

## Additional Benefits

### Employee Assistance Program

EAP is offered at no cost to retirees and their dependents who are covered on the health plans. 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. Retirees and eligible dependents may receive up to six sessions per issue, per plan year with unlimited issues per year. **ComPsych** is available 24 hours a day, 7 days a week by calling **1-888-327-4801** to speak to an EAP professional.

### Retired Members Support Team

PCSO offers a peer support program to our retirees, the Retired Members Support Team (**RMST**). The RMST is designed to offer support and community resources to former colleagues and their families when they need comfort, direction or a helping hand. For more information, or to apply to become a member of RMST, contact HR Benefits at **727-582-2835**.

### Life Insurance

If you elected Retiree Life Insurance when you retired, the value and rates for the year are based on your age as of October 1, 2020.

Please note, value reduces as you age and you will only pay premium on the reduced amount.

Please refer to the chart for age reduction time lines and rates per \$1000 of covered age bands.

This insurance, provided through UnitedHealthcare, can be cancelled or reduced at any time. Please call HR Benefits at **727-582-2835** with any questions.

Retiree Basic Life Monthly Rates by Age Per \$1,000 of coverage			
Age	Rate	Age	Rate
<30	\$0.08	50-54	\$0.27
30-34	\$0.11	55-59	\$0.50
35-39	\$0.12	60-64	\$0.76
40-44	\$0.12	65-69	\$1.45
45-49	\$0.19	70+	\$2.35
Coverage reduces to: 65% at age 65, 45% at age 70, 30% at age 75 and 20% at age 80			

### Florida Retirement System

Contact the Division of Retirement to report a change of address, general questions about pension benefit payments, insurance deductions, direct deposit, FRS health insurance subsidy, withholding tax, reporting the death of a retiree-beneficiary-joint annuitant or to request forms to change beneficiary or joint annuitant. Division of Retirement **866-446-9377**.



### Life Scan

Protect your long term health by participating in Life Scan offered annually at no cost to retirees and adult dependents covered on the PCSO Group Health Plan. Take the first step to a healthy future and make your Life Scan appointment today!

Please schedule by contacting Life Scan at  
**727-258-4818**

Life Scan  
11200 Seminole Blvd. Suite 100  
Largo, FL 33778

If you **do not** wish to make any changes for 2020-2021, **NO ACTION** is required on your part.

If you **do** wish to make changes for 2020-2021, **COMPLETE** the enclosed  
**2020 Benefit Change Form and RETURN to PCSO by July 17, 2020.**

Contact HR Benefits at **727-582-2835** or by email at [insurancebenefits@pcsonet.com](mailto:insurancebenefits@pcsonet.com) with any questions.

Not all plan provisions, limitations and exclusions are included in this publication. In the event of any conflict between the information contained in this publication and the plan provisions, the Plan Documents and insurance contracts will govern. Copies of those documents are available from Human Resources for your inspection during normal business hours. The benefits highlighted and described herein 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.



## Pinellas County Sheriff's Office 2020-2021 Retiree Benefits Guide

### Your Benefit Options

This Retiree Benefits Guide is a reference guide of PCSO benefits for the plan year beginning October 1, 2020. You have the opportunity to switch between the United Healthcare (UHC) Platinum or Gold medical insurance and Preventive Plus or Preventive dental insurance. You may not add new dependents or new benefits. The retiree must remain insured for dependents to be insured.

If you choose to cancel or discontinue any insurance coverage or drop a dependent, you will not be able to reverse that decision.

### Plan Years

UHC Platinum and Gold, Dental, Vision and Life  
October 1, 2020 through September 30, 2021

Aetna Medicare Advantage  
January 1, 2021 through December 31, 2021

### Medical Benefits

#### For retirees and dependents covered on the UHC Platinum and Gold plans

Platinum and Gold plan options have the same network of doctors and are open access; referral to see a specialist is not needed. Please look closely at the rates and plan options so you can decide on the plan that best meets your needs. You can find helpful tools to manage your activity at [www.myuhc.com](http://www.myuhc.com).

#### 2<sup>nd</sup> 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.

#### Retiree and Dependents – Aetna Medicare Advantage plan

Retirees and dependent(s) who become Medicare eligible during FY 2020-2021 will automatically convert to the Aetna Medicare Advantage PPO plan. You must enroll in Medicare Part A and Part B to be effective the first day of your 65<sup>th</sup> birthday month. You must continue to pay the Medicare Part B premium. For more information about Medicare, call 1-800-Medicare (800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov). You cannot remain on the commercial plan (Gold or Platinum) once you become eligible for Medicare.

Aetna Medicare Advantage is now partnered with CVS Caremark Mail Service Pharmacy!

#### Medicare 101 Sessions

Please watch for scheduled dates and times of our Medicare 101 and Care Management sessions presented by Aetna. Registration is required so please contact HR Benefits at 727-582-2835 to register.

#### Split Medical Coverage

Depending on Medicare eligibility, coverage may be split for you and/or your dependents between the UHC Platinum or Gold plans and the Aetna Group Medicare Advantage plan. For those with split coverage, benefit tiers and premiums are located on page 2 of this benefits summary.



# PCSO Medical, Prescription Drug, Dental and Vision Benefits

## Medical Benefits at a Glance

Monthly Medical Contributions	Platinum Plan		Gold Plan		Aetna Medicare Advantage PPO	
	Pre-96	Post-95	Pre-96	Post-95	Contributions	Medicare Part B
<b>Medical Coverage</b>					Premiums are based on date of hire and / or years of service. For more information, contact HR Benefits @ (727) 582-2835.	Determined by Medicare
Retiree Only	\$149	\$946	\$83	\$874		
+ Spouse	\$464	\$1,891	\$326	\$1,748		
+ Child(ren)	\$441	\$1,797	\$312	\$1,660		
+ Family	\$672	\$2,742	\$475	\$2,534		
<b>Split Plans</b>	<b>Pre-96</b>	<b>Post-95</b>	<b>Pre-96</b>	<b>Post-95</b>		
Spouse Only	\$315	\$946	\$243	\$874		
Child(ren) Only	\$292	\$851	\$229	\$786		
Spouse + Child(ren)	\$523	\$1,796	\$392	\$1,660		
<b>Plan Features</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>Same In/Out Network Benefit (Must be Medicare Eligible)</b>	
Annual Medical Deductible	\$750 (Ind) \$1,500 (Fam)	\$1,500 (Ind) \$3,000 (Fam)	\$1,000 (Ind) \$2,000 (Fam)	\$2,000 (Ind) \$4,000 (Fam)	\$0	
Annual Medical Out-of-Pocket Maximum	\$2,500 (Ind) \$5,000 (Fam)	\$5,000 (Ind) \$10,000 (Fam)	\$2,850 (Ind) \$5,600 (Fam)	\$5,700 (Ind) \$11,200 (Fam)	\$2,000	
Virtual Visits	100% Covered	N/A	100% Covered	N/A	N/A	
Preventive Care	100% Covered	Deductible + 40% coins	100% Covered	Deductible + 50% coins	100% Covered	
Physician Office Visit	\$15	Deductible + 40% coins	\$20	Deductible + 50% coins	\$15	
Specialist Office Visit	\$35	Deductible + 40% coins	\$40	Deductible + 50% coins	\$30	
Urgent Care / Convenience Care	\$15	Deductible + 40% coins	\$20	Deductible + 50% coins	\$35	
Clinical Laboratory Services and Outpatient X-rays	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	\$15	
Inpatient Hospital Stay	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	\$200/day (Days 1-7) \$0 (Day 8 and after)	
Outpatient Surgery	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	20% coinsurance	
Outpatient Hospital Services	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	20% coinsurance	
Occupational, Physical and Speech Therapy	\$15	Deductible + 40% coins	\$20	Deductible + 50% coins	\$15	
Ambulance Services	100% Covered		100% Covered		\$175	
Emergency Room Services	\$150		\$150		\$65	
Durable Medical Equipment	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	20% of Medicare approved amount	
Home Health Services - Up to 40 visits per year	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	\$0	
Acupuncture	Deductible + 20% coins	Deductible + 40% coins	Not Covered		Not Covered	
Weight Loss Surgery - Bariatric**	Deductible + 20% coins	Deductible + 40% coins	Not Covered		\$200/per day (1-7 days)	
Infertility Treatment***	Deductible + 20% coins	Deductible + 40% coins	Not Covered		Not Covered	
Mental Health/Substance Abuse (Inpatient Hospitalization)	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	\$200/per day (1-7 days)	
Mental Health/Substance Abuse (Outpatient Office Visits, Intensive Outpatient Program, Partial Hospitalization Program)	\$15	Deductible + 40% coins	\$20	Deductible + 50% coins	Outpatient office visits – \$30 Intensive Outpatient Program – 20% Partial Hospitalization Program – \$30	
Telemental Health	\$15	Deductible + 40% coins	\$20	Deductible + 50% coins	Not Covered	
<b>Rx Retail Copay (up to a 30 day supply)</b>	<b>At Retail</b>	<b>At 1.5 Times</b>	<b>At Retail</b>	<b>At 1.5 Times</b>	<b>Part D Benefits Included (No Penalty)</b>	
Tier 1: Generic	\$10	\$15	\$10	\$15	\$10	
Tier 2: Preferred Brand	\$25	\$37.50	\$25	\$37.50	\$25	
Tier 3: Non-Preferred Brand	\$40	\$60	\$40	\$60	\$40	
Tier 4: Specialty Tier	Filled through Optum; one grace retail fill allowed		Filled through Optum; one grace retail fill allowed		15% of cost, but no more than \$100	
<b>Mail Order Copay (up to a 90 day supply)</b>	<b>Rx Mail-Order Discounted Copays</b>				<b>Rx Mail-Order/Retail Discounted Copays</b>	
Tier 1: Generic	\$20	Not Covered	\$20	Not Covered	\$20	Not Covered
Tier 2: Preferred Brand	\$50		\$50			
Tier 3: Non-Preferred Brand	\$80		\$80			
Tier 4: Specialty Tier	Filled through Briova		Filled through Briova		\$80	

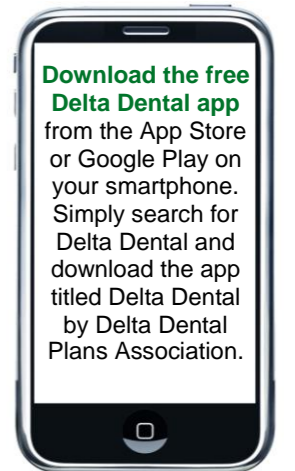
\*Post 95 rates listed above do not include any applicable health insurance subsidy.  
 \*\*Members who have had weight loss surgery must stay on the Platinum plan to receive future treatment.  
 \*\*\*Limited to a lifetime maximum of \$10,000 per family in-network and out of network combined.  
 Reminder: Deductible, Co-Insurance and Copays apply toward the Out-of-Pocket Maximum.

## Dental Benefits – Delta Dental

Our dental plan, provided through Delta Dental, makes it easy and affordable for you to maintain a healthy smile through regular preventive care and to fix problems 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.

Dental Coverage	Preventive Plus Plan Monthly Cost	Preventive Only Plan Monthly Cost
Member Only	\$11	\$0
Member + Spouse	\$28	\$3
Member + Children	\$39	\$6
Family	\$51	\$8
<b>In Network Services</b>		
<b>Annual Plan Limits, Coinsurance and Maximums</b>		
<b>Plan Year Maximum</b>	\$2,000 per covered member	\$200 per covered member
<b>Preventive/Diagnostic</b>	Covered at 100%	
Cleanings	Up to 4 per member per plan year	
Exams	Up to 4 per member per plan year	
Fluoride treatments	Up to 4 per member per plan year	
Sealants*	Permanent molars only; age restrictions	
Bite wing X-rays	Up to 2 per member per plan year	
Full mouth X-ray	1 per member per every 36 months	
<b>Restorative treatments</b>	Covered at 50%	Not Included
<b>Orthodontia treatments</b>	Covered at 50%	Not Included

\*Permanent first molars through age 8, permanent second molars through age 15, if without decay or restorations on occlusal surface.



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	Monthly Member Cost		
Member Only	\$3.82		
Member + Spouse	\$6.86		
Member + Child(ren)	\$6.70		
Member + Family	\$9.92		
Service	Frequency of Services (based on last date of services)	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
<b>Lenses (Any one type)</b>	Once every 12 months	\$20 <sup>1</sup>	Up to \$20
Single Vision		\$20 <sup>1</sup>	Up to \$30
Bifocal Vision		\$20 <sup>1</sup>	Up to \$40
Trifocal Vision		\$20 <sup>1</sup>	Up to \$40
Lenticular Vision		\$20 <sup>1</sup>	Up to \$30
Progressive		Starting at \$90	Up to \$30
<b>Contact Lenses</b>	Once every 12 months	\$20 Standard Selection Contacts <sup>2</sup>	Up to \$50
Elective Contact Lenses		\$150 Custom Contacts/Non-Selection <sup>3</sup>	Up to \$200
Medically Necessary Contact Lenses		100% covered after applicable copays for exam and materials	\$200
<b>Vision coverage includes the LASIK benefit!</b>			
<b>How does the LASIK benefit work?</b>			
<b>LASIK Vision Correction</b>	\$563 per eye allowance after 15% discount	\$563 per eye allowance	
Sample Cost	\$2,200 per eye, \$4,400 total	\$2,200 per eye, \$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	

## Vision Benefits

Better vision is just a blink away when you have insurance through UnitedHealthcare Vision. The plan covers annual eye exams, eyeglasses and/or contact lenses for you and your eligible dependents.

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). Your Platinum and Gold UHC Medical/Rx card is also your ID card for vision. ID cards are available for vision only coverage. Members enrolled in United HealthCare health insurance and United HealthCare Vision Spectera will have a benefit under both policies.

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.

- 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.
- 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).
- 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.