includes DED, Coins PAD, and PVD \$13,000 / \$13,000 Combined with INN
<b>Lifetime Maximum</b>	No Maximum	No Maximum	No Maximum
PROFESSIONAL PROVIDER SERVICES			
<b>Allergy Injections</b> In-Network Family Physician/Specialist Out-of-Network	\$10 Copay / \$10 Copay DED + 55%	DED + 20% DED + 50%	DED + 20% DED + 50%
<b>E-Office Visit Services</b> In-Network Family Physician/Specialist Out-of-Network	\$10 Copay / \$10 Copay DED + 55%	DED + 20% / DED + 20% DED + 50%	DED + 20% / DED + 20% DED + 50%
<b>Office Services</b> In-Network Family Physician In-Network Specialist Out-of-Network	DED + 20% DED + 20% DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Maternity Office Services</b> In-Network Specialist Out-of-Network	\$30 Copay DED + 55%	DED + 20% DED + 50%	DED + 20% DED + 50%
<b>Advanced Imaging Services in Physician's Office</b> In-Network Out-of-Network	DED+25% DED+25% DED+55%	DED+20% DED+20% DED+50%	DED+20% DED+20% DED+50%



#### Locate a Provider

To search for a participating provider, contact FloridaBlue's customer service or visit [www.floridablue.com](http://www.floridablue.com).



#### Plan References

\*Quest is the preferred lab for bloodwork through FloridaBlue. When using labs other than Quest, please confirm they are contracted with the FloridaBlue Network prior to receiving services.

MONROE COUNTY BOCC MEDICAL BENEFIT SUMMARIES EFFECTIVE 1/1/2020 Continued

**Medical Plan Legend**

HSA Compatible 05182/05183 = High Deductible Health Plan  
 Predictable Cost 03559 = Traditional PPO Plan

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan 03559	BlueOptions HSA-Compatible 05182 (Single Coverage)	BlueOptions HSA-Compatible 05183 (Family Coverage)
<b>Diagnostics - X-ray in Physician's office</b> In-Network Family Physician In-Network Specialist Out-of-Network	DED+25% DED+25% DED+55%	DED+20% DED+20% DED+50%	DED+20% DED+20% DED+50%
<b>Provider Services at ER</b> In-Network Out-of-Network	DED + 25% INN DED + 25%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Provider Services at Hospital</b> In-Network Out-of-Network	DED + 25% INN DED + 25%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Radiology, Pathology and Anesthesiology Provider Services at Hospital</b> In-Network Out-of-Network	DED + 25% INN DED + 25%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Ctr</b> In-Network Out-of-Network	DED + 25% INN DED + 25%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Provider Services at Other Locations</b> In-Network Family Physician/Specialist Out-of-Network	DED + 25% DED + 55%	DED + 20% / DED + 20% DED + 50%	DED + 20% / DED + 20% DED + 50%
<b>PREVENTIVE CARE</b>			
<b>Adult Wellness Office Services</b> In-Network Family Physician In-Network Specialist Out-of-Network	\$0 \$0 55%	\$0 \$0 50%	\$0 \$0 50%
<b>Colonoscopies (Routine)</b>  In-Network Out-of-Network	<b>Age 50+ then Frequency Schedule Applies</b>  \$0 \$0	<b>Age 50+ then Frequency Schedule Applies</b>  \$0 \$0	<b>Age 50+ then Frequency Schedule Applies</b>  \$0 \$0
<b>Mammograms (Routine)</b> In-Network Out-of-Network	\$0 \$0	\$0 \$0	\$0 \$0
<b>Well Child Office Visits (No BPM)</b> In-Network Family Physician In-Network Specialist Out-of-Network	\$0 \$0 55%	\$0 \$0 50%	\$0 \$0 50%
<b>AMBULANCE/URGENT CARE/CONVENIENT CARE</b>			
<b>Ambulance Maximum (per Day)</b>  In-Network Out-of-Network	<b>No Maximum</b>  DED + 25% INN DED + 25%	<b>No Maximum</b>  DED + 20% INN DED + 20%	<b>No Maximum</b>  DED + 20% INN DED + 20%
<b>Convenient Care Centers (CCC)</b> In-Network Out-of-Network	\$25 Copay DED + 55%	DED + 20% DED + 50%	DED + 20% DED + 50%

MONROE COUNTY BOCC MEDICAL BENEFIT SUMMARIES EFFECTIVE 1/1/2020 Continued

**Medical Plan Legend**

HSA Compatible 05182/05183 =  
High Deductible Health Plan  
Predictable Cost 03559 =  
Traditional PPO Plan

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan 03559	BlueOptions HSA-Compatible 05182 (Single Coverage)	BlueOptions HSA-Compatible 05183 (Family Coverage)
<b>Emergency Room Facility Services</b> (Waived if Admitted) In-Network Out-of-Network	\$300 PVD + DED + 25% \$300 PVD + DED + 25%	DED + 20% DED + 20%	DED + 20% DED + 20%
<b>Urgent Care Centers (UCC)</b> In-Network Out-of-Network	\$50 Copay DED + \$50 Copay	DED + 20% DED + 20%	DED + 20% DED + 20%
<b>FACILITY SERVICES - HOSPITAL/SURGICAL/LAB/INDEPENDENT DIAFNOSTIC TESTING FACILITY</b>			
<b>Ambulatory Surgical Center</b> In-Network Out-of-Network	DED + 25% DED + 55%	DED + 20% DED + 50%	DED + 20% DED + 50%
<b>Independent Clinical Lab</b> In-Network Out-of-Network	\$10 Copay DED + 55%	DED DED + 50%	DED DED + 50%
<b>Independent Diagnostic Testing Facility</b> <b>X-rays and AIS (Includes Physician Services)</b> In-Network - Advanced Imaging Services (AIS) In-Network - Other Diagnostic Services Out-of-Network	DED + 25% DED + 25% DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Diagnostic Services at Outpatient Hospital</b> Advanced Imaging Other Diagnostic Services Out-of-Network	DED + 25% DED + 25% DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Inpatient Hospital (Per Admit)</b> In-Network –Option 1 In-Network—Option 2 Out-of-Network	\$150 PAD + DED + 25% \$150 PAD + DED + 25% \$150 PAD + DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Inpatient Rehab Maximum</b>	30 Days	30 Days	30 Days
<b>Outpatient Hospital (per Visit)</b> In-Network –Option 1 In-Network—Option 2 Out-of-Network	DED + 25% DED + 25% DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Therapy at Outpatient Hospital</b> In-Network –Option 1 In-Network—Option 2 Out-of-Network	\$30 + DED \$30 + DED DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>			
<b>Inpatient Hospitalization (Per Admit)</b> In-Network –Option 1 In-Network—Option 2 Out-of-Network	\$150 PAD + DED + 25% \$150 PAD + DED + 25% \$150 PAD + DED + 55%	DED + 20% DED + 20% INN DED + 20%	DED + 20% DED + 20% INN DED + 20%
<b>Outpatient Hospitalization (per Visit)</b> In-Network—Option 1 In-Network—Option 2 Out-of-Network	DED + 25% DED + 25% DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Provider Services at Hospital</b> In-Network Family Physician or Specialist Out-of-Network Provider	DED + 25% / DED + 25% DED + 25%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Provider Services at ER</b> In-Network Family Physician/Specialist Out-of-Network Provider	DED + 25% / DED + 25% DED + 25%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%

MONROE COUNTY BOCC MEDICAL BENEFIT SUMMARIES EFFECTIVE 1/1/2020 Continued

**Medical Plan Legend**

HSA Compatible 05182/05183 =  
High Deductible Health Plan  
Predictable Cost 03559 =  
Traditional PPO Plan

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan 03559	BlueOptions HSA-Compatible 05182 (Single Coverage)	BlueOptions HSA-Compatible 05183 (Family Coverage)
<b>Physician Office Visit</b> In-Network Family Physician / Specialist Out-of-Network Provider	\$30 Copay / \$30 Copay DED + 55%	DED + 20% / DED + 20% DED + 50%	DED + 20% / DED + 20% DED + 50%
<b>Emergency Room Facility Services (per Visit)</b> In-Network Out-of-Network	\$300 PVD + DED + 25% \$300 PVD + DED + 25%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>OTHER SPECIAL SERVICES AND LOCATIONS</b>			
<b>Provider Services at Locations other than Hospital and ER</b> In-Network Family Physician/Specialist Out-of-Network Provider	DED + 25% / DED + 25% DED + 55%	DED + 20% / DED + 20% DED + 50%	DED + 20% / DED + 20% DED + 50%
<b>Birthing Center</b> In-Network Out-of-Network	DED + 25% DED + 55%	DED + 20% DED + 50%	DED + 20% DED + 50%
<b>*Durable Medical Equipment</b>  In-Network- Out-of-Network	<b>No Maximum</b>  DED + 25% DED + 55%	<b>No Maximum</b>  DED + 20% DED + 50%	<b>No Maximum</b>  DED + 20% DED + 50%
<b>Prosthetics / Orthotics</b> Prosthetics- In-Network Prosthetics- Out-of-Network Orthotics-In-Network Orthotics-Out-of-Network	DED + 25% DED + 55% DED + 25% DED + 55%	DED + 20% DED + 50% DED + 20% DED + 50%	DED + 20% DED + 50% DED + 20% DED + 50%
<b>Enteral Formula</b>  In-Network Out-of-Network	<b>No Maximum</b>  DED + 25% DED + 55%	<b>No Maximum</b>  DED + 20% DED + 50%	<b>No Maximum</b>  DED + 20% DED + 50%
<b>Home Health Care BPM</b>  In-Network Out-of-Network	<b>40 Visits</b>  DED + 25% DED + 55%	<b>40 Visits</b>  DED + 20% DED + 50%	<b>40 Visits</b>  DED + 20% DED + 50%
<b>Hospice LTM</b>  In-Network Out-of-Network	<b>No Maximum</b>  DED + 25% DED + 55%	<b>No Maximum</b>  DED + 20% DED + 50%	<b>No Maximum</b>  DED + 20% DED + 50%
<b>Outpatient Therapy and Spinal Manipulations BPM</b>	<b>50 Visits</b> (Includes up to 26 Spinal Manipulations)	<b>50 Visits</b> (Includes up to 26 Spinal Manipulations)	<b>50 Visits</b> (Includes up to 26 Spinal Manipulations)
Therapy in Free Standing Facility Therapy in Physician's Office Out-of-Network	DED + 25% \$50 Copay DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Skilled Nursing Facility BPM</b>  In-Network Out-of-Network	<b>No Maximum</b>  DED + 25% DED + 55%	<b>No Maximum</b>  DED + 20% DED + 50%	<b>No Maximum</b>  DED + 20% DED + 50%
<b>Medical Pharmacy (Provider Administered RX)**</b>  In-Network Out-of-Network	\$200 Monthly OOP Max  20% (No DED) DED + 50%	\$200 Monthly OOP Max  DED + 20% DED + 50%	\$200 Monthly OOP Max  DED + 20% DED + 50%

MONROE COUNTY BOCC MEDICAL BENEFIT SUMMARIES EFFECTIVE 1/1/2020 Continued

**Medical Plan Legend**  
 HSA Compatible 05182/05183 = High Deductible Health Plan  
 Predictable Cost 03559 = Traditional PPO Plan

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan 03559	BlueOptions HSA-Compatible 05182 (Single Coverage)	BlueOptions HSA-Compatible 05183 (Family Coverage)
<b>Telemedicine / Teladoc</b> In-Network Out-of-Network	\$0 Copay Not Covered	\$40 Copay Not Covered	\$40 Copay Not Covered
<b>PRESCRIPTION DRUGS - PROVIDED BY ENVISION</b>			
<b>Deductible</b>	\$0	Medical (05182/05183) DED Must be met before RX copays apply	
<b>In-Network Retail (30 Days)</b> Generic/Preferred Brand/Non-Preferred Specialty –Preferred/Non-Preferred <b>Mail Order (90 Days)</b> Generic/Preferred Brand/Non-Preferred Specialty –Generic/Preferred/Non-Preferred	\$15 / \$50 / \$90 \$37.50 / \$125 / \$225 20% with \$250 Max / 20% with \$250 Max / 20% with \$ 250 Max		
<b>NOTE</b>	Effective 1/1/18, over the counter (OTC) medications will no longer be available through the prescription plan. All maintenance medications (ex: diabetes meds, hbp) will require a 90 day supply at retail. Mail Order Pharmacy: Envision Mail # 866.909.5170, NABP: 3677361 Specialty Pharmacy: Costco Specialty # 866.443.0060. NABP: 5635670 See Select Formulary information online at <a href="http://envisionrx.com">envisionrx.com</a>		

\*\* (1) Medical Pharmacy Monthly OOP Max includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to injections or immunizations; only office cost share applies.

**Rx Copay Exceptions: Diabetic Med/Supplies: \$10 for 30 Days or \$25 for 90 Days.**

## Medical Insurance – Florida Blue

### Tobacco User Surcharge

In response to the increasing cost of delivering employee health care benefits and the overwhelming evidence that tobacco use is a leading cause of serious illness; the Monroe County Board of County Commissioners will continue the tobacco user surcharge of \$100 per month per tobacco user covered on the policy (over age 18). To waive the surcharge, employees must declare that they are tobacco-free and must continue to remain tobacco-free for the entire time they are covered under the County's health insurance plan. For additional information pertaining to the Tobacco User Surcharge please contact the Employee Benefits Office.

### Assistance

Tobacco cessation services are available through the following contacts:

- AHEC (Area Health Education Center) [www.ahectobacco.com](http://www.ahectobacco.com)
- [www.fkahec.org](http://www.fkahec.org) Keys AHEC Webpage
- AHEC: **877.848.6696**

AHEC will issue a certificate once the program has been completed.

No-cost cessation programs are offered throughout Monroe County and South Florida by various organizations. Employee Benefits Staff will maintain and regularly communicate a list of approved tobacco cessation program(s).

Envision Rx Options, Monroe County's prescription plan provider also supports tobacco cessation and covers tobacco cessation products (patch, gum, Rx). Employees are not limited in the number of attempts to become tobacco free during a calendar year.

### Approved Tobacco Cessation Program

Effective 1/1/2018

AHEC – Area Health Education Centers – Quit Smoking Now program - <http://ahectobacco.com/>

6-week in-person group sessions held in Key West, Big Pine Key, Marathon, Tavernier - <http://www.ahectobacco.com/calendar-2/> (select Monroe County from the drop down – other programs available throughout Florida)  
**877.848.6696 - No cost to employees**

Note: Phone and web-based coaching quit programs are not approved to qualify for the health insurance premium discount or health savings account deposit defined in the Wellness Program.

**FloridaBlue | Customer Service 800.664.5295 | [www.floridablue.com](http://www.floridablue.com)**



## Other Available Plan Resources

FloridaBlue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the Summary of Benefits and Coverage document or contact FloridaBlue's customer service at **800.664.5295** or visit [www.floridablue.com](http://www.floridablue.com).

### 24 Hour Personal Care Services

Whether you're pregnant, or have a common cold, a chronic condition, a complex condition, or even an unexpected health crisis- there's extra help available to you.

- One-to-one health care professionals for support, guidance and answers to your questions.
- Personalized information based on your health care needs, such as health action plans, educational materials and community resources.
- Assistance with coordinating your care with multiple doctors.
- Quality treatment options and cost estimates based on your plan benefits, including office visits, medication, x-rays/images and surgical services.
- Education and support for the member, family and caregiver.
- You choose the level of assistance that you're comfortable with, and decide what's right for you. There's no cost to you, and your medical information is kept confidential.

### General or urgent health care questions

Health questions can come up at any time; and you don't have to wait for answers. You'll get answers, plus helpful resources that you can use. Whether you have an immediate health concern, or a general question about your doctor's plan of treatment—**the nurseline is always open at 877.789.2583.**

### Blue365

With Blue365, great deals are yours for every aspect of your life—like discounts at [Reebok.com](http://Reebok.com), discounted products through Jenny Craig, or a gym membership for a discounted rate.

Register now at <https://www.blue365deals.com/> to take advantage of Blue365. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your Blue Cross and Blue Shield member ID card handy. In a couple of minutes, you will be registered and ready to shop. Every week, we will send a special deal straight to your email inbox.

### The FloridaBlue Mobile App

The FloridaBlue mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>. With the FloridaBlue mobile app, members can:

- Find a doctor, dentist or health care facility
- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Store and organize all important contact info for doctors, hospitals, and pharmacies
- Add health care professionals to contact list right from a claim or directory search
- And, much more!

### Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the medical plan is provided as a supplement to this booklet being distributed to new hires and existing employees during open enrollment. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is available as follows:

From:	Employee Benefits
Address:	1100 Simonton Street, Suite 2-268 Key West, FL 33040
Phone:	305.292.4450 305.292.4446
Email:	<a href="mailto:mercurio-tania@monroecounty-fl.gov">mercurio-tania@monroecounty-fl.gov</a>

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting the Employee Benefits Office.

If employees have any questions about the plan offerings or coverage options, please contact the Employee Benefits Office.



## Health Savings Account (HSA)

### (Available Only with the Blue Options HSA Compatible High Deductible Health Plan)

(Refer to pages 9-11 Blue Options HSA Compatible Plan 05182/05183)

The Discovery Benefits HSA is a health savings account available to employees who enroll in the Florida Blue (Blue Options) HSA Compatible medical plan. An HSA compatible medical plan is a medical plan that complies with the Internal Revenue Service (IRS) requirements and qualifies enrollees to open a Health Savings Account (HSA). The HSA is an interest bearing account where funds can be used to help pay deductibles, coinsurance and any qualified medical expenses not covered by the plan.

## Health Savings Account (HSA)

Administered by Discovery Benefits

Health Savings Accounts (HSA) were created to help eligible individuals save for qualified medical and retiree health expenses on a tax-advantaged basis. HSA contributions are tax-deductible and withdrawals are tax-free, provided they are used for current and future “qualified medical expenses.”

Employees enrolled in the Florida Blue HSA compatible medical plan are eligible for the Health Savings Account as long as they are covered by the qualified high deductible health plan on the first day of the qualifying month; do not have coverage through an additional plan that is not qualified HDHP; and are not entitled to Medicare; and are not eligible to be claimed as a dependent on another individual’s tax return.

### 2020 Enrollment

Employee who enrolls in the Discovery Benefits HSA during the 2020 plan year open enrollment, or who will have coverage effective beginning January 1, will receive \$500 into their HSA account for an individual enrollment and \$1,000 for employees who enroll 1 or more dependents. MCBOCC makes this contribution on an annual basis in January. Funding is made into an employee’s HSA account in the first pay period in January.

Employees may opt to additionally fund their HSA with tax-free dollars up to \$3,050 (single coverage) or \$6,100 (dependent coverage) through evenly disbursed payroll deductions or one lump sum payroll deduction. This decision must be made during open enrollment. Guidelines regarding the HSAs are established by the IRS so employees should thoroughly review the enrollment materials before selecting the HSA plan option.

■ 2020 IRS Contribution Limitations: \$3,550 (individual coverage); \$7,100 (family coverage)

**Please Note:** Individuals ages 55 and older can also make additional “catch-up” contributions up to \$1,000 annually. Guidelines regarding the HSA are established by the IRS.



## Health Savings Account: Understanding HSAs (Continued)

Question	HSAs Health Savings Accounts
<b>What is an HSA?</b>	Employee who enrolls in the Discovery Benefits HSA Plan will receive a Health Savings Account (HSA) funded by the Monroe County Board of County Commissioners and they can also fund the account with tax-free dollars. HSA funds can be used for qualified IRS 213 expenses. Go to <a href="http://www.irs.gov">http://www.irs.gov</a> for a listing of 213 expenses.
<b>How are the funds accessed?</b>	HSA funds can be accessed by: 1) Automatic claim forwarding to HealthEquity (claims paid directly from HSA by HealthEquity); 2) Discovery Benefits HSA debit card;
<b>What happens to unused funds at the end of the 2019 Plan Year?</b>	The year-end balance remains in the HSA Account and continues to earn interest. The member does not lose it at the end of the year if it is not used.
<b>What happens to unused funds if an employee discontinues participation in an HSA Plan, separates employment, or retires from the County?</b>	Employee owns the HSA funds from day one and decides how and when to spend them. HSA funds are portable from one employer to another.
<b>What are some examples of qualified expenses that would be eligible for reimbursement?</b>	HSA funds can be used to meet the calendar year deductible. Most covered services count toward the deductible, including prescriptions costs, physician visits, hospital visits, laboratory work, etc. All expenses must be medically necessary.



# Dental Insurance

Administered by Delta Dental PPO Plan

The County offers dental insurance through Delta Dental to benefit eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the summary plan document or contact Delta Dental customer service.

Gold Plan		
	Delta Dental Premier Dentist	Non-Delta Dental Dentist
<b>Maximum Contract Allowance</b>	Premier Contracted Fees	80th Percentile
<b>Benefits</b>		
Diagnostic & Preventive	100%	100%
Sealants	90%	90%
Space Maintainers	100%	100%
Basic Restorative	90%	90%
Oral Surgery	90%	90%
Simple Extractions	90%	90%
Endodontics	90%	90%
Surgical Periodontics	90%	90%
Non-Surgical Periodontics	90%	90%
Major Restorative	60%	60%
Prosthodontics - Fixed & Removable	60%	60%
Denture Repair and Relining	90%	90%
Implants	Not covered	Not covered
Orthodontics - Child	50%	50%
Orthodontics - Adult	Not covered	Not covered
TMJ	Not covered	Not covered
<b>Deductible (Annual deductible does not apply to Diagnostic, Preventive and Orthodontic Services)</b>		
Per Patient/Calendar Year	\$50	\$50
Per Family/Calendar Year	\$150	\$150
Lifetime Ortho Deductible/Patient	\$0	\$0
<b>Maximums</b>		
Per Patient/Calendar Year	\$5,000	\$5,000
Lifetime Ortho Maximum/Patient	\$3,000	\$3,000
<b>Waiting Periods (Calculated from each primary enrollee's effective date in a dental program as reported by the employer)</b>		
Oral Surgery, Endo, Perio	N/A	N/A
Orthodontics	N/A	N/A
Major Restorative, Prosthodontics	N/A	N/A



## Dental Insurance (continued)

Silver Plan		
	Delta Dental Premier Dentist	Non-Delta Dental Dentist
Maximum Contract Allowance	Premier Contracted Fees	80th Percentile
<b>Benefits</b>		
Diagnostic & Preventive	100%	100%
Sealants	80%	80%
Space Maintainers	100%	100%
Basic Restorative	80%	80%
Oral Surgery	80%	80%
Simple Extractions	80%	80%
Endodontics	80%	80%
Surgical Periodontics	80%	80%
Non-Surgical Periodontics	80%	80%
Major Restorative	50%	50%
Prosthodontics - Fixed & Removable	50%	50%
Denture Repair and Relining	80%	80%
Implants	Not covered	Not covered
Orthodontics - Child	50%	50%
Orthodontics - Adult	Not covered	Not covered
TMJ	Not covered	Not covered
<b>Deductible (Annual deductible does not apply to Diagnostic, Preventive and Orthodontic Services)</b>		
Per Patient/Calendar Year	\$50	\$50
Per Family/Calendar Year	\$150	\$150
Lifetime Ortho Deductible/Patient	\$0	\$0
<b>Maximums</b>		
Per Patient/Calendar Year	\$3,000	\$3,000
Lifetime Ortho Maximum/Patient	\$3,000	\$3,000
<b>Waiting Periods (Calculated from each primary enrollee's effective date in a dental program as reported by the employer)</b>		
Oral Surgery, Endo, Perio	N/A	N/A
Orthodontics	N/A	N/A
Major Restorative, Prosthodontics	N/A	N/A

### Preventive Care Tips

- 1. Prevent Cavities** - Cleanings remove plaque, a sticky bacterial film that builds up on your teeth. This acidic substance can eat away at your enamel, eventually causing tooth decay.
- 2. Diet** - What you eat and drinks affects your teeth. Sugar in any form, including honey and even natural sugars found in fruit and dairy products, can damage your teeth. The most harmful sugars are those that stick to the teeth, like caramel, and those that remain in the mouth for a long time, like hard candies. Starchy foods, such as potato chips and crackers, also contain sugars that affect teeth. Save them for meals — and brush after.
- 3. Remember** - Your toothbrush gets a daily workout! To keep it in tip-top shape, replace it every two to three months and after a cold.

## Vision Insurance

Administered by VSP Choice Network

The VSP vision plan offers two vision plans through VSP to benefit eligible employees. A brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document, or contact VSP's customer service.

### In-Network Benefits

Both vision plans offer employees and their covered dependents coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered employees and their dependents can select any network provider who participates in the Choice Network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

### Out-of-Network Benefits

Employees and their covered dependents may also choose to receive services from vision providers who do not participate in the Choice Network. When going out-of-network, the provider will require payment at the time of appointment. VSP will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

### Calendar Year Deductible

There is no Calendar Year Deductible.

### Your Coverage with a VSP Provider

**VSP does not issue ID cards. Members can get an ID card by going to [www.vsp.com](http://www.vsp.com), registering, and then you can download an ID card.**

Low Plan			
Benefit	Description	Copay	Frequency
<b>WellVision Exam</b>	Focuses on your eyes and overall wellness	\$10	Every calendar year
<b>Prescription Glasses</b>		\$20	See frame and lenses
Frames	\$140 allowance for a wide selection of frames \$160 allowance for featured frame brands 20% savings on the amount over your allowance \$75 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements	\$0 \$95-\$105 \$150-\$175	Every calendar year
<b>Contacts (instead of glasses)</b>	\$115 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
<b>Diabetic Eyecare Plus Program</b>	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed

### Extra Savings (Applies to Both Plans)

#### Glasses and Sunglasses

Extra \$20 to spend on featured frame brands. Go to [vsp.com/specialoffers](http://vsp.com/specialoffers) for details.

20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

#### Retinal Screening

No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

#### Laser Vision Correction

Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

## Vision Insurance (continued)

High Plan			
Benefit	Description	Copay	Frequency
<b>WellVision Exam</b>	Focuses on your eyes and overall wellness	\$10	Every calendar year
<b>Prescription Glasses</b>		\$20	See frame and lenses
Frames	\$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance \$110 Costco® frame allowance	Included in Prescription Glasses	Every calendar year
Lenses	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every calendar year
Lens Enhancements	Standard progressive lenses UV protection Premium progressive lenses Custom progressive lenses Anti-reflective coating Photochromic adaptive lenses Polycarbonate lenses Average savings of 20-25% on other lens enhancements	\$0 \$0 \$55 \$55 \$40 \$30 \$10	Every calendar year
<b>Contacts (instead of glasses)</b>	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
<b>Diabetic Eyecare Plus Program</b>	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed

### Extra Savings (Applies to Both Plans)

#### Glasses and Sunglasses

Extra \$20 to spend on featured frame brands. Go to [vsp.com/specialoffers](http://vsp.com/specialoffers) for details.  
20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

#### Retinal Screening

No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

#### Laser Vision Correction

Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-networks plan details.

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us at **800.877.7195** or [www.vsp.com](http://www.vsp.com).

**VSP does not issue ID cards. Members can get an ID card by going to [www.vsp.com](http://www.vsp.com), registering, and then you can download an ID card.**



## Basic Life and AD&D Insurance

Administered by Minnesota Life

### Basic Term Life Insurance

The County provides Basic Term Life Insurance to benefit eligible employees at no cost through Minnesota Life the amount of \$20,000.

Your employer offers Term Life insurance to benefit eligible retirees. Coverage is underwritten by Minnesota Life Insurance Company and administered by Ochs, Inc.

Retirees who do not continue their medical/Rx coverage must pay \$11.00 per month to continue retiree Group Term Life.

### Basic Term Life (Employer paid)

Amount

- **Retirees insured on October 1, 1987 or later who have worked at the employer for at least 10 years:** \$20,000
  - Coverage reduces to 50% at age 70
- **Retirees insured prior to October 1, 1987:** The lesser of 50% of life insurance prior to October 1, 1987 or \$5,000

**Accelerated Death Benefit** - If an insured person should ever become diagnosed as terminally ill with 12 months or less to live, this feature allows the insured to receive a benefit payment from the policy while alive to meet any of their existing needs.

### Beneficiary Designations

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended you review and update your elections periodically.

### Accidental Death & Dismemberment Insurance

Also at no cost to the employee, the County provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

Always remember to keep beneficiary forms updated. Employees may update their beneficiary information at any time through the Employee Benefits Office.

## Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance

Administered by Minnesota Life

As an eligible employee of Monroe County Board of County Commissioners, you may elect Supplemental Term Life and AD&D Insurance for yourself. The Accidental Death and Dismemberment Insurance would pay an additional benefit, up to the amount of your Supplemental Life benefit, if you suffer a covered loss due to an accidental injury.

**Employee Coverage** - You can apply for additional life insurance in increments of \$10,000 up to a maximum of \$500,000 not to exceed the lesser of 5x your basic annual earnings or \$500,000. The Guaranteed Issue amount is \$150,000 *if you are in your initial eligibility period as a new employee*. Evidence of Insurability will be required if applying for an amount over \$150,000, or if you are not a newly eligible employee. Employee rates vary depending on age and benefit amount.

**Spouse Coverage** - Employees must elect coverage for themselves in order for their spouse to be eligible. The benefit is in increments of \$5,000 to a maximum of \$250,000, which may not exceed the employee amount. The Guaranteed Issue amount is \$25,000, *if you are in the initial eligibility period as a new employee*. Evidence of Insurability will be required if applying for an amount over \$25,000, or if you are not a newly eligible employee.

**Dependent Child Coverage** - The coverage available is \$10,000 and includes all children of the employee up to age 26. Coverage is Guaranteed Issue.

**Evidence of Insurability** - If you elected to waive Supplemental Insurance at your original eligibility date, and decide to apply for coverage, **or** increase your amount of coverage after your initial eligibility, you will be required to answer medical questions by completing an Evidence of Insurability Form.

### Additional Features

- Waiver of Premium
- Accelerated Benefit
- Continuation of Coverage

\*Any reference to Spouse includes Domestic Partner

## Resources For Work and Life Program (Including EAP)

The County provides a comprehensive Employee Assistance Program (EAP) through Quantum Health Solutions to all eligible employees at no cost. Quantum offers access to certified/licensed mental health professionals through a confidential program that is protected by state and federal laws. The EAP program is available to help employees gain a better understanding of problems that affect employees, locate the best professional help for any particular concern and decide upon a plan of action.

### What is an Employee Assistance Program?

Everyone encounters problems from time to time. Sometimes we can solve them alone; other times we need help. We tend to be blind to the problems we have making it difficult to know when we need help. That's where an EAP can provide the right kinds of guidance to solve personal and work-related problems.

### How Can Your EAP Help You?

You and your household family members are encouraged to make use of the Quantum EAP. The program is offered to you at no cost, provides confidential counseling, and information services. Help is available through:

- Telephone Assistance and Information
- Problem Assessment
- Individual and Family Appointments
- Goal Oriented Counseling
- Referrals when Needed
- Coordination with Medical Benefits

The program is staffed by experienced healthcare professionals who are trained in helping you solve problems quickly and efficiently. All of us at Quantum are committed to helping you in a competent and sensitive way.

### Quantum's Founding Tenets of Service

Every business is composed of its greatest resource—the people who operate it. It is simply good business to help employee's function at their top performance. Quantum offers a variety of behavioral health services to meet the specific needs of your employer.

The founding tenets of our program are program awareness, education and training, professional evaluation and counseling. Components of the Quantum/EAP are:

- Counseling services for company managers, employees, household family members, and significant others.
- Program promotion and awareness.
- Employer support services when dealing complex work situations.
- Work-life Resource and Referral services.
- Legal assessments services.
- Financial budgeting services.
- Department of Transportation Substance Abuse Professional (SAP) services.
- National network of counselors.
- Medical benefit coordination.
- Toll-free help line.
- Quantum's Training Institute

Quantum's EAP can provide assistance for a variety of personal and professional matters, including:

- Stress / Resiliency
- Depression
- Gambling / Addictive behavior
- Parenting
- Financial issues
- Life changes / Relationships
- Drug / Alcohol abuse
- Mental health / Grief
- Balancing work and home

### Let's Review Confidentiality:

When speaking with a Quantum professional regarding personal issues, it's important to know that your confidentiality is protected. Any information that is shared will not be communicated to anyone else for any reason without your written permission.

### How Do I Access Services?

Your first step is taken by calling the toll-free number **877.747.1200**. Quantum provides a national network for in-person services. Appointments are scheduled based on mutual availability between you and the EAP Counselor. We are available for a phone screening to assist you and start the process.

Contact: **Quantum Health Solutions**

Telephone: **877.747.1200**

[www.accessqhs.com](http://www.accessqhs.com)

## Medicare Part D Prescription Drug Notice

### Important Notice from the Monroe County Board of County Commissioners About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Monroe County Board of County Commissioners (the County) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Monroe County Board of County Commissioners has determined that the prescription drug coverage offered by the:

Blue Options with HRA and the Blue Options PPO Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this drug coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare plan.

#### When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current Monroe County Board of County Commissioners coverage will not be affected (i.e., you can keep the County's coverage if you elect part D and the County's plan will coordinate with Part D coverage; for those individuals who elect Part D coverage). See pages 7-9 of the *CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance* (available at [www.cms.hhs.gov/CreditableCoverage](http://www.cms.hhs.gov/CreditableCoverage)), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

Once you leave the MCBOCC medical/rx plan as a retiree you CANNOT return.

#### When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### For more information about this notice or your current prescription drug coverage:

Contact the person listed below for more information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through changes. You also may request a copy of this notice at any time.

#### For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "*Medicare & You*" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

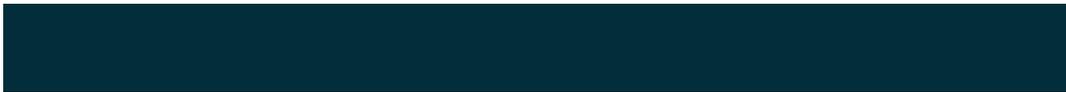
For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “*Medicare & You*” handbook for their telephone number) for personalized help.
- Call **800.MEDICARE (800.633.4227)**. TTY users should call **877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at **800.772.1213** (TTY **800.325.0778**).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

<b>Date:</b>	January 1, 2020
<b>Name of Entity/Sender:</b>	Monroe County Board of County Commissioners
<b>Contact:</b>	Natalie Maddox
<b>Address:</b>	1100 Simonton Street, Suite 2-268 Key West, FL 33040
<b>Phone Number:</b>	305.292.4448



## Notes

## Notes



*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting