

# Pinellas County Sheriff's Office



## 2019-2020 BENEFITS GUIDE

October 1, 2019 - September 30, 2020

# Invest in Your Health



# Dear Member

This Benefits guide describes our comprehensive benefits package, designed to help you and your family invest in your health. We have created this guide to help make it easy for you to understand and choose your benefits for the 2019-2020 plan year.

Please review this guide closely before making your benefit elections for the new plan year. There will be a minimal increase to health and dental insurance premiums. We will implement two new programs this year, the 2nd MD Program (Expert Medical Opinion) and the Medical Necessity program. There will also be an increase in copays for certain maintenance medications and the annual maximum amount for Flexible Spending will increase to \$2,700.

If you have questions about information provided in this guide, contact HR Benefits at **727-582-2835** or you can email **[insurancebenefits@pcsonet.com](mailto:insurancebenefits@pcsonet.com)**.

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# Eligibility Information

All full-time and part-time members are eligible to enroll in medical, dental, vision and life insurance benefits described in the guide.

## Eligible Dependents

An eligible dependent for the medical, dental, vision and life insurance benefits is defined as a covered member's:

- Spouse (marriage license and Social Security card required)
- Child or step-child up to age 26 (birth certificate/ adoptive documents and Social Security card required)
- Child of an eligible dependent child at birth up to age 18 months (no life insurance available, birth certificate and Social Security card required)

When your dependent no longer qualifies as an eligible dependent you must contact HR Benefits at **727-582-2835** to remove them from coverage. Any claims processed for dependents who were no longer eligible will be reversed resulting in member responsibility.

## PCSO-Paid Benefits

If you are benefits-eligible, you will automatically receive the following PCSO benefits at no cost to you:

- Basic Life Insurance
- Accidental Death and Dismemberment (AD&D)
- Short-term Disability Insurance
- Long-term Disability Insurance
- Employee Assistance Program
- Life Scan
- Wellness Program

## Making Changes During the Year

Each year during the enrollment period, you have the opportunity to select the benefits that fit your lifestyle. Due to IRS regulations, after the enrollment period ends, you may not add, delete or change the coverage you have selected for yourself or your dependents unless you have a Qualifying Life Event (QLE). Also pursuant to IRS regulations, **HR must be notified in writing within 30 days of any QLE**, which includes, but not limited to, marriage, divorce, birth or adoption, death, Medicare/Medicaid eligibility or a change in your or your spouse's work status that affects benefits eligibility. Proof documents confirming the QLE must be submitted to HR no later than 30 days from the date of the status change.

# Eligibility Timeline

The chart below provides a quick overview of when your benefits coverages begin and end for the various plans offered by the Pinellas County Sheriff's Office.

## Your Benefit Options

Benefit	Coverage Begins	Coverage Ends
Basic Life and AD&D	First day of employment	Last day of the month employment ends
Short-term Disability		
Long-term Disability		
Employee Assistance Program		
Medical/ Rx Plan	First of the month following 30 days of employment	Last day of the month employment ends
Dental Plan		
Vision Plan		
Supplemental Life		
Spousal & Child Life	First of the month following 30 days of employment	Last day of employment
Flexible Spending Accounts		

## COBRA Coverage

Under certain circumstances, you and your dependents may continue to participate in some benefit plans through COBRA after you terminate employment. COBRA details are provided during the exit process.

The cost per month for COBRA is the full PCSO monthly cost plus 2%. Complete COBRA details are included in the insurance contracts and booklets that govern each benefit.

### Insurance Cards:

New health insurance cards will only be issued if you are a new member, switch between medical plans, if you add / drop dependents or if you change your name.

Your UnitedHealthcare ID card is the only card you will need for your medical, prescription drug and vision coverage.

You will not need an ID card to receive dental services if you are already enrolled in one of the Delta Dental Plans. However, if you are new to the plan, Delta Dental will send you a new card. You also can download an ID card or use the Delta Dental Mobile App to access your ID card. Visit [deltadentalins.com/enrollees](http://deltadentalins.com/enrollees) to learn more.

### Deductions:

Insurance premiums are paid one month in advance and are deducted over the course of two pay periods.

# 2nd MD

2nd MD is an Expert Medical Opinion (EMO) program. If you or a covered dependent are diagnosed with a serious or rare medical condition, you will now have the opportunity to obtain a personalized consultation from top medical specialists anywhere in the U.S. at no additional cost to you. This program can offer peace of mind knowing that you're receiving the most optimal treatment options and/or recommendations.

## Medical Coverage

The Pinellas County Sheriff's Office provides you and your eligible family members two medical plan options. Both the Platinum and the Gold PPO plan options have the same network of doctors and are open access; no referral needed to see a specialist. When discussing the use of additional services with your physician (e.g., labs, durable medical equipment, X-rays), you should be aware whether the providers of those ancillary services are in-network. UnitedHealthcare (UHC) will continue to process our medical claims. You'll find helpful tools at [www.myuhc.com](http://www.myuhc.com).

### Choose Which Plan is Best for You

While you're comparing medical coverage, consider:

- Do I or do any dependents need the services provided only on the Platinum plan? (see grid below)
- Compare the costs of: monthly premium, cost per doctor visit, deductible and out-of-pocket maximum.

### Opt Out

Members may elect to opt out of the PCSO medical coverage if the member has coverage under another medical plan, other than PCSO. Full-time members who opt out of the medical coverage as a new hire or during the enrollment period may qualify to receive \$96.00 per month with proof of other non-PCSO coverage. **Proof of other medical coverage is required annually**, unless that other coverage is military coverage. Full-time members who qualify to opt out of the PCSO medical coverage mid plan year may qualify to receive the \$96.00 when the next plan year begins. If you have questions, contact HR Benefits.

### Virtual Visits – FREE for PCSO members and dependents covered under the UHC policy

A Virtual Visit allows you to see and talk to a doctor from your mobile device or computer without an appointment. Within approximately 30 minutes of your inquiry, a doctor can see and speak to you about minor medical concerns, provide a diagnosis and, if appropriate, send a prescription to your local pharmacy. Go to [uhc.com/virtualvisits](http://uhc.com/virtualvisits) to register.

Monthly Cost for Coverage	PCSO Platinum Plan			PCSO Gold Plan		
	Member	PCSO	Total	Member	PCSO	Total
Member Only	<b>\$149</b>	\$769	\$918	<b>\$83</b>	\$765	\$848
Member + Spouse	<b>\$464</b>	\$1,372	\$1,836	<b>\$326</b>	\$1,371	\$1,697
Member + Child(ren)	<b>\$441</b>	\$1,303	\$1,744	<b>\$312</b>	\$1,300	\$1,612
Member + Family	<b>\$672</b>	\$1,990	\$2,662	<b>\$475</b>	\$1,985	\$2,460

  

Plan Features	Member's out-of-pocket expenses		Member's out-of-pocket expenses	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$750 ind./\$1,500 family	\$1,500 ind./\$3,000 family	\$1,000 ind./\$2,000 family	\$2,000 ind./\$4,000 family
Out-of-Pocket Maximum	\$2,500 ind./\$5,000 family	\$5,000 ind./\$10,000 family	\$2,850 ind./\$5,600 family	\$5,700 ind./\$11,200 family
Virtual Visits	No charge	N/A	No charge	N/A
Primary Care Office Visit	\$15 per visit	40% after deductible	\$20 per visit	50% after deductible
Preventive Care Visit	No Charge	40% after deductible	No Charge	50% after deductible
Specialist Office Visit	\$35 per visit	40% after deductible	\$40 per visit	50% after deductible
Convenience Care Clinics	\$15 per visit	40% after deductible	\$20 per visit	50% after deductible
Urgent Care Center Services	\$15 per visit	40% after deductible	\$20 per visit	50% after deductible
Emergency Services	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit
Facility Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Ambulance (ground/air)	No charge		No charge	
Home Health Care (40 visits per year)	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient Therapies (PT/OT/ST)	\$15 per visit	40% after deductible	\$20 per visit	50% after deductible
X-Ray and Lab Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Acupuncture	20% after deductible	40% after deductible	Not covered	Not covered
Infertility Treatment*	20% after deductible	40% after deductible	Not covered	Not covered
Weight Loss Surgery**	20% after deductible	40% after deductible	Not covered	Not covered
Telemental Health	\$15	40% after deductible	\$20	50% after deductible
Mental Health/Substance Abuse				
■ Inpatient hospitalization	20% after deductible	40% after deductible	30% after deductible	50% after deductible
■ Outpatient, partial hospitalization	\$15	40% after deductible	\$20	50% after deductible

\* Limited to a lifetime maximum of \$10,000 in-network and out-of-network combined. \*\*Members who have had weight loss surgery must stay on the Platinum plan to receive future treatment. **Reminder:** Deductible, Co-Insurance and Copays apply toward the Out-of-Pocket Maximum

# Prescription Drug Coverage

When you enroll in a medical plan, you are automatically enrolled in prescription drug benefits at no additional cost through **OptumRx**. Log on to [www.myuhc.com](http://www.myuhc.com) or Health4Me mobile application to access tools to help you get the most out of your pharmacy benefit. It's convenient and secure.

The chart to the right shows your copay by drug tier. Maintenance medications should be filled through the mail-order program for convenience and cost savings. If you choose to refill these medications at a retail pharmacy, you will pay more. After your second refill of a maintenance medication at a retail pharmacy, you will pay an increased copay of one-and-a-half times your regular retail copay for a 30-day supply.

Type of Service	Amount You Pay	
	At Retail	At 1.5 Times
Retail Network Pharmacy (up to a 30-day supply)		
■ Tier 1	\$10	\$15
■ Tier 2	\$25	\$37.50
■ Tier 3	\$40	\$60
Mail Order Pharmacy (up to a 90-day supply)		
■ Tier 1	\$20	n/a
■ Tier 2	\$50	n/a
■ Tier 3	\$80	n/a

\* Specialty medication(s) require you to fill your prescription through Optum's specialty pharmacy, BriovaRx.

## Prescription Drug Change

Effective October 1, 2019, the prescription drug plan will have a change to the copay cost for certain maintenance medications. Certain Tier 1 maintenance medications will change to a Tier 2 or in some cases to a Tier 3. Remember, for maintenance medications, the mail-order pharmacy program is an option that you can utilize to help offset costs.

## Make informed decisions with your OptumRx prescription drug benefit

### UnitedHealthcare Prescription Drug List PDL

The PDL, available online at [www.myuhc.com](http://www.myuhc.com), includes most brand and generic prescription medications approved by the FDA. Medications are placed in three different tiers based on UnitedHealthcare's evaluation. Before selecting a medication, you and your doctor should consult the PDL. UnitedHealthcare updates the PDL on a regular basis and drugs may be added, deleted or moved to another tier. Ask your doctor if a lower-cost alternative medication may be right for you.

### Pharmacy Accessibility

You have access to approximately 64,000 retail pharmacies, including large national chains like CVS and Walgreens, as well as many local and community pharmacies. Select the pharmacy that is best for you. Use your UHC ID card to verify prescription eligibility at the pharmacy.

### Want to learn more about specific medications?

Log on to [myuhc.com](http://myuhc.com) or Health4Me mobile application and click "Pharmacies and Prescriptions" or "Manage My Prescriptions" to access drug information.



# Dental Coverage

Our dental plans, provided through **Delta Dental**, make it easy and affordable for you to maintain a healthy smile through regular preventive care and to fix any issues as soon as they occur. Members may use providers in both the Delta Dental Premier network and the Delta Dental PPO network. However, providers in the Delta Dental PPO network will offer the most cost savings. **Out-of-network benefits are reimbursed based on 90% of reasonable and customary charges as determined by Delta Dental.** Visit [www.deltadentalins.com](http://www.deltadentalins.com) to register as a member, review your benefits, check your claims, select a dentist and estimate dental costs.

## Choose which plan is best for you

Our dental plans have not changed from last year, but please review the plan summaries below prior to making a decision regarding which plan to elect. Ask yourself:

- Will anyone in my family require more than just preventive dental care in the new plan year?
- Is my dentist in the network plan?
- Will I, my child or spouse need orthodontia coverage?

**Same coverage – new name!** The Direct Reimbursement plan will now be known as the Preventive Plus Plan.

Dental Coverage	Preventive Plus Plan Member Monthly Cost	Preventive Only Plan Member Monthly Cost
Member Only	\$11	\$0
Member + Spouse	\$28	\$3
Member + Children	\$39	\$6
Member + Family	\$51	\$8
In-Network Services	Annual Plan Limits, Coinsurance and Maximums	
Plan Year Maximum	\$2,000 per covered member	\$200 per covered member
Preventive/Diagnostic	Covered at 100%	
Cleanings	Up to 4 per member per plan year	Can be used for any covered preventive service.
Exams	Up to 4 per member per plan year	
Fluoride treatments	Up to 4 per member per plan year	
Sealants	Permanent first molars through age 8, permanent second molars through age 15, if without decay or restorations on occlusal surface.	
Bite wing X-rays	Up to 2 per member per plan year	
Full mouth X-ray	1 per member per every 36 months	
Restorative treatments	Covered at 50%	Not included
Orthodontia treatments	Covered at 50%	Not included



**Download the free Delta Dental app from the App Store or Google Play on your smartphone. Simply search for Delta Dental and download the app titled Delta Dental by Delta Dental Plans Association.**

# Vision Coverage

Better vision is just a blink away when you have insurance through **UnitedHealthcare Spectera Vision**. The plan covers annual eye exams, eyeglasses and/or contact lenses for you and your eligible dependents. As you review your vision coverage election, consider these questions:

- How much did I spend on vision care last year?
- Do my dependent(s) or I need to wear glasses or contact lenses?
- Am I considering LASIK?

You will receive the most from your benefits when you use a network provider. You can choose any vision provider for care, but you'll pay less out of pocket when you stay in-network. If you notify your vision provider that you are a UHC vision member, they can confirm your coverage.

To find an in-network provider, visit [www.myuhcvision.com](http://www.myuhcvision.com).

Members enrolled in UnitedHealthcare health insurance and UnitedHealthcare Vision Spectera will have benefit under both policies.

When viewing your claims on the myuhcvision website, there are two policy numbers:

**KAE31 - Medical**  
**C0483 - Vision**

If your eye exam is billed under medical, you will be subjected to the specialist copay. If the website provides a link with discount offers, please review the terms carefully. Purchases made at other websites may be considered a standard retail purchase, and the out-of-network benefit would apply.

**Your UHC Medical/Rx card is also your ID card for vision. ID cards are available for vision-only coverage.**

Coverage	Monthly Member Cost
Member Only	\$3.81
Member + Spouse	\$6.86
Member + Child(ren)	\$6.69
Member + Family	\$9.92

Service	Frequency of Service (based on last date of service)	In-Network	Out-of-Network Reimbursement
Vision Exam	Once every 12 months	\$10 vision exam	Up to \$25
Frames	Once every 12 months	Eyeglass frames will receive a retail allowance up to \$130	Up to \$50
Lenses (any one type)	Once every 12 months	Materials copay	
■ Single Vision		\$20 <sup>1</sup>	Up to \$20
■ Bifocal Vision		\$20 <sup>1</sup>	Up to \$30
■ Trifocal Vision		\$20 <sup>1</sup>	Up to \$40
■ Lenticular Vision		\$20 <sup>1</sup>	Up to \$40
■ Progressive		Starting at \$90	Up to \$30
Contact Lenses	Once every 12 months		
■ Elective Contact Lenses		\$20 standard selection contacts <sup>2</sup> \$150 custom contacts/non-selection <sup>3</sup>	Up to \$50 Up to \$200
■ Medically Necessary Contact Lenses		100% covered after applicable copays for exam and materials	\$200

1 If you purchase eyeglass lenses and eyeglass frames at the same time from the same network provider, only one copay will apply to those eyeglass lenses and eyeglass frames together. If you purchase frames only, a \$20 material copay will apply.  
 2 Standard Selection Contacts are defined as clear, spherical, and bi-weekly disposables, etc. The \$20 copay includes the fitting fee, six boxes of contacts and up to two follow-up visits.  
 3 Custom Contacts / Non-Selection are defined as Toric, gas permeable and bifocal contacts, etc. A \$150 allowance will be applied to materials and up to two follow-up visits. (no copay applies).  
**Note:** You may purchase from your network provider contact lenses that are outside of the covered contact lens selection. Non-selection contact lenses will receive an allowance of \$150. No copay will apply to non-selection contact lenses.

## Vision coverage includes the LASIK benefit

Item	In-Network Reimbursement	Out-of-Network Reimbursement
LASIK Vision Correction	\$563 per eye allowance after 15% discount	\$563 per eye allowance
■ Sample Cost	\$2,200 per eye or \$4,400 total	\$2,200 per eye or \$4,400 total
■ Your UHC 15% Discount	\$330 or \$660	There is no UHC discount
■ Remainder Due	\$1,870 or \$3,750	\$2,200 or \$4,400
■ UHC's Payment to Member	\$563 per eye	\$563 per eye
■ Total Member Responsibility	\$1,307 or \$2,625	\$1,637 or \$3,275

**Note:** You must pay the provider first and then submit your claim form (available on SONENT agency forms) to UHC for reimbursement.

# Life / Accidental Death and Dismemberment / Supplemental Life Insurance

The Pinellas County Sheriff's Office provides Basic Life/ Accidental Death and Dismemberment (AD&D) Insurance at no cost to you. If you want added protection, you can also purchase Supplemental Life Insurance for yourself, and/or your spouse and/or your child(ren). These coverages are term life policies provided through **UnitedHealthcare (UHC)**. For more information, visit [www.myuhc.com](http://www.myuhc.com).

■ **Basic Life and AD&D Insurance for you:** Coverage equal to your base pay: rounded up to the nearest \$1,000 (up to \$250,000). Federal tax law requires the Pinellas County Sheriff's Office to report the cost of company-paid Life Insurance in excess of \$50,000 as imputed income. AD&D benefits are paid in addition to any Life Insurance if you die in an accident or become seriously injured or physically disabled.

- **Supplemental Life Insurance for you:** As a new member, you may purchase up to 5x your annual salary to a maximum of \$250,000, whichever is less. During enrollment you may increase your Supplemental Life coverage in \$5,000 increments, up to an additional \$20,000, without Evidence of Insurability (EOI— see definition below), as long as your total election does not exceed the maximum amount of \$250,000.
- **EOI:** A questionnaire that insurance companies use to ask about the health of a participant. Depending on the responses, this may lead to the requirement of a physical exam. These forms are often used if you apply for voluntary benefits outside of your initial eligibility period or if you apply for an amount above the Guarantee Issue amount.
- **Duplication of Coverage:** If you, your spouse and/or your dependent are all employed by PCSO, you cannot purchase (duplicate) UHC life coverage on your spouse and/or dependent.

## Supplemental Life Rates for Member - Per Month

Must be purchased in \$5,000 increments. Coverage reduces to: 65% at age 75, 45% at age 80, 30% at age 85 and 20% at age 90 or older.						
Example Amount	Under 30	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.53	\$0.78	\$1.03	\$2.05	\$5.00	\$10.15
\$10,000	\$1.05	\$1.55	\$2.05	\$4.10	\$10.00	\$20.30
\$15,000	\$1.58	\$2.33	\$3.08	\$6.15	\$15.00	\$30.45
\$20,000	\$2.10	\$3.10	\$4.10	\$8.20	\$20.00	\$40.60

**Note:** For calculation purposes only, rates per \$1,000 are as follows: age <30 = \$0.105, 30-39 = \$0.155, 40-49 = \$0.205, 50-59 = \$0.41, 60-69 = \$1.00, 70 and over = \$2.03.

## Voluntary Dependent Life and Child/Spouse Life Rate - Per Month

You have two options to provide additional insurance:

Option 1	Dependent Life - Set Coverage Amount and Monthly Cost*		
	Dependent	Coverage Amount	Monthly Cost
	Spouse	\$10,000	\$3.40
Child(ren)	\$5,000		

\* Dependent Life bundle, Option 1, may be elected if premium vs coverage is more cost effective than Option 2.

Option 2	Child Life*		Spousal Life									
	Coverage Amount	Monthly Cost	Must be purchased in \$2,500 increments.									
			Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
	\$2,500	\$0.23	\$0.22	\$0.28	\$0.38	\$0.51	\$0.85	\$1.03	\$2.10	\$2.50	\$6.28	\$23.75
	\$5,000	\$0.45	\$0.43	\$0.56	\$0.77	\$1.03	\$1.70	\$2.05	\$4.20	\$5.00	\$12.56	\$47.49
	\$7,500	\$0.68	\$0.65	\$0.84	\$1.15	\$1.54	\$2.55	\$3.08	\$6.29	\$7.50	\$18.84	\$71.24
	\$10,000	\$0.90	\$0.86	\$1.12	\$1.53	\$2.05	\$3.40	\$4.10	\$8.39	\$10.00	\$25.12	\$94.98

\* Voluntary child life cost is the same, regardless of number of children covered. Some rates may be rounded for ease of administration.

### Child Life Eligibility

Qualified dependents are children up to age 26. No EOI is required for child life.

### Coverage Limits

Under Option 2 above, you may purchase up to \$25,000 in spousal voluntary life insurance, or up to \$10,000 in child voluntary life insurance, each limited to 50% of the combined total of your basic and supplemental life, within 30 days of a Qualifying Life Event. Spousal life amounts that exceed \$25,000 will require EOI review and approval by UHC.



# Accidental Death and Dismemberment for:

## Sworn Members

To satisfy the requirements of F.S.S. 112.19 as it relates to line-of-duty death benefits, PCSO provides a separate accidental death & dismemberment (AD&D) policy in which all full-time and part-time **sworn** members are automatically enrolled. If you do not designate a beneficiary, death benefits will be paid in accordance with statute, as follows: surviving child or children and spouse in equal portions, and if there is no surviving child or spouse, then to the certified member's parent or parents. If a beneficiary is not designated and there is no surviving child, spouse or parent, then it shall be paid to their estate. If you wish to designate a beneficiary for the AD&D benefit, a separate beneficiary form must be completed. This form can be accessed and printed from agency forms on **SONET**. Completed and signed forms should be forwarded to HR Benefits for inclusion in your insurance file.

**NOTE:** This beneficiary designation form is valid for this line-of-duty AD&D benefit only.

## Short-term Disability Insurance

PCSO provides short-term disability (STD) insurance for all full-time and part-time members through UnitedHealthcare. STD is an agency-paid benefit that replaces part of your weekly earnings when you cannot work due to a covered non-occupational illness or injury. There is a 31-day elimination period before STD begins. The STD benefit is 60% of your weekly earnings for up to 26 weeks and a maximum amount of \$2,300 paid per week. Members must first exhaust their sick leave balance before becoming eligible for STD. Members can supplement the STD benefit with personal, vacation or comp time in order to receive 100% pay. For more information, call **888-299-2070** or visit **www.myuhc.com**.

## All Members

All PCSO Members are provided with accidental death and dismemberment insurance benefits through the Florida Deputy Sheriff's Association (FDSA). This coverage is equal to your base pay rounded to the nearest \$1,000. This AD&D benefit is paid in addition to any Life Insurance benefit in place if you die in an accident or become seriously injured or physically disabled.



## Long-term Disability Insurance

PCSO provides long-term disability (LTD) insurance for all full-time and part-time members through UnitedHealthcare. LTD is an agency-paid benefit that replaces part of your monthly earnings when you cannot work due to a covered non-occupational illness or injury. There is a 180-day elimination period before LTD begins. The LTD benefit entitles eligible members to receive up to 60% of their pre-disability monthly earnings, up to \$6,000/month until you reach normal Social Security retirement age. After reviewing documents provided by you and your physician, UHC will determine if you are eligible for disability income. In addition, this benefit includes a return to work (RTW) provision where you may be able to continue working in another occupation and earn up to 100% of your pre-disability earnings between your LTD benefit and your other occupation earnings. For more information, call **888-299-2070** or visit **www.myuhc.com**.



### Questions?

Contact PCSO HR Benefits at **727-582-2835** or email **InsuranceBenefits@pcsonet.com**.

# Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars out of your paycheck to pay for eligible health care and dependent care expenses.

**You must re-enroll in any FSA during the annual benefits enrollment period.**

- **Health Care FSA – Expenses for members and dependents** – You can contribute a minimum of \$250 up to a maximum of \$2,700/year to pay for eligible out-of-pocket health, dental, vision and prescription expenses. Documentation may be required to verify expenses.
- **Dependent Care FSA – Child care, day care and adult care expenses** – You can contribute up to \$5,000/year for the reimbursement of eligible out-of-pocket dependent care expenses. Dependent care reimbursement may be used to cover a member's out-of-pocket expenses for day care for children under age 13, including costs of nursery and pre-school, after-school programs and summer day camp and qualifying adult care expenses.

FSAs will close on the last day of employment for resignation, termination and retirement.

**Please note: FSA elections are a "use it or lose" benefit. Any unused funds will terminate at the end of the plan year (9/30).**

## What can I pay for with my PayFlex card?

You may use your PayFlex card to pay for eligible expenses allowed under the PCSO policy. These expenses generally include:

- Deductibles, copays and coinsurance
- Prescriptions and certain over-the-counter (OTC) items
- Dental and vision costs

To view a listed of common eligible items, visit the PayFlex member website at [www.payflex.com](http://www.payflex.com).



# Employee Assistance Program

The Pinellas County Sheriff's Office is mindful that members must balance the demands of work, family and home. Employee Assistance Program (EAP) services are coordinated through **ComPsych** and are provided by PCSO to you and persons residing in your household at no cost to you.

Services provided are completely confidential. Members and eligible dependents may receive up to six sessions per issue, per plan year with unlimited issues per year.

## Confidential Counseling Work-Life Solutions

- Stress, anxiety and depression
- Family/marital problems
- Job pressures
- Grief and loss
- Substance abuse
- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

## Legal Support/ Resources

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil/criminal actions
- Contracts

## Financial Information/ Resources

- Debt, credit card or loan problems
- Tax questions
- Retirement and estate planning

## How to Access EAP Services

ComPsych is available 24 hours a day, 7 days a week, by calling **888-327-4801** to speak to an EAP professional. They can assess problems, help sort through issues and provide a referral to a provider for counseling when needed. For continuity of care and to minimize your out-of-pocket expenses, consider choosing a provider in the UHC network.

### ComPsych EAP website instructions:

- Go to [www.guidanceresources.com](http://www.guidanceresources.com)
- Click the "Register" tab
- Enter Organization Web ID: PCSO
- Create User Name and Password
- Complete all required fields (marked with red asterisk)
- Click Submit
- Enter Demographics (optional)
- Read terms of use and click inside the check box to indicate your agreement to those terms
- Click Submit

**Note:** For future logins, go to the Login section and enter User Name and Password and click Login. If you experience any problems logging in, email [memberservices@compsych.com](mailto:memberservices@compsych.com) or call 877-595-5289.

# Additional Benefits

## WellStar PCSO Wellness Program

It's time to start your journey to wellness with WellStar!

### Eligibility:

- Active full-time and part-time members can earn up to \$225 per fiscal year through wellness incentives
- Earn financial incentives for annual physical, dental and vision exams, and preventive screenings
- See the WellStar guide for complete information

## UnitedHealthcare Programs

UnitedHealthcare provides programs, at no cost, that support members who have chronic health conditions. By participating in these programs, you may receive free information through the mail and a call from an RN for ongoing support. This nurse will be a resource to advise and help you manage your condition. If you would like additional information, or to enroll, please call UnitedHealthcare Customer Service at **800-377-5108**.

- Personal health support with disease management and treatment decision support for asthma, coronary artery disease, diabetes, heart failure and healthy pregnancy
- Resource services for cancer, kidney transplant and congenital heart disease

## PCSO Fitness Centers

24/7 access with your PCSO proximity card at three locations:

- Sheriff's Administration Building – Largo
- Jail Facility South Division – Clearwater
- Dunedin Fire Station – Dunedin

PCSO has a fitness specialist available to get you started. Contact the Training Division for more information.

## Life Scan

Protect your health by participating annually in Life Scan. This confidential life-saving physical is designed as an annual health/fitness evaluation that focuses on early detection and prevention of heart disease, stroke, cancer and diabetes.

The Life Scan exam includes extensive lab blood profiles, imaging assessments, including MRI, CT Scan, cardio-pulmonary testing, ultrasound, vision and hearing tests, fitness evaluation and a personalized wellness plan.

**Members can schedule their annual Life Scan appointment on SONET; eligible dependents can call Life Scan 727-258-4818. Cancellations with less than 48-hour notice will result in loss of eligibility for one year.**

## Educational Assistance

Available to full-time and part-time members after one year of employment and completion of probation. \$1,500 available for reimbursement of approved courses at approved institutions for tuition and books.

Pre-approval is required. Proof of payment, grade (C or better) and book receipts required from member. Form available on SONET.

**All Educational Assistance Reimbursements are subject to a two-year "buy back" period.**

## Travel Assistance Frontier/MEDEX

As a participant in Basic Life Insurance provided to you by PCSO, you are automatically covered 24 hours a day, every day. Travel Assistance helps with emergencies when you travel more than 100 miles from home. Call **800-527-0218** (Group ID 385231).

- Pre-trip assistance
- Trip/medical/legal assistance
- Emergency transportation services
- Personal security services

# Additional Benefits

Benefits	Years of Employment	Full-Time Annual Accrued Hours	Part-Time Annual Accrued Hours	Maximum Accrued Hours	Maximum Accrued Payout
Vacation Leave	0-5	120	.0577 per scheduled hour	580	480
	6-7	128		580	480
	8-9	136		580	480
	10-14	144		667	567
	15-19	152		667	567
	20+	160		724	624
Sick Leave	From date of employment	96	.0462 per scheduled hour	Unlimited	50% of balance at retirement 33 <sup>1</sup> / <sub>3</sub> %, up to 480-hour balance at resignation
Personal Leave		24 hours annually	Pro-rated annually		
Holidays* (full-time only)				<ul style="list-style-type: none"> <li>■ Labor Day</li> <li>■ Veterans Day</li> <li>■ Thanksgiving Day</li> <li>■ Day after Thanksgiving</li> <li>■ Christmas Day</li> </ul>	
					<ul style="list-style-type: none"> <li>■ New Year's Day</li> <li>■ Dr. Martin Luther King Jr. Day</li> <li>■ Good Friday</li> <li>■ Memorial Day</li> <li>■ Independence Day</li> </ul>

\* If the holiday falls on a Saturday, the preceding Friday will be observed as the holiday; if the holiday falls on a Sunday, the following Monday will be observed as the holiday. If New Year's Day or Christmas Day falls on a Tuesday or Thursday, the preceding Monday or following Friday will also be recognized as a holiday.

# Pension Benefit - Florida Retirement System FRS

Retirement Class	Contribution Effective 07/01/19 - 06/30/20		Normal Retirement		Planning to Retire?
	Employer	Employee	Hired before 7/1/11	Hired 7/1/11 or after	
Special Risk	25.48%*	3.00%	55 years old with 6 years of service OR 25 years of service regardless of age	60 years old with 8 years of service OR 30 years of service regardless of age	After you have verified your retirement eligibility and benefits with the Florida Retirement System (at <a href="http://www.myfrs.com">www.myfrs.com</a> or by calling the FRS Guidance Line at 866-446-9377) and have made your decision to retire, enter DROP or terminate from DROP, please contact Human Resources at 727-582-2835 to discuss the steps you need to take and to make an appointment.
Regular	8.47%*	3.00%	62 years old with 6 years of service OR 30 years of service regardless of age	65 years old with 8 years of service OR 33 years of service regardless of age	

\* Figures can be confirmed at [www.myfrs.com](http://www.myfrs.com).

**Reminder:** FRS requires a beneficiary form on file. Please contact the FRS at 866-446-9377 or visit [www.myfrs.com](http://www.myfrs.com) to confirm or update your designated beneficiary.

## Important Contacts

Please contact the individual company/provider listed here to learn more about a specific benefit plan.

When You Have Questions About	Contact	Phone Number	Website/ Email Address
Medical	UnitedHealthcare	800-377-5108 – Group Number 712474	<a href="http://www.myuhc.com">www.myuhc.com</a>
Prescription Drugs	OptumRx/UnitedHealthcare	888-290-5416 – Group Number 712474	<a href="http://www.myuhc.com">www.myuhc.com</a>
Dental	Delta Dental	800-521-2651 Group Number: 18849	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision	UnitedHealthcare Vision	800-638-3120 – Group Number: 712474	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>
Basic Life	UnitedHealthcare	888-299-2070 – Group Number: 304600	<a href="http://www.myuhc.com">www.myuhc.com</a>
Supplemental Life	UnitedHealthcare	888-299-2070 – Group Number: 304600	<a href="http://www.myuhc.com">www.myuhc.com</a>
Short-term Disability	UnitedHealthcare	888-299-2070 – Group Number: 304600	<a href="http://www.myuhc.com">www.myuhc.com</a>
Long-term Disability	UnitedHealthcare	888-299-2070 – Group Number: 304600	<a href="http://www.myuhc.com">www.myuhc.com</a>
Flexible Spending Accounts	PayFlex	844-729-3539	<a href="http://www.payflex.com">www.payflex.com</a>
Employee Assistance Program	ComPsych	888-327-4801	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Access Code: PCSO
Deferred Compensation Providers	Mass Mutual – J.L. “Larry” Peggs	727-391-1707	<a href="mailto:larry.peggs@ampf.com">larry.peggs@ampf.com</a>
	NationalLife Group – Georgiana Winder	727-753-0263	<a href="mailto:george.winder@becfs.com">george.winder@becfs.com</a>
	NationalLife Group – Terry O'Reilly	727-474-0382	<a href="mailto:terry@barlaschambers.com">terry@barlaschambers.com</a>
	Nationwide – Steve Duganieri	631-767-2308	<a href="mailto:dugans@nationwide.com">dugans@nationwide.com</a>
	AIG – Jonathan Vila	813-610-5452	<a href="mailto:jonathan.vila@aig.com">jonathan.vila@aig.com</a>
	AIG – Al Sanchez, Jr.	727-631-2061	<a href="mailto:alfred.sanchez@aig.com">alfred.sanchez@aig.com</a>
	Voya – Ron Wright	813-281-3752	<a href="mailto:ronald.wright@voyafa.com">ronald.wright@voyafa.com</a>

**If you have any questions regarding the benefits listed in this guide or about other benefits such as Family and Medical Leave (FMLA), Workers Compensation or other benefit offerings, please call HR Benefits at 727-582-2835 or email [insurancebenefits@pcsonet.com](mailto:insurancebenefits@pcsonet.com).**

About This Guide – This guide describes the benefit plans and policies available to you as a member of the Pinellas County Sheriff's Office. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It does not contain all of the details that are included in your **Summary of Benefits and Coverage** found in your other benefit materials. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern. **Note:** The benefits highlighted and described in this guide may be changed at any time and do not represent a contractual obligation — either implied or expressed — on the part of the Pinellas County Sheriff's Office. Members may access electronic versions of all Summary Plan Descriptions at any time on the Human Resources Sharepoint site.