

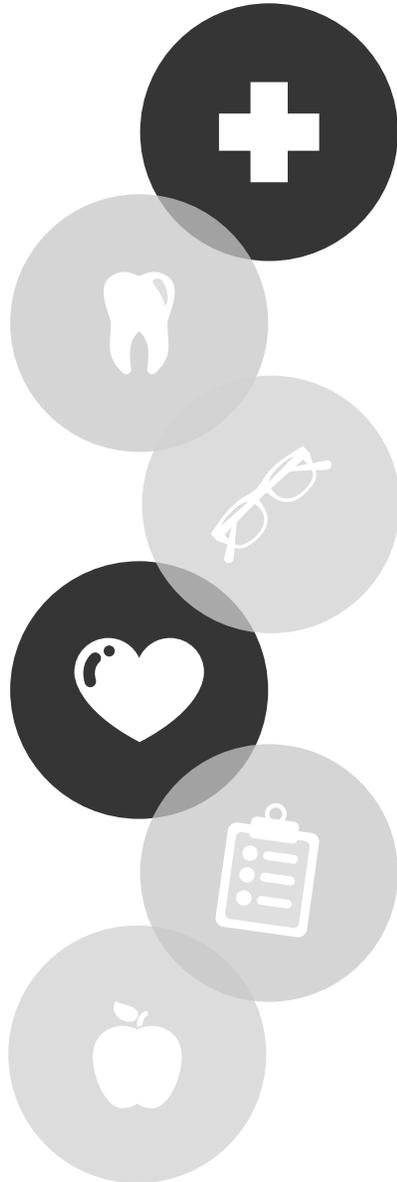
# 2017 Employee Benefit Highlights

Sharon R. Bock ▪ Clerk & Comptroller ▪ Palm Beach County





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## Contact Information

<b>Clerk &amp; Comptroller</b>	Human Resources/Benefits Department	Phone: (561) 355-4172 Option 3 Email: <a href="mailto:benefits@mypalmbeachclerk.com">benefits@mypalmbeachclerk.com</a>
 <b>Medical Insurance</b>	Cigna	Customer Service: (800) 244-6224 <a href="http://www.cigna.com">www.cigna.com</a>
 <b>Prescription Drug Coverage and Mail-Order Program</b>	Cigna Home Delivery	Customer Service: (800) 835-3784 <a href="http://www.cigna.com">www.cigna.com</a>
 <b>Dental Insurance</b>	Cigna	Customer Service: (800) 244-6224 <a href="http://www.cigna.com">www.cigna.com</a>
 <b>Vision Insurance</b>	Cigna	Customer Service: (877) 478-7557 <a href="http://www.cigna.com">www.cigna.com</a>
 <b>Flexible Spending Accounts</b>	Cigna	Customer Service: (800) 244-6224 <a href="http://www.cigna.com">www.cigna.com</a>
 <b>Basic Life and AD&amp;D Insurance</b>	The Standard	Customer Service: (800) 368-1135 <a href="http://www.standard.com">www.standard.com</a>
 <b>Short &amp; Long Term Disability Insurance</b>	The Standard	Customer Service: (800) 368-1135 <a href="http://www.standard.com">www.standard.com</a>
 <b>Whole Life Insurance</b>	MetLife	Representatives: Janet Froyen & Tara Froyen Phone: (800) 232-6763 <a href="http://www.metlife.com">www.metlife.com</a>
 <b>Supplemental Insurance</b>	Aflac	Agent: Chris Teasdale Phone: (561) 743-7805 Customer Service: (800) 992-3522 <a href="http://www.aflac.com">www.aflac.com</a>
 <b>Employee Assistance Program</b>	Palm Beach County Risk Management	Phone: (561) 233-5460
 <b>Legal Plan &amp; Identity Theft</b>	LegalShield	Representative: Line Doucet Phone: (561) 704-8483 <a href="http://www.greatlegalbenefit.com/doucet">www.greatlegalbenefit.com/doucet</a>
 <b>Telehealth</b>	Teladoc	Customer Service: (800) Teladoc (835-2362) <a href="http://www.teladoc.com">www.teladoc.com</a>
<b>Credit Union</b>	Guardians Credit Union	Customer Service: (561) 686-4006 <a href="http://www.guardianscu.com">www.guardianscu.com</a>
 <b>Florida Retirement System</b>	FRS Financial Guidance Line	Customer Service: (866) 446-9377 <a href="http://www.myfrs.com">www.myfrs.com</a>
<b>Deferred Compensation Program</b>	ICMA-RC	Agent: Steve Feigelis Phone: (866) 731-1055 Customer Service: (800) 669-7400 <a href="http://www.icmarc.org">www.icmarc.org</a>



## Introduction

The Clerk & Comptroller, Palm Beach County provides a comprehensive compensation package including group insurance benefits. The Employee Benefit Highlights booklet provides a general summary of these benefit options as a convenient reference. Please refer to the Clerk & Comptroller's Employee Handbook, policies, and procedures and applicable contracts and/or certificates of coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employees require further explanation or need assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources/Benefits Department using the contact information provided.

## Online Enrollment

### Employee Self Service (ESS) System

Employees use the Employee Self Service (ESS) system to make their benefit elections. Online enrollment reduces paperwork and complications that may result from dealing with multiple benefits providers during the enrollment process. Employees may access ESS to review current benefit elections prior to making any new plan year elections or changes. Information about benefit options, including employee premiums, is also available to help employees make informed decisions. Please note: elections/changes for Aflac and MetLife coverage are made directly with the representative and outside of ESS.

### Accessing ESS

ESS is available via a Clerk & Comptroller's office computer by accessing the Clerk & Comptroller's intranet, ClerkNet, as follows: Navigate to ClerkNet > ClerkWorks > Employee Self Service. ESS is also available from a computer outside of the office via <https://myclerkess.mypalmbeachclerk.com>. This means that employees can choose to access and review benefits with another member of their family and process elections from home.

Training materials regarding benefits enrollment and changes are available via ClerkNet under Pay & Benefits under Open Enrollment.

### Employee User ID and Password

Log in with the same User ID and Password used to sign in to the Clerk & Comptroller's office computer.

### ClerkNet

Find benefit forms, premium sheets, plan documents, and tips for saving money on ClerkNet. This is also where employees will find helpful information if they need to update their beneficiaries.

## Default Benefits

New employees who do not make timely elections for medical, dental, vision, and group term life benefits within 15 days of their date of hire will be assigned the following default benefits:

- ✓ Cigna OAPIN employee-only medical coverage
- ✓ Cigna DHMO employee-only dental coverage
- ✓ Standard Insurance basic group term life insurance benefits

If assigned, default benefits will be effective on the first day of the month following 30 days of employment. Changes to default benefits will not be permitted until the next applicable Open Enrollment period unless the employee can demonstrate a qualified family status change (qualifying event).

## Medical Plan Opt-Out Benefit

The Clerk & Comptroller funds a Health Care Flexible Spending Account (FSA) in the amount of \$76.92 over 26 pay periods (up to a maximum of \$2,000 for an entire plan year) for eligible employees who have waived participation in the Clerk & Comptroller's health plan. Employees must submit a waiver to show evidence of health insurance under another health plan that provides minimum essential coverage and meets the minimum value standard as required by the Affordable Care Act. This Health Care FSA can be used by the qualified employee and the employee's qualified dependents to request reimbursement for eligible out-of-pocket health care expenses.

FSA Opt-out required documentation:

1. Medical insurance waiver; AND
2. Proof of medical insurance coverage; AND
3. Page 5 of Medical Summary of Benefits & Coverage (SBC).



## Group Insurance Eligibility



The Clerk & Comptroller's group insurance plan year is January 1 through December 31

### Employee Eligibility

Employees are eligible to participate in the Clerk & Comptroller's group insurance plans if they work a minimum of 20 hours per week. Employees working 20 to 23 hours can elect employee only coverage. Employees working 24 hours or more can elect any level of coverage. Coverage is effective the first of the month following 30 days of employment. For example, if an employee is hired on April 11, then the effective date of coverage will be June 1.

### Termination

If an employee separates employment from the Clerk & Comptroller's office, medical, dental, and vision insurance will continue through the end of month in which separation occurred. 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 or the spouse/domestic partner. The term "child" includes any of the following:

- A natural child
- A legally adopted child
- A stepchild
- A foster 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 they turn 26. Coverage dependents may continue to be covered on the medical plan to the end of the calendar year in which the dependent reaches the age of 30, 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:** Dependent children may be covered through the end of the calendar year in which they turn 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 for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured; and
- Coverage with the Clerk & Comptroller's office began prior to age 19.

Proof of disability will be required upon request. Please contact Human Resources/Benefits Department if further clarification is required.

### Domestic Partner Coverage

The Clerk & Comptroller's office offers domestic partner benefits to eligible same or opposite sex domestic partners for the purpose of participation in medical, dental, and vision benefits. The employee and domestic partner must sign an Affidavit of Domestic Partnership, initial and date the Procedure for Administration of Domestic Partner Coverage and submit documentation that verifies a joint financial and shared residential arrangement. See the Clerk's office Domestic Partner Tax Equity Policy for taxation information.

### Taxable Dependents

Current IRS rules do not permit an employee to receive a tax advantage on any portion of premiums paid related to the coverage of a dependent who is not a qualified tax dependent. 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 child reaches age 26. Beginning January 1 of the calendar year in which the child reaches age 27 through the end of the calendar year in which the child reaches age 30, employees will be charged an additional premium on a post-tax basis to continue coverage for such dependents. Contact Human Resources/Benefits Department for further details if covering an adult child who will turn 27 any time during the upcoming calendar year or for more information.

### Attestation & Proof

When a dependent is added to the plan, Human Resources/Benefits Department will require proof of the dependent as well as a completed attestation.



## Qualifying Events and IRS Code Section 125

### IRS Code Section 125

Premiums for medical, dental, vision insurance, and contributions to FSA accounts (Health Care and Dependent Care FSAs) 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.

IRS regulations require the coverage(s) employees select must remain in effect for the entire plan year. This means that employee's and their dependents cannot arbitrarily:

- ✓ Elect benefit plans
- ✓ Change benefit plans
- ✓ Add dependent(s)
- ✓ Remove dependent(s)
- ✓ Cancel coverage

Employees must wait until the following Open Enrollment period to make these changes unless they experience a qualifying event.

*Please Note: This is not a Human Resources/Benefits Department policy but is governed by the IRS Code, Section 125.*

Under certain circumstances, employees 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 on account of 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)
- Enrollment in a qualified health plan offered through an Exchange during a special enrollment period



### IMPORTANT

If an employee experiences a qualifying event, Human Resources/Benefits Department at (561) 355-4172, Option 3 must be contacted within 30 days of the qualifying event (60 days for the birth of a child) to make the appropriate changes to coverage. Beyond 31 (or 61) 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 a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the first day of the month following the qualifying event. Birth, adoption or gain of legal custody are effective the actual date of the event. Any cancellations will be processed at the end of the month. For death, coverage terminates the following day. Group term life benefits, short-term disability benefits and long-term disability benefits terminate on the event date. Employees will be required to furnish valid documentation supporting a change in status or qualifying event.



## Medical Insurance

The Clerk & Comptroller offers medical insurance through Cigna to benefit eligible employees. The costs per pay period for coverage are listed in the premium tables below. **For information about the medical plans, please refer to the summary of coverage document or contact Cigna's customer service.**

### Medical Insurance – Cigna OAPIN Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee	\$14.64
Employee + 1 Dependent	\$116.63
Employee + 2 or More Dependents	\$187.14

### Medical Insurance – Cigna OAP Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee	\$32.02
Employee + 1 Dependent	\$127.79
Employee + 2 or More Dependents	\$210.41

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)

## Summary of Benefits and Coverage

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

**From:** Human Resources/Benefits Department  
**Address:** 301 North Olive Avenue, 9th Floor  
 West Palm Beach, FL 33401  
**Phone:** (561) 355-4172, Option 3  
**Email:** [benefits@mypalmbeachclerk.com](mailto:benefits@mypalmbeachclerk.com)  
**At Website URL:** ClerkNet (See page 1 for instructions)

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or Certificate of Credible Coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the actual group Certificate of Coverage can be reviewed and obtained by contacting Human Resources/Benefits Department.

If employees have any questions about the plan offerings or coverage options, please contact Human Resources/Benefits Department.

## Other Available Plan Resources

Cigna 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 coverage document or contact Cigna's customer service at (800) 244-6224 or visit [www.cigna.com](http://www.cigna.com).

### 24 Hour Help Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Line provides access to helpful, reliable information and assistance from qualified health information nurses on a wide range of health topics 24 hours a day, any day of the year. Not sure what to do for a child who has a fever in the middle of the night? Not sure if treatment from a doctor is necessary for an injury? There are over 1,000 topics in the Health Information Library that include free audio, video, and printed information on aging, women's health, nutrition, surgery, and specific medical conditions to help you weigh the risks and advantages of treatment options. The call is free and is strictly confidential.

### Healthy Rewards

Cigna's Healthy Rewards is provided automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Members can log on to [www.mycigna.com](http://www.mycigna.com) and select Healthy Rewards to learn more about these programs or call (800) 870-3470.

- ✓ Vision Care
- ✓ Lasik Vision Correction Services
- ✓ Fitness Club Discounts
- ✓ Nutrition Discounts
- ✓ Hearing Care

### The myCigna Mobile App

The myCigna 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 myCigna 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
- ✓ Compare prescription drug costs
- ✓ Speed-dial Cigna Home Delivery Pharmacy<sup>TM</sup>
- ✓ 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!



## Cigna OAPIN Plan At-A-Glance

Network	Open Access Plus
<b>Calendar Year Deductible (CYD)</b>	
Single	In-Network \$0
Family	\$0
<b>Coinsurance</b>	
Member Responsibility	0%
<b>Calendar Year Out-of-Pocket Limit</b>	
Single	\$0
Family	\$0
What Applies to the Out-of-Pocket Limit?	Not Applicable
<b>Physician Services</b>	
Primary Care Physician (PCP) Office Visit	\$15 Copay
Specialist Office Visit	\$25 Copay
<b>Non-Hospital Services; Freestanding Facility</b>	
Clinical Lab (Blood Work): Quest or LabCorp*	No Charge
X-rays	No Charge
Advanced Imaging (MRI, PET, CT)	No Charge
Outpatient Surgery in Surgical Center	\$50 Copay
Physician Services at Surgical Center	No Charge
Urgent Care (Per Visit; Waived if Admitted)	\$25 Copay
<b>Hospital Services</b>	
Inpatient Hospital (Per Admission)	\$150 Copay
Outpatient Hospital (Per Visit)	\$50 Copay
Physician Services at Hospital	No Charge
Emergency Room (Per Visit; Waived if Admitted)	\$100 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>	
Inpatient Hospitalization (Per Admission)	\$150 Copay
Outpatient Services (Per Visit)	No Charge
Physician Office Visit	\$25 Copay
<b>Prescription Drugs (Rx)</b>	
Generic	\$10 Copay
Preferred Brand Name	\$20 Copay
Non-Preferred Brand Name	\$40 Copay
Mail Order Drug (90 Day Supply)	2x Retail Copay



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus for the network.



### Plan References

\*Quest Diagnostics and LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please be sure to confirm they are contracted with Cigna's Open Access Plus Network prior to receiving services.



### Important Notes

- Services received by providers and facilities not in the Open Access Plus Network will be denied.
- **New:** Our plan allows for 90 day prescription fills through Cigna Home Delivery and now the plan also allows these scripts to be filled at retailers like Target, CVS, and Walmart.



## Cigna OAP Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus for the network.



### Plan References

**\*Out-Of-Network Balance Billing:**  
For information regarding Out-of-Network Balance billing that may be charged by an out-of-network provider, please refer to the summary of coverage document.

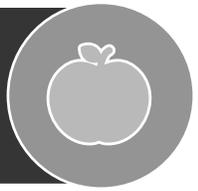
**\*\*Quest Diagnostics and LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please be sure to confirm they are contracted with Cigna's Open Access Plus Network prior to receiving services.**



### Important Notes.

• **New:** Our plan allows for 90 day prescription fills through Cigna Home Delivery and now the plan also allows these scripts to be filled at retailers like Target, CVS, and Walmart.

Network	Open Access Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Single	\$50	\$200
Family	\$150	\$600
<b>Coinsurance</b>		
Member Responsibility	10%	20%
<b>Calendar Year Out-of-Pocket Limit</b>		
Single	\$1,500	\$1,500
Family	\$4,500	\$4,500
What Applies to the Out-of-Pocket Limit?	Coinsurance Only (Excludes Copays, Deductible, and Rx)	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$15 Copay	20% After CYD
Specialist Office Visit	\$25 Copay	20% After CYD
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Blood Work): Quest or LabCorp**	10% After CYD	20% After CYD
X-rays	10% After CYD	20% After CYD
Advanced Imaging (MRI, PET, CT)	10% After CYD	20% After CYD
Outpatient Surgery in Surgical Center	10% After CYD	20% After CYD
Physician Services at Surgical Center	10% After CYD	20% After CYD
Urgent Care (Per Visit; Waived if Admitted)	\$25 Copay	\$25 Copay
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	10% After CYD	\$100/Admission + 20% After CYD
Outpatient Hospital (Per Visit)	10% After CYD	20% After CYD
Physician Services at Hospital	10% After CYD	20% After CYD
Emergency Room (Per Visit; Waived if Admitted)	10% Coinsurance	10% Coinsurance
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospitalization (Per Admission)	10% After CYD	\$100/Admission + 20% After CYD
Outpatient Services (Per Visit)	10% After CYD	20% After CYD
Physician Office Visit	\$25 Copay	20% After CYD
<b>Prescription Drugs (Rx)</b>		
Generic	\$10 Copay	Not Covered
Preferred Brand Name	\$20 Copay	
Non-Preferred Brand Name	\$40 Copay	
Mail Order Drug (90 Day Supply)	2x Retail Copay	



## Clerks 4 Wellness Program

Our award-winning program has been recognized by the American Heart Association, South Florida Business Journal, WELCOA, and Cigna for implementing and achieving results through innovative programs that promote the health and well-being of our employees and their families. Partnering with Cigna, we provide a series of programs designed to build a healthier workplace and help our employees lead a healthier and happier life. The mission of the Clerks 4 Wellness program is to educate, encourage and engage Clerk & Comptroller employees and their families in the overall improvement of body and mind.

### Wellness Rewards

The cornerstone of our wellness program is Wellness Rewards, which allows eligible employees to earn up to \$250\* by completing wellness goals by established deadlines. All employees actively enrolled in the Clerk's medical or dental plans are eligible to participate.

The first step to earning rewards is to complete the online health assessment at [mycigna.com](http://mycigna.com). Once employees complete the health assessment with biometric numbers, a \$100 reward will be processed. If the health assessment is completed by the pre-established deadline, employees will be eligible for up to an additional \$150 in rewards if employees participate in specific programs and/or preventive screenings.

Employees can log into ESS to view all available Wellness Rewards for which they are eligible. Employees can also view rewards for which they have been approved or paid. ClerkNet contains detailed instructions on how to use this feature in ESS.

### Wellness Policy

The Clerk & Comptroller has established a wellness policy that outlines the tools and strategies utilized to empower employees to realize positive lifestyle changes. The policy is located under the Policies & Forms section of ClerkNet.

### Wellness Champions

The Clerk & Comptroller empowers employees who are making healthy changes to their lifestyles to inspire changes in others. Our Wellness Champions are employees that partner with us to provide input on programming and to promote wellness to co-workers.

*\*The Internal Revenue Service code considers fringe benefits to employees as taxable and, as such, gift cards or cash awarded to employees are considered taxable fringe benefits and must be included on the employee's payroll. Rewards will be "grossed up" so that employees will enjoy the full value of the cash reward in their take home pay.*

*Many of the Clerks 4 Wellness activities are participatory. Should a program activity be health contingent, the following disclaimer will apply:*

*"Rewards are available to all similarly situated individuals. A reasonable alternative standard or waiver is available to any individual for whom it is unreasonably difficult to participate due to a medical condition or when it is medically inadvisable to satisfy the otherwise applicable standard. A statement from an individual's personal physician will be accommodated. Individuals should contact the Clerk & Comptroller's Wellness team at [clerks4wellness@mypalmbeachclerk.com](mailto:clerks4wellness@mypalmbeachclerk.com) to obtain the alternative."*





## Dental Insurance

### Cigna Dental DHMO Plan

The Clerk & Comptroller offers dental insurance through Cigna 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 Cigna’s customer service.

#### Dental Insurance – Cigna Dental DHMO Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$4.97
Employee + 1 Dependent	\$8.03
Employee + 2 or More Dependents	\$11.86

#### In-Network Benefits

The DHMO dental plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employees and their dependents may select any participating dentist in the Cigna Dental Care HMO network. There is no coverage for services received out-of-network.

The DHMO plan’s schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the plan’s summary of coverage document for a detailed listing of charges and what is covered.

#### Out-of-Network Benefits

The DHMO plan does not provide benefits for services rendered by providers or facilities who do not participate in the Cigna Dental Care HMO Network (considered “out of network”) or by an in-network provider not designated as the primary dental provider (unless referred by an employee’s primary dental provider). Employees will pay out of pocket if they utilize any out-of-network providers.

#### Calendar Year Deductible

There is no Calendar Year Deductible.

#### Calendar Year Benefit Maximum

There is no benefit maximum.



#### IMPORTANT NOTES

- Each covered family member may receive two free cleanings per calendar year covered under the preventative benefit. Additional cleanings are available with a \$45 copay (limit two).
- Referrals and prior authorizations are required to see specialists (Oral Surgeon, Periodontist, Orthodontist, etc.) within the network.
- Prior authorization is not required for specialty referrals (Pediatric Dentist and Endodontist).
- Children under 7 may visit a pediatric dentist. Contact Cigna for a list of pediatric dentists in the network. Once the child reaches age 7, a referral with approved medical reasons by Cigna will be required prior to being seen by a pediatric dentist provider.
- Services received by providers or facilities not in the Cigna Dental Care network will not be covered.

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)



## Cigna Dental DHMO Plan At-A-Glance

Network	Cigna Dental Care HMO
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Calendar Year Deductible (CYD)	In-Network Only
Per Member	Does Not Apply
Per Family	Does Not Apply
Waived for Class I Services?	Not Applicable

Calendar Year Benefit Maximum	
Per Member	Does Not Apply

Class I Services: Diagnostic & Preventative Care	Code	In-Network
Office Visit	9430	\$0
Routine Oral Exam	0150	\$0
Routine Cleanings (2 Per Calendar Year)	1110/1120	\$0
Bitewing X-rays	0272	\$0
Complete X-rays (1 Set Every 3 Years)	0210	\$0
Fluoride Treatments (2 Per Calendar Year)	1208	\$0
Sealants - Per Tooth	1351	\$0
Space Maintainers	1510	\$0
Emergency Care to Relieve Pain (During Regular Hours)	9110	\$0

Class II Services: Basic Restorative Care		
Fillings (Amalgam)	2140	\$0 Copay
Fillings (Composite; 1 Surface: Anterior)	2330	\$0 Copay
Fillings (Composite; 1 Surface: Posterior)	2391	\$47 Copay
Simple Extractions	7140	\$12 Copay
Root Canal Therapy	3330	\$280 Copay*
Periodontal Scaling (Per Quadrant; Limit 4 Annually)	4341	\$49 Copay
General Anesthesia (First 30 Minutes)	9220	\$190 Copay
Repairs to Dentures	5510	\$66 Copay

Class III Services: Major Restorative		
Crowns	2752	\$355 Copay
Bridges	5213/5214	\$580 Copay
Dentures	5110/5120	\$505 Copay

Class IV Services: Orthodontia		
Lifetime Maximum	Not Available	None
Benefit (Children and Adults)	8670	\$1,584/\$2,328
Retention	8680	\$345



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Cigna Dental Care HMO for the network.



### Plan References

\*Excluding final restoration.



### Important Notes

- The summary has been provided as a convenient reference. For a full listing of covered services, exclusions and stipulations please see the plan's Schedule of Benefits or contact Cigna's Customer Service.



## Dental Insurance

### Cigna Dental PPO Base Plan

The Clerk & Comptroller offers dental insurance through Cigna 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 Cigna’s customer service.

#### Dental Insurance – Cigna Dental PPO Base Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$9.79
Employee + 1 Dependent	\$17.35
Employee + 2 or More Dependents	\$30.82

#### In-Network Benefits

The PPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Cigna Advantage Network. These participating dental providers have contractually agreed to accept Cigna’s contracted fee or “allowed amount.” This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan’s charge limitations.

*Please Note: Total DPPO dental members have the option to utilize a dentist that participates in either Cigna’s Advantage Network or DPPO Network. However, members that use the Cigna Advantage Network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.*

#### Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Cigna Dental PPO provider. Cigna reimburses out-of-network services based on what it determines is the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member will pay the out-of-network benefit plus the difference between the amount that Cigna reimburses (MRC) for such services and the amount charged by the dentist. This is known as balance billing. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

The dental PPO plan requires a \$50 individual or a \$50 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for Class I services.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the dental PPO plan will pay for each covered member is \$1,000 for in-network or out-of-network services. All services, including preventative and diagnostic services, accumulate towards the benefit maximum.

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)



# Cigna Dental PPO Base Plan At-A-Glance

Network	Advantage	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Per Member	\$50	\$50
Per Family	\$150	\$150
Waived for Class I Services?	Yes	
<b>Calendar Year Benefit Maximum</b>		
Per Member	\$1,000	\$1,000
<b>Class I Services: Diagnostic &amp; Preventative Care</b>		
Routine Oral Exam (2 Per Calendar Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 80% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (3 Per Calendar Year)		
Bitewing X-rays (2 Per Calendar Year)		
Complete X-rays (1 Series Every 3 Calendar Years)		
Fluoride Treatments (1 Per Calendar Year)		
Sealants - Per Tooth (Children Under Age 14; Every 3 Calendar Years)		
Space Maintainers (Non-Orthodontic Treatment)		
Emergency Care to Relieve Pain		
<b>Class II Services: Basic Restorative Care</b>		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Oral Surgery		
Anesthetics		
<b>Class III Services: Major Restorative Care**</b>		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
<b>Class IV Services: Orthodontia**</b>		
Lifetime Maximum	\$1,500	
Benefit (Children and Adults)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



## Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Cigna Dental PPO or EPO for the plan.



## Plan References

**\*Out-of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.

**\*\*Late entrant and plan limitations apply, contact Cigna for additional information.**



## Important Notes

- Each covered family member may receive up to 3 cleanings per year covered under the preventative benefit.
- Teeth missing prior to coverage under the plan will not be covered.
- Pretreatment review is available on a voluntary basis when extensive dental work is expected to exceed \$200. The member must request that the dentist submit the pretreatment review to Cigna since it is not required, only recommended.



## Dental Insurance

### Cigna Dental PPO Buy-Up Plan

The Clerk & Comptroller offers dental insurance through Cigna 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 Cigna’s customer service.

#### Dental Insurance – Cigna Dental PPO Buy-Up Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$12.98
Employee + 1 Dependent	\$23.01
Employee + 2 or More Dependents	\$40.88

#### In-Network Benefits

The PPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Cigna Advantage Network. These participating dental providers have contractually agreed to accept Cigna’s contracted fee or “allowed amount.” This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan’s charge limitations.

*Please Note: Total DPPO dental members have the option to utilize a dentist that participates in either Cigna’s Advantage Network or DPPO Network. However, members that use the Cigna Advantage Network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.*

#### Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Cigna Dental PPO provider. Cigna reimburses out-of-network services based on what it determines is the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member will pay the out-of-network benefit plus the difference between the amount that Cigna reimburses (MRC) for such services and the amount charged by the dentist. This is known as balance billing. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

The dental PPO plan requires a \$25 individual or a \$75 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for Class I services.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the dental PPO plan will pay for each covered member is \$2,000 for in-network or out-of-network services. All services, including preventative and diagnostic services, accumulate towards the benefit maximum.

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)



# Cigna Dental PPO Buy-Up Plan At-A-Glance

Network	Advantage	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Per Member	\$25	\$25
Per Family	\$75	\$75
Waived for Class I Services?	Yes	
<b>Calendar Year Benefit Maximum</b>		
Per Member	\$2,000	\$2,000
<b>Class I Services: Diagnostic &amp; Preventative Care</b>		
Routine Oral Exam (2 Per Calendar Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 80% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (3 Per Calendar Year)		
Bitewing X-rays (2 Per Calendar Year)		
Complete X-rays (1 Series Every 3 Calendar Years)		
Fluoride Treatments (1 Per Calendar Year)		
Sealants - Per Tooth (Children Under Age 14; Every 3 Calendar Years)		
Space Maintainers (Non-Orthodontic Treatment)		
Emergency Care to Relieve Pain		
<b>Class II Services: Basic Restorative Care</b>		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Oral Surgery		
Anesthetics		
<b>Class III Services: Major Restorative Care**</b>		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
<b>Class IV Services: Orthodontia**</b>		
Lifetime Maximum	\$1,500	
Benefit (Children and Adults)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



## Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Cigna Dental PPO or EPO for the plan.



## Plan References

**\*Out-of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.

**\*\*Late entrant and plan limitations apply, contact Cigna for additional information.**



## Important Notes

- Each covered family member may receive up to 3 cleanings per year covered under the preventative benefit.
- Teeth missing prior to coverage under the plan will not be covered.
- Pretreatment review is available on a voluntary basis when extensive dental work is expected to exceed \$200. The member must request that the dentist submit the pretreatment review to Cigna since it is not required, only recommended.



## Dental Insurance: Side-By-Side Plans At-A-Glance

Summary of Benefits	DHMO Plan		Base PPO Plan		Buy-Up PPO Plan	
Network	Cigna Dental Care		Advantage		Advantage	
Calendar Year Deductible (CYD)	In-Network Only		In-Network	Out-of-Network	In-Network	Out-of-Network
Per Member	Does Not Apply		\$50	\$50	\$25	\$25
Per Family	Does Not Apply		\$150	\$150	\$75	\$75
Waived for Class I Services?	Not Applicable		Yes	Yes	Yes	Yes
<b>Calendar Year Benefit Maximum</b>						
Per Member	Does Not Apply		\$1,000	\$1,000	\$2,000	\$2,000
<b>Class I Services: Diagnostic &amp; Preventative Care</b>						
Routine Oral Exam	0150	\$0	Plan Pays: 100% Deductible Waived	Plan Pays: 80% Deductible Waived <i>(Subject to Balance Billing)</i>	Plan Pays: 100% Deductible Waived	Plan Pays: 80% Deductible Waived <i>(Subject to Balance Billing)</i>
Routine Cleanings	1110/1120	\$0				
Bitewing X-rays	0272	\$0				
Complete X-rays	0210	\$0				
Fluoride Treatments	1208	\$0				
Sealants	1351	\$0				
Space Maintainers	1510	\$0				
<b>Class II Services: Basic Restorative Care</b>						
Fillings ( <i>Amalgam</i> )	2140	\$0 Copay	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD <i>(Subject to Balance Billing)</i>	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD <i>(Subject to Balance Billing)</i>
Simple Extractions	7140	\$12 Copay				
Root Canal Therapy/Endodontics	3330	\$280 Copay*				
Periodontics	4341	\$49 Copay				
General Anesthesia	9220	\$190 Copay				
<b>Class III Services: Major Restorative</b>						
Crowns	2752	\$355 Copay	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD <i>(Subject to Balance Billing)</i>	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD <i>(Subject to Balance Billing)</i>
Bridges	5213/5214	\$580 Copay				
Dentures	5110/5120	\$505 Copay				
<b>Class IV Services: Orthodontia</b>						
Lifetime Maximum	Not Applicable	Does Not Apply	\$1,500		\$1,500	
Benefit ( <i>Children and Adults</i> )	8670	\$1,584/\$2,328	Plan Pays: 50%	Plan Pays: 50% <i>(Subject to Balance Billing)</i>	Plan Pays: 50%	Plan Pays: 50% <i>(Subject to Balance Billing)</i>



## Vision Insurance

### Cigna Vision Plan

The Clerk & Comptroller offers vision insurance through Cigna 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 vision plan, please refer to the carrier's summary plan document or contact Cigna's customer service.

#### Vision Insurance – Cigna Vision Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$4.44
Employee + 1 Dependent	\$8.50
Employee + 2 or More Dependents	\$13.78

#### In-Network Benefits

The vision plan offers 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 Cigna's Vision 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 Cigna Vision Plan. When going out of network, the provider will require payment at the time of appointment. Cigna 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.

#### Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

#### Claims Mailing Address

PO Box 385018, Birmingham, AL 35238-5018

**Cigna Vision** | Customer Service: (877) 478-7557 | [www.cigna.com](http://www.cigna.com)



## Cigna Vision Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select the Cigna Vision Network.



### Plan References

\* Contact lenses are in lieu of spectacle lenses and a frame.



### Important Notes

- Benefits are valid once per 12 months and cannot be used in conjunction with other discounts, promotions or prior orders. A member who elects to use other discounts and/or promotions in lieu of his/her vision benefits may file a claim to receive reimbursement according to the out-of-network reimbursement amounts.
- Members receive 20% savings on additional purchase of frames and lenses with a valid prescription.
- Members receive up to 20% savings on contact lens services, such as fitting, and evaluation.

Network	Cigna Vision	
Services	In-Network	Out-of-Network
Eye Exam	\$0 Copay	Up to \$45 Reimbursement
<b>Frequency of Services</b>		
Examination		12 Months
Lenses		12 Months
Frames		24 Months
Contact Lenses		12 Months
<b>Lenses</b>		
Single	Covered at 100%	Up to \$32 Reimbursement
Bifocal		Up to \$55 Reimbursement
Trifocal		Up to \$65 Reimbursement
<b>Frames</b>		
Retail Allowance	Up to \$130 Retail Allowance	Up to \$71 Reimbursement
<b>Contact Lenses*</b>		
Non-Elective ( <i>Medically Necessary</i> )	Covered at 100%	Up to \$210 Reimbursement
Elective ( <i>Fitting, Follow-up and Lenses</i> )	Up to \$130 Retail Allowance	Up to \$105 Reimbursement



## Flexible Spending Account

The Clerk & Comptroller offers Flexible Spending Accounts (FSA) administered through Cigna. The FSA plan year is from January 1 to December 31.

If an employee or their family has predictable health care or work-related day care expenses, he/she may benefit from participating in an FSA. An FSA allows employees to set aside money from their paycheck for reimbursement of health care and day care expenses that they regularly pay. The amount set aside is not taxed and is automatically deducted from the employee's paycheck and deposited into the FSA. During the year, the employee has access to this account for reimbursement of some expenses that are not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employees must re-elect the dollar amount they wish to have deducted each plan year. There are two types of FSAs:

Health Care FSA	Dependent Care FSA
<p>This account allows participants to set aside up to an annual maximum of \$2,550. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employees can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).</p> <p>Examples of common expenses that qualify for reimbursement are listed below.</p>	<p>This account allows participants to set aside up to an annual maximum of \$5,000 if the participating employee is single or married and files a joint tax return (\$2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and adults.</p> <p>Please note that if a family's income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:</p> <ul style="list-style-type: none"> <li>• A child under the age of 13, or</li> <li>• A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in the participant's household.</li> </ul>
<p><i>Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.</i></p>	<p><i>Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.</i></p>

### A sample list of qualified expenses eligible for reimbursement include, but are not limited to, the following:

- ✓ Ambulance service
- ✓ Chiropractic care
- ✓ Dental fees/Orthodontic fees
- ✓ Diagnostic tests/Health screenings
- ✓ Doctor fees
- ✓ Drug addiction/Alcoholism treatment
- ✓ Experimental medical treatment
- ✓ Eyeglasses/Contact lenses (corrective)
- ✓ Hearing aids and exams
- ✓ Injections & vaccinations
- ✓ LASIK surgery
- ✓ Mental healthcare
- ✓ Nursing services
- ✓ Optometrist fees
- ✓ Physician office visits
- ✓ Prescription drugs
- ✓ Medically necessary sunscreen
- ✓ Wheelchairs

*Please Note: The total amount of Health Care reimbursement account cannot exceed \$2,550, which includes any amount received through the Medical Plan Opt-Out Benefit.*

**Log on to <http://www.irs.gov/publications/p502/index.html> for additional details regarding qualified and non-qualified expenses.**



## Flexible Spending Account *(Continued)*

### FSA Guidelines

- The Health Care FSA allows a grace period at the end of the plan year. The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends. Once the grace period ends, any unused funds still remaining in the account will be forfeited.
- Any unused funds after a plan year and grace period ends and all claims have been filed cannot be returned or carried forward to the next plan year.
- Employees can enroll in either or both of the FSAs only during the open enrollment period, a qualifying event, or new hire eligibility.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employees and their dependents cannot be reimbursed for services they have not received.
- Employees and their dependents cannot receive insurance benefits or any other compensation for expenses which are reimbursed through an FSA.
- Domestic Partners are not eligible as federal law does not recognize them as a qualified dependent.

### Filing a Claim

#### Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail or fax. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one year.



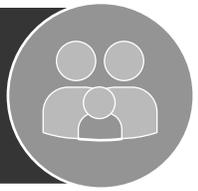
### HERE'S HOW IT WORKS!

An employee earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.66 based on a 24 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$227.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$30,000	\$30,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$29,000	\$30,000
Estimated Tax 22.65% = 15% + 7.65% FICA	-\$6,568	-\$6,795
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$22,432	\$22,205
<b>Tax Savings</b>	<b>\$227</b>	

**Please Note:** Be conservative when estimating medical and/or dependent care expenses. IRS regulations state that any unused funds will remain in your FSA after a plan year ends and after all claims have been filed cannot be returned or carried forward to the next plan year. **This rule is known as "use it or lose it."**

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)



## Life Insurance

### Basic Life and Accidental Death & Dismemberment

The Clerk & Comptroller provides Basic Life Insurance through The Standard to all eligible employees at no premium cost to the employee. Life insurance in excess of \$50,000 is assessed a value in accordance with the IRS Code. This value is included in the employee's taxable income. The Basic Life Insurance benefit equals two times an employee's annual compensation rounded to the next higher multiple of \$1,000 (if not already a multiple of \$1,000) subject to a \$50,000 minimum and up to a \$300,000 maximum. The Clerk & Comptroller also provides Accidental Death & Dismemberment (AD&D) Life Insurance that pays in addition to the basic benefit when death occurs as a result of an accident. The AD&D benefit amount matches the Basic Life benefit amount; a partial benefit is also payable based on the schedule of benefits. Coverage reduces to 65% at age 70, 50% at age 75 and 30% at age 80.

For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact The Standard's customer service.

### Additional Life Insurance

Clerk & Comptroller employees may elect to purchase additional life insurance on a voluntary basis through payroll deduction. Additional life insurance may be purchased to cover employees at different benefit levels as described below. Rates for additional life insurance vary for the employee based on age. A premium rate table may be obtained via ClerkNet under Pay & Benefits or from Human Resources/Benefits Department.

- Employees may select additional, employee-paid life insurance equal to 1 to 5 times their annual salary to a maximum of \$300,000.
- Up to \$150,000 of coverage is guaranteed; no medical questionnaire is needed (new hires only).
- All late applications and requests for coverage increases are subject to medical underwriting approval.
- Coverage reduces to 65% at age 70, 50% at age 75 and 30% at age 80.

### Dependent Life and Spousal Life Insurance

Clerk & Comptroller employees may also elect to purchase dependent life insurance and/or spousal life insurance on a voluntary basis through payroll deduction. Dependent life insurance and/or spousal life insurance may be purchased to cover children and/or spouse at the different benefit levels as described below:

- Dependent life insurance: Employees may elect \$10,000 of coverage for eligible children at \$0.25 per pay period and/or
- Spouse life insurance: Employees may elect \$25,000 of coverage for their spouse at \$2.80 per pay period.
- All late applications are subject to medical underwriting approval.

Please refer to the Certificate of Coverage for the definition of who qualifies as a dependent.

**The Standard** | Customer Service: (800) 368-1135 | [www.standard.com](http://www.standard.com)



## Short-Term Disability

The Clerk & Comptroller provides Short-Term Disability (STD) Insurance to all eligible employees at no cost through The Standard. The STD benefit pays employees a percentage of their weekly earnings if they become disabled due to an illness or accident. A summary of the plan benefits is provided below.

- The STD program offers a benefit of 60% of an employee's weekly earnings, subject to a maximum of \$1,500 per week.
- Employees must be employed for 180 continuous active days prior to being eligible for STD Insurance.
- An employee must be sick or injured for 14 days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments may begin on the 15th day of illness or injury.
- The maximum benefit period is 180 days.
- Benefits may be reduced by other income such as worker's compensation, state disability, work earnings, etc.

**The Standard** | Customer Service: (800) 368-1135 | [www.standard.com](http://www.standard.com)

## Long-Term Disability

The Clerk & Comptroller provides Long-Term Disability (LTD) Insurance through The Standard to all eligible employees at no cost to the employee. The LTD benefit pays employees a percentage of monthly earnings if they become disabled due to an accident or injury. The benefit will be adjusted if their salary fluctuates throughout the plan year. A summary of the plan benefits is provided below.

- LTD provides a benefit of 60% of their monthly earnings to a maximum benefit of \$7,250 per month.
- Employees must be employed for 12 months prior to being eligible for LTD.
- The benefit begins on the 181st day after the employee experiences the disabling event.
- If an employee returns to work part-time, a partial LTD benefit may be payable.

**The Standard** | Customer Service: (800) 368-1135 | [www.standard.com](http://www.standard.com)

## Employee Assistance Program

The Clerk & Comptroller offers an Employee Assistance Program (EAP) free of charge. The EAP offers short-term professional counseling for a variety of situations and maintains flexible hours to accommodate employees and their immediate family members. The office is located at:

### Airport Center

100 Australian Ave., Suite 100  
West Palm Beach, FL 33406  
Phone: (561) 233-5460

### What is an Employee Assistance Program?

An EAP offers covered employees and their immediate family members free and convenient access to a range of confidential and professional services to help them address a variety of problems that can negatively affect their well-being such as:

- ✓ Stress & anxiety
- ✓ Alcohol & drug abuse
- ✓ Emotional well-being
- ✓ Marriage & family
- ✓ Financial & legal concerns
- ✓ Grief & loss
- ✓ Difficulties in relationships

### Are your services confidential?

Yes. Receipt of EAP Services is completely confidential. If, however, participation in the EAP is a direct result of a Management Referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor will not, however, receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

**Palm Beach County Risk Management** | Phone: (561) 233-5460

## Alternative Employee Assistance Program

In addition, our Long Term Disability (LTD) carrier, The Standard, offers an EAP. Part of the benefits includes **24/7 access**. This benefit is available to anyone enrolled in the Clerk's LTD benefit. The LTD benefit and the EAP benefit are effective on the first day of the calendar month coinciding with or following 12 continuous months of employment with the Clerk & Comptroller's office.

**The Standard** | Customer Service: (800) 368-1135 | [www.standard.com](http://www.standard.com)



## Legal Insurance

Clerk & Comptroller employees can elect to purchase legal insurance through LegalShield on a voluntary basis through payroll deduction. When employees enroll, it covers the employee, the spouse or domestic partner, and dependent children up to age 23, all for the cost of one person.

The services available include:

- ✓ Emergency 24/7 service covering car accidents, children services, and any time you are detained or questioned
- ✓ Free will, living will, and durable power of attorney
- ✓ Traffic ticket representation
- ✓ Removal of inaccurate or outdated information from credit report
- ✓ Housing assistance with purchase, foreclosure or bankruptcy
- ✓ Letters or phone calls are free to resolve a consumer problem
- ✓ Unlimited phone consultation on any matter (personal or business related)
- ✓ IRS audit
- ✓ Health care reform consultation

LegalShield offers one legal insurance plan option. This plan offers 60 hours of trial defense inclusive of 2.5 hours of pre-trial services. Hours increase with additional years of enrollment.

## Identity Theft Shield

Clerk & Comptroller employees may elect to purchase Identity Theft Shield through LegalShield on a voluntary basis through payroll deduction. This service may be purchased separately, or at a reduced rate when bundled with the legal plan. Rates are available on ClerkNet and below in the table.

This benefit provides a comprehensive plan including:

- Credit score & analysis
- 24/7 credit monitoring & notification
- Full identity theft restoration by licensed investigators
- Free credit report
- Coverage for all types of identity theft including, credit, criminal, social security, and driver's license

### Legal Services and/or Identity Theft Shield

	Employee Cost Per Pay Period	Employee Cost Per Month
Identity Theft Shield Stand-Alone Plan	\$6.48	\$12.96
Legal Services	\$7.98	\$15.96
Legal Services & Identity Theft Shield	\$12.95	\$25.90

### LegalShield

Customer Service: (888) 691-6610 | [www.greatlegalbenefit.com/doucet](http://www.greatlegalbenefit.com/doucet)

Agent: Line Doucet | Phone: (561) 704-8483



## Whole Life Insurance

### Whole Life Insurance

Clerk & Comptroller employees may elect to purchase Whole Life Insurance through MetLife Insurance Company in addition to the additional and dependent life Insurance coverages through MetLife. Whole Life Insurance may be purchased on a voluntary basis through payroll deduction. Rates for whole life insurance may be obtained from the MetLife representative.

- Whole Life Insurance is portable, even when an employee retires or changes jobs.
- Whole Life Insurance builds cash value, which can be used at retirement to provide a reduced face amount of paid-up insurance coverage with no further premium payments.
- Cash value can be borrowed against it to help with financial emergencies or used to supplement retirement income.
- Whole Life Insurance provides flexibility in the coverage amount an employee chooses.
- Coverage is available for employees, spouse, children, and grandchildren.

**MetLife** | Customer Service: (800) 232-6763 | [www.metlife.com](http://www.metlife.com)

Representatives: Janet Froyen & Tara Froyen

## Supplemental Insurance

Aflac offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis; premiums are paid on a post-tax basis by payroll deduction. Available Aflac plans include:

- ✓ Accident Indemnity Advantage
- ✓ Aflac Cancer Care
- ✓ Aflac Hospital Advantage
- ✓ Critical Care and Recovery
- ✓ Life Insurance

For further information regarding Aflac plans, visit [www.aflac.com](http://www.aflac.com).

**Aflac** | Customer Service: (800) 992-3522 | [www.aflac.com](http://www.aflac.com)

Agent: Chris Teasdale | Phone: (561) 743-7805

## Telehealth - Teladoc

Clerk & Comptroller employees are eligible to participate in Teladoc, a telehealth benefit.

- Provides fast and convenient access to a board certified doctor 24/7/365 via phone, online, and mobile application
- There's no copay, and service is fully paid by the employer
- Available for employees and up to 5 eligible dependents
- Visit the Teladoc website and set up an account (step by step instructions available on ClerkNet)

*Please Note: New Hires are eligible 1st of the month after 30 days of employment regardless of their participation in health insurance.*

**Teladoc** | Customer Service: (800) 835-2362 | [www.teladoc.com](http://www.teladoc.com)

## Credit Union

Clerk & Comptroller employees are eligible for membership with Guardians Credit Union. Guardians Credit Union is a member-owned financial services cooperative established to serve its members by offering better dividends on savings, lower rates on loans, and fewer service fees than other financial institutions. Examples of products and services available through the credit union are:

- ✓ Savings and checking accounts
- ✓ Direct deposit
- ✓ Bill payment
- ✓ Online services
- ✓ Debit/ATM cards
- ✓ Consumer loans
- ✓ Holiday/Vacation club accounts
- ✓ Theme park tickets

For further information regarding Guardians Credit Union, visit [www.guardianscu.coop](http://www.guardianscu.coop).

### **Guardians Credit Union**

Customer Service: (561) 686-4006 | [www.guardianscu.coop](http://www.guardianscu.coop)



## Retirement Plan (FRS)

### Florida Retirement System (FRS)

The Florida Retirement System is a state-administered retirement program for employees who are employed in regularly established positions. Employees may choose to participate in the FRS Pension Plan or the FRS Investment Plan. Beginning July 1, 2011, employees must contribute 3% of their gross compensation on a pre-tax basis toward their retirement plan.

#### FRS Pension Plan

The FRS Pension Plan is a traditional, defined-benefit retirement plan. For employees hired prior to July 1, 2011, vesting occurs after six years of service. For employees hired on or after July 1, 2011, vesting occurs after eight years of service. Pension plan benefits are based on a formula that considers years of service, employee class participation and income history.

#### FRS Investment Plan

The FRS Investment Plan is a defined contribution plan where employees allocate employer and employee contributions to available investments. Vesting occurs after one year of service. The benefit for this plan is based on how much money is contributed to an employee's account and how well that money grows over time when invested. Employees choose from several available payout options when the benefit is taken.

For further information regarding the FRS Pension or Investment Plan, visit [www.myfrs.com](http://www.myfrs.com).

**FRS** | Customer Service: (866) 446-9377 | [www.myfrs.com](http://www.myfrs.com)

## Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctor's names and addresses or prescription medications.

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## Retirement Plan (Deferred Compensation)

### Deferred Compensation Program (457) Plan

Employees may choose to contribute a portion of their earnings into the ICMA-RC 457 Deferred Compensation Plan. The IRS regulates the maximum amount of deferral allowed annually in the 457 plan and a participant may not exceed this annual maximum amount. The plan offers a loan option, two Roth options and a fund for lifetime income. This is a plan that can help employees to supplement the retirement benefits from the FRS. For additional information please contact Clerk & Comptroller's Retirement Plan Specialist Steve Feigelis or Human Resources/Benefits Department.

#### Participation

Employees can join any time throughout the year. Make contribution elections or changes online at [icmarc.org](http://icmarc.org).

#### Tools

Check out <http://www.icmarc.org/realizeretirement.html> to discover tips and tools to help save, invest, and retire. The ICMA-RC mobile app offers enhanced mobile services to serve public sector employees.

**ICMA-RC** | Customer Service: (800) 669-7400 | [www.icmarc.com](http://www.icmarc.com)  
Retirement Plan Specialist: Steve Feigelis | Phone: (866) 731-1055



**SHARON R. BOCK**

Clerk & Comptroller  
Palm Beach County



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