

2014-2015

PCSO Member Benefits



**Invest in
Your Health**

DEAR MEMBER:

This Benefits Handbook describes our comprehensive benefits package, designed to help you and your family build a secure future. Key elements include:

- Comprehensive Medical, Prescription Drug, Dental and Vision coverage.
- Financial security through Life, Accident, Short-term Disability and Long-term Disability Insurance.
- An opportunity to save using a Health Care and a Dependent Care Flexible Spending Account.

We have created this guide to help make it easy for you to understand and choose your benefits for the 2014-2015 plan year.

TABLE OF CONTENTS

Eligibility Information.....	2
Eligible Dependents	2
Pinellas County Sheriff's Office Paid Benefits.....	2
Making Changes During the Year	2
COBRA: Continuing Coverage After Termination.....	2
Medical Coverage.....	3
Prescription Drug Coverage	4
Dental Coverage	5
Vision Coverage	6
Life/AD&D Insurance.....	7
Employee Assistance Program.....	8
Short-term Disability Insurance.....	8
Long-term Disability Insurance.....	8
Flexible Spending Accounts.....	9
Wellness Program.....	10
Important Contacts	Back Page



Eligibility Information

All members who work more than 32 hours per week 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 and Vision benefits is defined as a covered members:

- Spouse
- Same sex domestic partner
- Child or step-child up to age 26
- Child of an eligible dependent child up to age 18 months
- Child of a same sex domestic partner up to age 26

An eligible dependent for the Life Insurance benefits is defined on page 7 of this Guide.

If your child no longer qualifies as an eligible dependent, please contact Human Resources at **582-2835** to remove them from coverage.

Pinellas County Sheriff's Office Paid Benefits

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

- Basic Life Insurance
- Short-term Disability Insurance
- Long-term Disability Insurance
- Employee Assistance Program
- Life Scan

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 Qualified Family Status Event. This includes marriage, divorce, birth or adoption, death of a spouse, Medicare/Medicaid

eligibility or a change in your or your spouse's work status that affects benefits eligibility. Contact HR to see what changes each event will allow you to make and the effective date of those changes. Also pursuant to IRS regulations, **HR must be notified in writing within 30 days of any Qualified Family Status Event** in order to make a change. Documents required to confirm eligible dependents are listed in the column to the right; additional documents will be required as proof of the Qualified Family Status Event.

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

Your Benefit Options

	Coverage Begins	Coverage Ends
Flexible Spending Accounts		Last day of employment
Medical/Rx Plan	First of the month following 30 days of employment	Last day of the month of employment
Dental Plan		
Vision Plan		
Employee Assistance Program		
Basic Life and AD&D	First day of work when not subject to Evidence of Insurability	
Supplemental Life		
Spouse & Child Life		
Short-term Disability		
Long-term Disability		

COBRA: Continuing Coverage After Termination

Under certain circumstances, you and your dependents may continue to participate in some benefit plans after you terminate employment through what's known as COBRA coverage. Complete COBRA details are included in the insurance contracts and booklets that govern each benefit.

Please Note:

Members must provide documents for each newly added dependent:

To add a Child:

- Social Security card
- Birth certificate or adoption papers

To add a Spouse:

- Social Security card
- Marriage license

To add a Domestic Partner:

- Social Security card
- Declaration (*two legal documents to confirm relationship; contact HR for details about documents*)

All documents must be received in HR within the prescribed time period before the dependent can be added to coverage.

Insurance Cards:

Your UnitedHealthcare ID card is the only card you will need for your medical, prescription drug and vision coverage. United Concordia provides an ID card for Direct Reimbursement and Preventive Only Dental plans.

You will receive a new insurance card if you switch between the Gold and Platinum medical plans or between the Direct Reimbursement and Preventive Only dental plans.

In-Network Services

When discussing the use of ancillary services with your physician (i.e., labs, durable medical equipment, x-rays), you should consider whether the providers of those ancillary services are in-network.

Your Medical Coverage

Pinellas County Sheriff's Office provides you and your eligible family members with two Medical plan options to choose from.

Both the Gold and the Platinum Plan options have the same network of doctors and are open access; referral to see a specialist is not needed. UnitedHealthcare (UHC) will continue to process our medical claims. You'll find helpful tools at www.myuhc.com.

Choose What's Best for You

While you're comparing Medical coverage, begin by considering:

- How frequently do I or my covered dependents visit the doctor?
- Am I more concerned with the cost of my monthly premiums, with the cost per doctor visit, or with the cost of my out-of-pocket expenses?

Opting Out

With proof of other medical coverage, you may choose to opt out of the PCSO group medical coverage. If you opt out during your initial enrollment period as a new hire, or during the benefits enrollment period, you may qualify to receive \$96 per month. If you opt out mid-year, you will not be eligible to receive the \$96 opt out money until the next plan year. Anyone who opts out will not be able to enroll or re-enroll in our group plan unless you experience a Qualified Family Status Event or if the agency offers an "open" benefits enrollment.

Out-of-Pocket Maximum

Beginning October 1, 2014, all copays, co-insurance and deductibles that you pay for your health and prescription benefits will apply toward your out-of-pocket maximum.

Coverage	CPOS Platinum Plan		CPOS Gold Plan	
	Monthly Rate		Monthly Rate	
Member Only	\$97		\$53	
Member + Spouse or Dom. Part.	\$300		\$212	
Member + Child(ren)	\$286		\$202	
Member + Family	\$436		\$308	
Plan Features	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$750 individual \$1,500 family	\$1,500 individual \$3,000 family	\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family
Out-of-Pocket Maximum	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family	\$2,850 individual \$5,600 family	\$5,700 individual \$11,200 family
Lifetime Maximum	Unlimited		Unlimited	
Primary Care Physician Office Visit	\$15 per visit	40% after deductible	\$20 per visit	50% after deductible
Preventive Care Visit	100%	40% after deductible	100%	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	\$15 per visit	\$20 per visit	\$20 per visit
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	No charge		No charge	
Home Health Care	20% after deductible 40 visits per year	40% after deductible	30% after deductible 40 visits per year	50% after deductible
Outpatient Therapies	\$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
Mental Health/Substance Abuse (Inpatient)	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Mental Health/Substance Abuse (Outpatient)	\$15	40% after deductible	\$20	50% after deductible

Prescription Drug Coverage

OptumRx provides pharmacy benefit management (PBM) services for more than 14 million people nationwide. Log on to www.myuhc.com to access tools to help you get the most out of your pharmacy benefit. It's convenient and secure.

When you enroll in a Medical plan, you are automatically enrolled in prescription drug benefits. The chart to the right shows your copay by drug class. Maintenance medications should be filled through the mail-order program. 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 have to 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
Retail Network Pharmacy (up to a 30-day supply)	
■ Tier 1	\$10
■ Tier 2	\$25
■ Tier 3	\$40
Mail Order Pharmacy (up to a 90-day supply)	
■ Tier 1	\$20
■ Tier 2	\$50
■ Tier 3	\$80

Make informed decisions with your OptumRx prescription drug benefit.

UnitedHealthcare Prescription Drug List (PDL)

The PDL includes most brand and generic prescription medications approved by the FDA. Medications are placed on different "tiers" based on UnitedHealthcare evaluation about their overall value. Tier 1 is the lowest-cost tier option. When selecting a medication, you and your doctor should consult the PDL.

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. Just use your UHC ID card to verify prescription eligibility at the pharmacy.

Want to learn more about specific medications?

Log on to myuhc.com and click "Pharmacies and Prescriptions" or "Manage My Prescriptions" to access drug information.

Search for alternatives

Log on to myuhc.com to look for your lowest-cost options. Ask your doctor if a lower-cost alternative medication may be right for you.



Health4Me Mobile App.

UnitedHealthcare's Health4Me app provides instant access to you and your family's critical health information – anytime/anywhere. Whether you want to find physicians, check the status of a claim or speak directly with a nurse, Health4Me is your go-to resource for everything related to your health.

The Health4Me app is available from the Apple iTunes App Store as a free download for the iPhone, iPod Touch and iPad. It is also available as a free download in the Android marketplace.

Register with myuhc.com to enable both mobile and online services

- Search for physicians or facilities by location or specialty
- Locate urgent care facilities and ERs
- Store your favorite physicians and facilities with your notes to view in the future
- Skip the phone prompts and have a service representative contact you to answer any questions about claims or benefits
- View and share member health plan ID card information

Contact a nurse 24/7 for any medical questions.

- Check status of deductible and out-of-pocket spending
- View claims

Please note feature availability dependent upon the programs offered with your employer's UnitedHealthcare benefit plan.



Need a Dentist?

Visit www.ucci.com to find a dentist near you.

Your Dental Coverage

PCSO offers excellent Dental coverage for you and your eligible family members. Our Dental plan, provided through **United Concordia**, makes it easy and affordable for you to maintain a healthy smile through regular preventive care and to fix any problems as soon as they occur. Visit www.ucci.com and select the “Advantage Plus” network to find a network provider in your area. You can choose any dentist for care, but you’ll pay less out-of-pocket when you select a network provider.

Dental Decision Guidelines

As you review your Dental plan coverage below, ask yourself these questions:

- How much do I spend at the dentist?
- Is my dentist in the plan’s network?
- Will I need orthodontia coverage?

Your Dental Benefits

Coverage	Preventive Only Plan Monthly Rate	Direct Reimbursement Plan Monthly Rate
Member Only	\$0	\$10
Member + Spouse or Dom. Part.	\$3	\$25
Member + Child(ren)	\$5	\$35
Member + Family	\$7	\$45
Annual Plan Maximum		
Services	Preventive Only Plan	Direct Reimbursement Plan
Exams	\$200 per person per plan year	The first \$200 of covered services are reimbursed at 100%. The next \$3,600 of covered services are reimbursed at 50%. Maximum benefit per person, per plan year is \$2,000.
Cleanings		
Bite wing X-rays (two per plan year)		
Full mouth X-rays (one per 36 months)		
Fluoride treatments	Not included	For treatment of poor alignment and occlusion.
Restorative		
Orthodontia	Not included	

Out-of-network benefits are reimbursed at 90% of Reasonable and Customary for the Preventive Only Plan.



Your Vision Coverage

Better vision is just a blink away when you have insurance through **UnitedHealthcare Vision**. The plan covers periodic eye exams, eyeglasses and 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?

Your UHC Medical/Rx card is also your ID card for Vision. You will receive the most from your benefits when you use a network provider. This chart shows how much you will be required to pay for covered services using both in-network and out-of-network providers. 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.



Coverage	Monthly Rate
Member Only	\$3.81
Member + Spouse or Dom. Part.	\$6.86
Member + Child(ren)	\$6.69
Member + Family	\$9.92

The table below provides an overview of Copays that apply when you receive certain Covered Vision Services and outlines the Plan's frequency of service and Maximum Non-Network Benefit.

Service	Frequency of Service (based on last date of service)	In-Network	Out-of-Network
Vision Exam	Once every 12 months	\$10	\$25
Frames	Once every 12 months ¹	Eyeglass Frames will receive a retail allowance up to \$130 or a wholesale allowance up to \$50. \$20 ² from the Covered Eyeglass Frames Selection	\$50
Lenses (Any one type)			
■ Single Vision		\$20 ²	\$20
■ Bifocal Vision	Once every 12 months ¹	\$20 ²	\$30
■ Trifocal Vision		\$20 ²	\$40
■ Lenticular Vision		\$20 ²	\$40
Contact Lenses			
■ Elective Contact Lenses	Once every 12 months	\$20 from the Covered Contact Lens Selection ³	\$50
■ Necessary Contact Lenses		\$20	\$200

¹ You are eligible to select only one of either eyeglasses (Eyeglass Lenses and/or Eyeglass Frames) or Contact Lenses. If you select more than one of these Services, only one Service will be covered.

² 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.

³ 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.

How does the LASIK benefit work?

	In-Network	Out-of-Network
LASIK Vision Correction	\$562.50 per eye allowance after 15% discount	\$562.50 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	\$562.50 per eye	\$562.50 per eye
■ Total Member Responsibility	\$1,307.50 or \$2,625	\$1,637.50 or \$3,275

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

Dependent Eligibility

For Life Insurance purposes, a child is a qualified dependent if they are unmarried to age 20 or to age 24 if a full-time student. This includes disabled dependents, adopted children and stepchildren living in your home. For The Standard's full definition of a child, contact Human Resources.

Coverage Limits

You may purchase up to \$25,000 in spouse 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 event without completing EOI. Amounts that exceed \$25,000 or applications outside of the 30-day window will require EOI review and approval by The Standard.

Evidence of Insurability (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.

Your Life/AD&D Insurance

While no one likes to think about it, planning for your family's financial security in the event of your death, sickness or serious injury is one of the greatest gifts you can give your loved ones. The Pinellas County Sheriff's Office provides Basic Life/Accidental Death and Dismemberment (AD&D) - 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). All of these coverages are term life policies with death benefits provided through **The Standard Insurance Company**.

Life and AD&D Insurance

■ 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:

During enrollment you may increase your supplemental life coverage in \$5,000 increments, up to an additional \$20,000, as long as your total election does exceed 3x your annual salary, or the maximum of \$250,000.

You may purchase up to 5x your annual salary to a maximum of \$250,000. These requests require approval by The Standard through completion of Evidence of Insurability (EOI).

If you were previously declined coverage after submitting an EOI, you will need to resubmit an EOI for The Standards approval.

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 80, and 20% at age 90 or older.						
Example Amount	Age 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. Some rates may be rounded for ease of administration.

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

For your spouse and dependents, you have two options to provide additional insurance:

Option 1

Dependent Life - Set Coverage Amount and Monthly Rate		
	Coverage Amount	Monthly Rate
Spouse or Dom. Part.	\$10,000	\$3.40
Child(ren) *	\$5,000	

* Child(ren) and spouse are covered for one flat monthly rate.

Option 2

Must be purchased in \$2,500 increments.											
Child(ren) Life *		Spouse or Dom. Part. Life									
Coverage Amount	Monthly Rate	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 rate is the same, regardless of number of children covered.

Employee Assistance Program

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.

Services provided are completely confidential and usually free-of-charge (up to six sessions per issue, per plan year with unlimited issues per year).

Confidential Counseling

- Stress, anxiety and depression
- Family/marital problems
- Job pressures
- Grief and loss
- Substance abuse

Financial Information and Resources

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

Legal Support and Resources

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

Work-Life Solutions

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

GuidanceResources Online

- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

How to Use the EAP

For confidential help 24/7 call ComPsych at **1-888-327-4801** to speak with an EAP professional. An EAP professional can assess any problems, help you sort through the issues

and often provide a referral to a local provider for follow-up counseling when needed. Using an in-network provider will lessen your out-of-pocket expense if additional visits are needed. You can state your provider preferences and these visits must be authorized in advance. Any services received from a provider outside of the EAP are not covered under this benefit.

Short-term Disability Insurance

PCSO provides short-term disability (STD) insurance for all full-time members through The Standard. STD is a company-paid benefit that replaces part of your weekly income to help pay your bills and living expenses when you can't work due to a covered non-occupational illness or injury. The STD benefit is 60% of your weekly earnings for up to 26 weeks and a maximum amount of \$2,300 paid per week. There is a 31-day elimination period before STD can be paid after the claim is approved. Members must first exhaust their sick leave balance before becoming eligible for STD. Members can supplement with their accrued time to make the STD benefit 100%.

Your Long-term Disability Insurance

PCSO pays for Long-term Disability (LTD) insurance for all full-time members. A disability is caused by a sickness or injury (other than a work-related disability). This benefit, provided through **The Standard**, 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. Using documents provided by you and your doctor(s), **The Standard** 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. Your doctor will determine how long you should be out of work based on your condition and whether or not you could work in another occupation.

Standard STD Benefit contact

For more information call **1-800-368-2859**.

Standard LTD Benefit contact

For more information call **1-800-368-1135** or visit www.standard.com.

ComPsych EAP website instructions:

- Go to www.guidanceresources.com
- Click the blue link (bottom right of page) that states "I am a first-time user"
- Enter Company/Organization Web ID: PCSO
- Create Username 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 username and password and click Login. If you experience any problems logging in, e-mail memberservices@compsych.com or call **1-877-595-5289**.



Reduce taxes

Sign up for an FSA to save money on taxes.

Lower Your Taxes With FSAs

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

Each year during enrollment, you have the option of choosing one or both of the following:

- **Health Care FSA** – Allows the amount elected to be available for your health care expenses on your benefit effective date. You can contribute up to \$2,500 per year to pay for eligible out-of-pocket health care expenses.
- **Dependent Care FSA** – Employees can only use what has accumulated in their Dependent Care FSA account to reimburse for childcare expenses or day care expenses for eligible children, an elderly parent or disabled spouse. You can contribute up to \$5,000 per year to pay for eligible out-of-pocket dependent care expenses.

How FSAs Work

Both accounts work in similar ways. After you enroll, you will receive an FSA kit through **PayFlex** with detailed instructions. Be sure to estimate your expenses carefully because you may forfeit any unused funds at the end of the plan year.

FSAs are strictly governed by IRS regulations. For more details and a list of eligible expenses, you can refer to IRS Publications 502 and 503 available at www.irs.gov or call **1-800-TAX-FORM**.

- Your contributions will be deducted from your paychecks in equal amounts during the plan year.
- When you pay for eligible expenses out of your own pocket, you are reimbursed from your account(s).
- Money cannot be transferred between accounts for expense reimbursements.
- The Plan allows you to submit for reimbursement 90 days after the end of the plan year for claims incurred between 10/1/2014 - 9/30/2015.
- **You must re-enroll** in any FSA each year during the annual benefits enrollment period.
- Your FSA will terminate on your last day of employment.

To locate a claims reimbursement form, visit www.healthhub.com or SONET/Human Resources/Benefits/Flexible Spending Account.

New for 2014 - \$500 Carryover Option

The IRS announced modified guidelines to the FSA “use-it-or-lose-it” provision to allow a limited rollover of Health Care FSA funds. PCSO has decided to allow participants in the Health Care FSA to carryover up to \$500 of unused funds at the end of the plan year (September 30, 2015) to use for eligible expenses for the following year. This carryover option does not apply to Dependent Care FSA. Please make sure to utilize the PayFlex calculating resources to help you estimate your annual FSA election amounts.

Saving Money With FSAs

Let’s see how your FSAs may save you money. Assuming that you pay about \$1,500 each year on prescriptions, copayments, deductibles and other health care expenses, and you spend another \$4,000 on child care, you can reduce your taxable income and increase your spending money by \$1,210!

	If You Participate	If You Don't Participate
Annual salary before taxes	\$25,000	\$25,000
Less:		
■ Health Care FSA deposit	– \$1,500	\$0
■ Dependent Care FSA deposit	– \$4,000	\$0
Taxable income	\$19,500	\$25,000
Less:		
■ Income taxes & Social Security (22%)	– \$4,290	– \$5,500
Take-home pay	\$15,210	\$19,500
Less:		
■ Health care expenses	\$0*	– \$1,500
■ Child care expenses	\$0*	– \$4,000
Net pay you can spend	\$15,210	\$14,000
Tax savings	\$1,210	\$0

* You get reimbursed from your Health Care and Dependent Care Flexible Spending Accounts.



Wellness Program

Eligibility:

- Full-time members who participate in PCSO group health insurance are eligible for all programs.
- Full-time members who opt-out of PCSO group health insurance are eligible for Life Scan, Weight Loss Programs, Preventive Screenings and Physical Ability Test (PAT) incentive.
- Part-time members in certified positions are eligible for PAT incentive.
- Adult dependents (18+) who are covered in PCSO group health insurance are eligible for Life Scan.

PCSO Programs:

- Life Scan
- Weight Loss Programs
- Health Assessment
- Preventive Care Screenings
- Health Improvement Program
- Physical Ability Test

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 education 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 and heart failure.
- Resource services for: cancer, kidney, transplant and congenital heart disease.
- Programs for healthy back and healthy pregnancy.

Additional Benefits

Full Time Benefits	Years of Employment	Annual Accrued Hours	Maximum Accrued Hours	Maximum Accrued Payout
Vacation Leave	1 – 5	120	500	400
	6 – 7	128	500	400
	8 – 9	136	500	400
	10 – 14	144	572	472
	15 – 19	152	572	472
	20+	160	620	520
Sick Leave	From date of employment	96	Unlimited	50% of balance at retirement 33-1/3%, up to 480 hour balance at resignation
Personal Leave	24 hours annually			
Holidays	<ul style="list-style-type: none"> ■ New Year's Day ■ Dr. Martin Luther King Jr. Day ■ Good Friday ■ Memorial Day ■ Independence Day 		<ul style="list-style-type: none"> ■ Labor Day ■ Veterans Day ■ Thanksgiving Day ■ Day after Thanksgiving ■ Christmas Day 	
<p>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 Tuesday or Thursday, the preceding Monday or following Friday will also be recognized as a holiday.</p>				

Pension Benefit - Florida Retirement System

Retirement Class	Contribution		Normal Retirement		Planning to Retire?
	Employer	Employee	Hired before 7/1/11	Hired 7/1/11 or after	
Special Risk	19.82%	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	<p>After you have verified your retirement eligibility and benefits with the Florida Retirement System (at www.myfrs.com or by calling the FRS Guidance Line at 1-866-446-9377) and have made your decision to retire, enter DROP or terminate from DROP, please contact Human Resources at 727-582-6309 to discuss the steps you need to take and to make an appointment.</p>
Regular	7.37%	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	

Compulsory for all members who are hired into a job that extends beyond 6 months, AND who have not previously retired under the Florida Retirement System.

PCSO Fitness Centers

24/7 access with your PCSO proximity card at 3 locations:

- Public Safety Complex - Largo
- Jail Facility South Division - Clearwater
- Dunedin Fire Station - Dunedin

PCSO~Life Scan

Offered to all members and their adult dependents 18+ covered under PCSO Medical Insurance.

Take the first step to a healthy future and make your Life Scan appointment today!

Members register on **SONET**, dependents call **727-258-4817**.

Educational Assistance G.O. 4-3

Available to FT members after 1 year of employment and completion of probation. \$1,500 available for reimbursement of 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.

Travel Assistance Frontier/MEDEX

As a participant in Basic Life Insurance provided to you by PCSO, you are automatically covered 24 hours a day, everyday.

Travel Assistance helps with emergencies when you travel more than 100 miles from home. Call **800-527-0218**.

- Pre-trip Assistance
- Trip/Medical/Legal Assistance
- Emergency Transportation Services
- Personal Security Services

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	www.myuhc.com
Prescription Drugs	OptumRx / UnitedHealthcare	800-377-5108 - Group Number 712474	www.myuhc.com
Dental	United Concordia	800-332-0366	www.ucci.com Advantage Plus Network
Vision	UnitedHealthcare Vision	800-638-3120	www.myuhcvision.com
Basic Life/AD&D	The Standard	800-628-8600 – Group Number: 642231	www.standard.com
Supplemental Life	The Standard	800-628-8600 – Group Number: 642231	www.standard.com
Short-term Disability	The Standard	800-368-2859 – Group Number: 642231	www.standard.com
Long-term Disability	The Standard	800-368-1135 – Group Number: 642231	www.standard.com
Flexible Spending Accounts	PayFlex	800-284-4885	www.healthhub.com
Employee Assistance Program	ComPsych	888-327-4801	www.guidanceresources.com Access Code: PCSO
Deferred Compensation Providers	AXA Advisors and The Hartford - J.L. "Larry" Peggs ING - Ron Wright LSW (Bechtel Financial) - Kevin Bechtel Nationwide - Stephen Monagas VALIC - Al Sanchez, Jr.	727-391-1707 813-281-3752 727-753-0263 x 1062 727-709-4028 813-269-3384	larry@jlpeggs.com ronald.wright@ingfp.com kbechtel@becfs.com monagas@nationwide.com alfred.sanchez@valic.com

If you have questions about benefits listed within this guide or about other benefits such as Family & Medical Leave, Life Scan, Military Leave, Worker's Compensation, etc., we invite you to speak with an HR Benefits representative at **582-2835** or you can send an email to **InsuranceBenefits@pcsonet.com**. We also have several Voluntary Benefits vendors who are approved for payroll deduction. For more information on the products these vendors offer, visit the Benefits, Health and Wellness site on SONET in the Community Bulletin Board or you may contact Human Resources.

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 Plan Descriptions** 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.