



2008 - 2009 Pinellas County Sheriff's Office Member Benefits Guide



This guide is for information purposes only. Refer to Plan Documents, General Orders and Personnel Rules for specific information. Benefits are subject to change.

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- Contact Information -

MEDICAL:

United HealthCare
Customer Service
1-8666332474
www.myuhc.com
Group Number: 712474

FLEXIBLE SPENDING ACCOUNT:

TaxSaver
1-888-TAXSAVR
WWW.TAXSAVER.MERCER.COM

PRESCRIPTION DRUGS:

Medco
Member Services
1-800711-0917
www.medco.com
Group Number: PINELRX

EMPLOYEE ASSISTANCE PROGRAM:

United HealthCare
Customer Service
1-8662484094
www.myuhc.com or www.liveandworkwell.com (access code PCSO)
Group Number: 712474

VISION:

Spectera Division of United HealthCare
Customer Service
1-8006383120
www.spectera.com

DENTAL: PREVENTIVE CARE PLAN

Member Services (800) 394888
www.onlinebenefitsaccess.com
Group Number: 206

DENTAL: DIRECT REIMBURSEMENT PLAN

Member Services (800) 394888
www.onlinebenefitsaccess.com
Group Number: 205

SECTION 125 PLANS:

Human Resources Division
Benefits Section
(727)582489

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT:

The Standard
Claims Department
(800) 628600
www.standard.com
Group Number: 642231

LONG-TERM DISABILITY:

The Standard
Claims Department
(800) 368135
www.standard.com
Group Number: 642231

SHORT-TERM DISABILITY:

AFLAC
(813)929846
kandjnelson@verizon.net

CREDIT UNION:

Pinellas Federal Credit Union
www.pinellasfcu.org
(727) 584422

FLORIDA RETIREMENT SYSTEM:

www.myfrs.com

COBRA:

Conexis
(877)722667
www.conexis.org

- Eligibility -

Insurance benefits are offered to members regularly scheduled to work more than 32 hours per week.

Effective Date of Coverage

Coverage is effective the first day of the month following 30 days of employment.

Definition of Eligible Dependent

- < Legal spouse
- < Same-sex domestic partner
- < y stepchild, a legally adopted child, a child placed for adoption) or for whom the member or the
- < A child up to the age 18 months born to a dependent child who is covered by this plan. The principal place of residence of the unmarried dependent child must be with the Member.
- < The term dependent shall not include any unmarried dependent child 19 years of age or older, except as stated in the next paragraph, or extended coverage for handicapped children.
- < The term dependent shall include an unmarried dependent child who is 19 years of age or older, but less than 25 years of age (coverage extends through the end of the month in which the child turns 25). Evidence of the following conditions must be furnished upon request:
 - o The child is not regularly employed on a full-time basis and
 - o The child is a full-time or part-time student or
 - o The child is primarily dependent upon the member for support and maintenance
 - o If the unmarried child over 19 years old is not a full-time student, they must reside with the member.
 - o If a child is the dependent of a same-sex domestic partner, the child must reside with the member.

- Annual Enrollment Period -

At the time of hire, members have an opportunity to enroll in the insurance programs and to enroll eligible dependents. If a member does not enroll in the insurance programs, s/he can only enroll if s/he or eligible dependents lose insurance coverage from another source; or has a qualifying change in status as defined by federal law. Once enrolled, the member and eligible dependents can make changes in health or dental coverage only if the member has a change in status as defined by Section 125 of the IRS Code.

During the annual enrollment period usually held during July/August of each year, the member can enroll in different medical and/or dental plans; however, the member cannot enroll any previously eligible dependents. Previously eligible dependents can be enrolled only if the member experiences an applicable qualifying event as defined by the Internal Revenue Service (IRS).

- Medical -

Each plan has the same network of hospitals and doctors. Each plan is open access, so it is not necessary to select a primary care physician or obtain a referral for a specialist.

Effective October 1, 2008, the POS plan includes the following services not in the PPO plan: Acupuncture, Infertility Treatment and Weight Loss Reduction Surgery. Extraction of Bony Impacted Teeth is excluded from coverage. Please refer to the Point of Service (POS) Summary Plan Description for full details.

UNITED HEALTHCARE CHOICE PLUS POS PLAN

Coverage	Monthly Rate
Member	\$57.00
Member + Spouse	\$230.00
Member + Child(ren)	\$210.00
Member + Family	\$330.00

Plan Feature	In-Network	Out-of-Network
Deductible	\$ 250 individual \$ 500 family	\$ 500 individual \$ 1,000 family
Coinsurance	10%	30%
Out-of-Pocket	\$ 1,500 individual \$ 3,000 family	\$ 3,000 individual \$ 6,000 family
Lifetime Maximum	\$ 2 million	
Office Visit	\$15 per visit	30% after deductible
Emergency Services	\$75 per visit	\$75 per visit
Facility Services	10% after deductible	30% after deductible
Home Health Care	10% after deductible 40 visits	30% after deductible 40 visits
Outpatient Therapies	\$15 per visit	30% after deductible
X-Ray and Lab Services	10% after deductible	30% after deductible
Urgent Care Center	\$15 per visit	\$15 per visit

UNITED HEALTHCARE OPTIONS PPO PLAN

Please note: Effective October 1, 2008, the PPO Plan will exclude the following: Acupuncture, Infertility Treatment, Weight Loss Reduction Surgery and Extraction of Bony Impacted Teeth. Please refer to the Preferred Provider Organization (PPO) Summary Plan Description for full details of coverage.

Coverage	Monthly Rate
Member	\$11.00
Member + Spouse	\$138.00
Member + Child(ren)	\$125.00
Member + Family	\$230.00

Plan Feature	In-Network	Out-of-Network
Deductible	\$ 500 individual \$ 1,000 family	\$ 1,000 individual \$ 2,000 family
Coinsurance	20%	40%
Out-of-Pocket	\$ 2,000 individual \$ 4,000 family	\$ 4,000 individual \$ 8,000 family
Lifetime Maximum	\$ 2 million	
Office Visit	\$20 per visit	40% after deductible
Emergency Services	\$75 per visit	\$75 per visit
Facility Services	20% after deductible	40% after deductible
Home Health Care	20% after deductible	40% after deductible
Outpatient Therapies	\$20 per visit	40% after deductible
X-Ray and Lab Services	20% after deductible	40% after deductible
Urgent Care Center Services	\$20 per visit	\$20 per visit

All members and dependents who enroll in one of the health plans offered will also receive the following benefits:

- < Prescription Drug Benefits
- < Employee Assistance Program
- < Managed Mental Health Services
- < Vision Benefits

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This chart is for comparison purposes only. This is not a coverage document or certificate of insurance. Benefits are administered according to the respective plan descriptions, including limitations and exclusions.

Level of Coverage	Cost Per Pay (24 pays)		Cost Per Pay (24 pays)	
Member	\$5.50		\$28.50	
Member + Spouse	\$69.00		\$115.00	
Member + Children	\$62.50		\$105.00	
Family	\$115.00		\$165.00	
PLAN FEATURES	OPTIONS PPO		CH OICE PLUS POS	
	Network	Non-Network	Network	Non-Network
Individual Annual Deductible*	\$500	\$1,000	\$250	\$500
Family Annual Deductible*	\$1,000	\$2,000	\$500	\$1,000
Individual Annual Out-of-Pocket Maximum Expense**	\$2,000	\$4,000	\$1,500	\$3,000
Family Annual Out-of-Pocket Maximum Expense**	\$4,000	\$8,000	\$3,000	\$6,000
Lifetime Maximum Benefit	\$2,000,000		\$2,000,000	
Office Visit (Sick / Injured)	\$20 per visit	You pay 40% after deductible	\$15 per visit	You pay 30% after deductible
Office Visit (Preventative Care)	\$20 per visit	You pay 40% after deductible	\$15 per visit	You pay 30% after deductible
Diagnostic, Lab, X -Ray Outpa tient	You pay 20% after deductible	You pay 40% after deductible	You pay 10% after deductible	You pay 30% after deductible
Hospital Inpatient Care	You pay 20% after deductible	***You pay 40% after deductible	You pay 10% after deductible	***You pay 30% after deductible
Outpatient Surgery Facility	You pay 20% after deductible	You pay 40% after deductible	You pay 10% after deductible	You pay 30% after deductible
Skilled Nursing Facility (90 day annual limit)	You pay 20% after deductible	***You pay 40% after deductible	You pay 10% after deductible	***You pay 30% after deductible
Home Health Services (40 day annual limit)	You pay 20% after deductible	***You pay 40% after deductible	You pay 10% after deductible	***You pay 30% after deductible
Hospice Services	No Co -pay	***You pay 40% after deductible	No Co -pay	***You pay 30% after deductible
Durable Medical Equipment (\$50,000 max/Lifetime)	You pay 20% after deductible	***You pay 40% after deductible	You pay 10% after deductible***	***You pay 30% after deductible
Emergency Room Visit (Waived if Admitted)	\$75 per visit	\$75 per visit	\$75 per visit	\$75 per visit
Ambulance Services	No Co -pay	No Co -pay	No Co -pay	No Co -pay

*Deductible Payable Prior to Plan Coinsurance

** Includes Coinsurance, but not deductibles or co-pays

***Requires You Give Prior Notice to United Healthcare Care Coordination

- Employee Assistance Program (EAP) & Mental Health & Substance Abuse -

United HealthCare

Effective October 1, 2008, the Employee Assistance Program and Mental Health & Substance Abuse benefits are provided through United HealthCare. Information about these benefits can be obtained by contacting United HealthCare at 18662484094. A provider may be located online at www.liveandworkwell.com or through the United HealthCare website www.myuhc.com.

The Employee Assistance Program is offered to all active members and eligible family members (includes family who resides in a member's household but not covered under health insurance) at no cost to you. It is a completely confidential counseling program to help you cope with financial issues, family problems, stress, grief, marriage difficulties, workplace problems, weight issues, and trauma. You and eligible family members are eligible for up to (6) counseling visits (per condition or situation) at no out-of-pocket cost.

If during the EAP session it is determined that the condition requires longer term care under the Mental Health component of the Health Plan, the care will be covered under the mental health component if the member is enrolled in one of the health plans and is subject to applicable charges as described under your health plan. Out-of-network provider visits will be subject to the out-of-network benefit described in your health plan.

- Opt-out Plan-

An opt-out plan is available to members who have alternate medical coverage and choose not to enroll in one of the PCSO health plan options. Under the opt-out plan, you will pay \$96 a month to help offset some of your out-of-pocket medical costs.

In order to participate in this plan, proof of other coverage is required. Only full-time members and members who are regularly scheduled to work more than 32 hours a week are eligible for the \$96 a month credit. Opting out of the health plan makes you ineligible for medical, prescription, and vision benefits. However, a member who opts out of the health plan is eligible for EAP coverage.

Please note that if your spouse or parent is a Pinellas County Sheriff's Office employee or any employee of any Pinellas County Government Office and you are currently enrolled as a dependent, your current enrollment will be terminated. You will enroll under your own identity number.

If you opt-out, you will not be eligible to enroll in any of the health plans unless you experience a qualifying event such as the birth or adoption of a child, marriage, or other IRS defined events.

- Vision -

When you are enrolled in one of our medical plans you also receive vision benefits. If you utilize the services of an in-network you receive better benefits.

Service	In-Network	Out-of-Network
Exam	\$10	\$25 allowance
Frames	Retail chain \$130 allowance Private practice \$50 wholesale (equates to retail allowance of \$130 - \$150)	\$50 allowance
Lenses	\$20 co-pay (standard, bifocal and trifocal)	\$20 standard \$30 bifocal \$40 trifocal
Contact Lenses – Standard (includes clear, spherical, bi-weekly disposables)*	\$20 co-pay* includes fitting fee, 6 boxes of contacts and up to 2 follow-up visits	\$50 allowance
Contact Lenses – Custom (includes toric, gas permeable and bi-focal)	\$150 allowance towards fitting, materials, and up to 2 follow-up visits	\$50 allowance
Contact Lenses – Medically Necessary	100% covered	\$200 allowance
Lasik Vision Correction	\$562.50 per eye allowance after 15% discount	\$562.50 per eye allowance after 15% discount
Lens Options	UV coating - \$15 Tint Solid - \$13 Tint Gradient - \$16 Scratch resistant – \$0 Basic Polycarbonate - \$25 Anti-reflective - \$45 Other Add-ons – 20% off retail price	Not covered

*Please contact Spectera for the current selection of contact lenses covered in full after the \$20 co-pay.

- Prescription Drugs -

Medco

When you enroll in a medical plan, prescription drug benefits are included. This chart shows how the plan works and how each type of service is covered. Maintenance medications should be filled through the home delivery program. If you choose to refill these medications at retail pharmacies, you will pay more. After your second fill, you will have to pay an increased copay of 1.5 times your retail copay for a 30-day supply.

Type of Service	Amount You Pay
Retail Network Pharmacy -up to a 30-day supply	\$10 ☒ Generic \$25 ☒ Preferred Brand-Name \$40 ☒ Non-preferred Brand-Name
Home Delivery Pharmacy -up to a 90-day supply	\$20 ☒ Generic \$50 ☒ Preferred Brand-Name \$80 ☒ Non-preferred Brand-Name

- Dental Insurance -

Preventive Only Plan

The Preventive Only Plan reimburses the first \$200 of preventive coverage. Preventive care is defined as the following services:

- < Routine oral exams
- < Cleaning and scaling of teeth
- < Two bite wing xrays annually
- < One panoramic xray (every 36 months)
- < Fluoride treatments

In network benefits are provided through the Dentemax network. By using an In-Network provider, you will receive Dentemax negotiated discounts and receive more benefits at a lower cost.

Members can go on-line and find a list of network dentists.

- o Go to <http://www.dentemax.com>
- o Click Members on the top left.
- o Click Find A Dentist on the left side.
- o Enter your search criteria and then click search to find a list of providers in your area.

Coverage	Monthly Rate
Member	\$0.00
Member + Spouse	\$3.00
Member + Child(ren)	\$5.00
Member + Family	\$7.00

Direct Reimbursement Dental Plan

Plan features include:

- < Access to any licensed dentist
- < No deductibles
- < The plan reimburses you 100% of the first \$150 of dental expenses, then 50% of the next \$2,700
- < The plan year maximum benefit is \$1,500 per covered person
- < Includes Orthodontia for children and adults
- < Contact Human Resources to view additional plan information, including exclusions and limitations.

Although this Plan allows you to see any dentist, in-network benefits are also available through the Dentemax network. By using an in-Network provider, you will receive Dentemax negotiated discounts and receive more benefits at a lower cost.

Members can go on-line and find a list of network dentists.

- o Go to <http://www.dentemax.com>
- o Click Members on the top left.
- o Click Find A Dentist on the left side.
- o Enter your search criteria and then click search to find a list of providers in your area.

Coverage	Monthly Rate
Member	\$10.00
Member + Spouse	\$25.00
Member + Child(ren)	\$35.00
Member + Family	\$45.00

- **AFLAC** -

These benefits are paid in addition to any other insurance and are paid directly to you. Premium rate may be retained if you leave the agency. Contact the agent at (819) 942-9929 to enroll

Personal Accident Indemnity Plan (starts at \$4.87/wk)

- < Initial treatment- \$120
- < Hospital benefit \$
- < Wellness benefit- \$60 for annual physical
- < Lump sum benefit- up to \$10,000 for injuries
- < Follow up treatment (doctor) \$25 per visit

Personal Cancer Indemnity Plan (starts at \$6.90/wk)

Level 2- \$2000 upon first occurrence of internal cancer (benefit increases by \$500 each year you do not use it)

- < = st day forward
- < Radiation and Chemotherapy benefit pays you \$300/day
- < Experimental treatments benefit pays you \$300/day
- < Surgical benefit pays you up to \$5000
- < Wellness benefit pays you \$75 for annual cancer screen

Voluntary Indemnity -Hospitalization Plan (starts at \$5.70/wk)

Level 2 plus \$600 first day rider

- < \$720 first day in hospital plus \$120/day (days 1-7); \$240/day (days 8-30); \$480/day (days 31-180)
- < Surgical benefit \$50,000
- < Heart attack, coma, stroke, and paralysis \$2000/\$1000

Specified Health Event Protection (starts at \$2.37/wk)

- < \$5000 first occurrence benefit for heart attack, stroke, bypass surgery, coma, deep burns, organ transplant, end stage renal failure
- < \$2500 reoccurrence benefit (no lifetime maximum)
- < \$300/day hospital benefit (no lifetime maximum)
- < \$250 for angioplasty
- < \$500/month supplemental benefit up to 6 months

Short-Term Disability (Not Eligible for Section 125 PreTax)

- < Based on income you choose \$500-\$5000/month
- < 6-month policy covers you until long term disability start
- < Covers sickness disability, including maternity, and off the job accident

- Flexible Spending Account -

You can maximize your income when you take advantage of the pre-tax Office sponsored flexible spending accounts (FSAs) administered by FSA Saver. Review the FSA Guide (on SONET under Forms) for a complete plan description. The FSA Guide contains all necessary information, including enrollment, reimbursement, and direct deposit forms.

Two types of FSAs are available: a Health Care Reimbursement Account and a Dependent Care Reimbursement Account.

The Health Care Reimbursement Account is used to pay for out-of-pocket expenses for doctor visits, prescriptions, dental and orthodontic bills, eyeglasses and hearing aids, and most other medical expenses. The limit for a Health Care Reimbursement Account is \$5,000 per year.

The Dependent Care Reimbursement Account is used to pay for out-of-pocket expenses for daycare for children under 13, including the costs of nursery and school, after school programs, and summer day camp. The limit for a Dependent Care Reimbursement Account is \$5,000 per year.

- Section 125 Plan -

Payroll deductions for health and dental coverage are deducted under the provisions of the Internal Revenue Service Tax Code, Section 125, which allows you to make these payments with pre-tax dollars. In order to change benefits elections outside of the annual enrollment period the member must have:

1) Experienced an applicable Qualifying Event, as defined by the Internal Revenue Service (IRS) which allows for changes based on financial reasons alone are not allowed under the current provisions

- and

2) The request for a change of benefits must be made within 30 days of the applicable Qualifying Event. Within that time frame, the following events are considered applicable:

- < Birth/Adoption of a child
- < Marriage or divorce
- < The death of a covered participant, or a death which results in a loss of coverage
- < Child loses eligibility because of age or marriage
- < U

- Life & AD&D Insurance -

Coverage provided by the Standard Life Insurance Company

Basic Life & AD&D Insurance

The health plan provides up to one (1) times your Annual Earnings up to a maximum of \$250,000. A Line of Duty Benefit is included which provides an additional benefit for law enforcement officers who suffer death or dismemberment in an accident while acting in the line of duty. Please remember to contact Human Resources to update your beneficiary information.

Additional Life Insurance

Members who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase coverage on yourself in \$5,000 increments, up to a maximum of five (5) times your annual earnings or \$250,000, whichever is less. As a new hire, you can get three (3) times your annual salary without underwriting. During the annual enrollment period, if you wish to become insured for an amount in excess of \$20,000, the excess will be subject to medical underwriting approval and you will be required to complete a Standard Life Insurance Medical History Statement. Please contact Human Resources to apply.

Additional Life Rates for Member Per Month

COVERAGE AMOUNT	AGE <30	AGE 30-39	AGE 40-49	AGE 50-59	AGE 60-64	AGE *65-69	AGE *70-74	AGE *75-79	AGE *80+
\$1,000	\$0.10	\$0.15	\$0.20	\$0.40	\$0.99	\$0.99	\$2.02	\$2.02	\$2.02
EXAMPLE AMOUNT	<30	30-39	40-49	50-59	60-64	*65-69	*70-74	*75-79	*80+
\$5,000	\$0.50	\$0.75	\$1.00	\$2.00	\$4.95	\$4.95	\$10.10	\$10.10	\$10.10
\$25,000	\$2.50	\$3.75	\$5.00	\$10.00	\$24.75	\$24.75	\$50.50	\$50.50	\$50.50
\$50,000	\$5.00	\$7.50	\$10.00	\$20.00	\$49.50	\$49.50	\$101.00	\$101.00	\$101.00

***Coverage reduces to: 65% at age 65, 45% at age 70, 30% at age 75 and 20% at age 80.**

You may also purchase coverage for your spouse and children by choosing one of the following options:

Option 1

- < Spouse coverage of \$125,000 (rates below) and/or
- < Child coverage of \$2,500 increments to \$10,000 for each child (rates below)

Spouse Rates for Option 1

COVERAGE AMOUNT	AGE >30	AGE 30-39	AGE 40-49	AGE 50-59	AGE 60-64	AGE *65-69	AGE *70-74	AGE *75-79	AGE *80+
\$2,500	\$0.25	\$0.38	\$0.50	\$1.00	\$2.48	\$2.48	\$5.05	\$5.05	\$5.05
EXAMPLE AMOUNT	<30	30-39	40-49	50-59	60-64	*65-69	*70-74	*75-79	*80+
\$5,000	\$0.50	\$0.76	\$1.00	\$2.00	\$4.96	\$4.96	\$10.10	\$10.10	\$10.10
\$10,000	\$1.00	\$1.52	\$2.00	\$4.00	\$9.92	\$9.92	\$20.20	\$20.20	\$20.20
\$15,000	\$1.50	\$2.28	\$3.00	\$6.00	\$14.88	\$14.88	\$30.30	\$30.30	\$30.30

***Coverage reduces to: 65% at age 65, 45% at age 70, 30% at age 75 and 20% at age 80.**

Child Rates for Option 1

COVERAGE AMOUNT	RATE
\$2,500	\$0.20
\$5,000	\$0.40
\$7,500	\$0.60
\$10,000	\$0.80

Option 2

- < Coverage of \$0,000 for Spouse and
- < \$5,000 for each child
- < Monthly premium of \$3.40

If you wish to elect additional life insurance for you or your dependents you must complete a Standard Life Insurance Medical History Statement and await approval from The Standard. Please contact Human Resources for more information.

- Disability Insurance -

The Standard Long-Term Disability Income Benefits

hours per week with long-term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

	Long-term Disability
Benefit Waiting Period	180 days
Benefits Payable	60% of your Pre-disability Earnings, reduced by Deductible Income
Maximum Benefit	\$6,000/month before reduction by Deductible Income

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Any member who sustains a service-connected disability shall be entitled to benefits provided in accordance with the Florida Statutes Workers' Compensation Act.

Determinations of the existence and service-connection of a disability shall be made in accordance with the Florida State Statutes Workers' Compensation Act (as amended). This Act provides that the employer/appointing authority is responsible for furnishing members who have incurred service-connected disabilities with such remedial treatment, care, and attendance under the direction and supervision of a qualified physician or surgeon or other recognized practitioner.

There shall be no presumption that any disability is service-connected. Conversely, denial that a disability is service-connected will not be made without recommendation of the person medically treating the member and the claims representative of the insurance carrier.

Disability shall be established to a reasonable degree of medical certainty and by objective medical findings. If injury is caused by known refusal of member to use safety appliance, medical benefits will be reduced by 25%.

- HIPAA -

The Health Insurance Portability and Accountability Act, known as HIPAA, protects participants by limiting exclusions for preexisting medical conditions. The law also requires plans to adopt Group Health Plan Privacy Practices with regard to your confidential medical information.

- Accrued Leave -

Annual Leave

All members, except temporary and emergency appointments, shall be entitled to annual leave in accordance with the following schedule which is based on continuous employment:

<u>Years of Service</u>	<u>Accrual Rate</u>	<u>Maximum Accrual</u>
0 - 9 yrs.	.0577 per hr.	120 hrs per year
10 -19 yrs.	.0692 per hr.	144 hrs per year
20 + yrs.	.0769 per hr.	160 hrs per year

Members on exempt salary status shall accumulate vacation leave on the basis of 6.2 hours biweekly up to 160 hours a year regardless of length of service. No accumulation of vacation leave is authorized for any time worked beyond the standard 40 hour workweek. Use of accrued vacation leave is at the discretion of the Bureau Commander subject to the current needs of the Bureau. ALL vacation leave requests require a Time Off Memo (Form 30 is available via SONET) to be completed.

Sick Leave

Sick leave shall be earned at the rate of .0462 per hour, accumulating to a maximum of 96 hours annually. Computations for this leave will be based on the number of hours actually worked, and under a ratio which reflects the direct proportion that those number of hours bear to the standard 40 hour workweek. There is no maximum for accrued sick leave. ALL sick leave requests require a Time Off Memo (Form 30 is available via SONET) to be completed.

- Holiday Schedule -

All full-time members, excluding members serving in temporary and emergency appointments, shall be allowed leave of absence with pay on every recognized holiday. Part-time members shall be compensated for actual hours worked and an equivalent number of holiday hours, not to exceed eight hours (i.e., works 3.5 hours, also receives 3.5 hours holiday pay).

V	January 1
U	Third Monday in January
Good Friday	One day
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
†	November 11
Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving	
Christmas Day	December 25

If Christmas or New Year's Day falls on Tuesday or Thursday, the preceding Monday or following Friday shall also be recognized as a holiday.

If any of the above recognized holidays fall on Saturday, the preceding Friday shall be observed as a holiday, and if the recognized holiday is on a Sunday, the following Monday shall be observed as a holiday.

- Leave of Absence -

Leave of Absence with Pay

◁ Jury and Witness Duty

A leave of absence with pay shall be granted to a member to perform jury duty or testify as a witness in a duty related or law enforcement related matter when legally required and upon presentation of a summons or subpoena to appear in court.

◁ Training and Education

The Sheriff may authorize leave with pay to a member in order to secure special educational training directly appropriate to the member's position or for the systematic improvement of the knowledge or skills required in the performance of the member's work.

◁ Military Training Leave

Full-time members ordered by an appropriate authority to attend a training period or encampment, shall, upon presentation of a copy of his/her official orders, or appropriate military certification, be granted leave of absence with pay. Such leave with pay shall not exceed 17 working days, whether continuous or intermittent, in any calendar year period.

◁ Members Called to Active Military Service

Full-time members ordered by appropriate military authority into active military service shall be granted full pay for the first 30 days of active duty leave.

◁ Funeral/Bereavement Leave

Members shall be granted up to 24 hours leave of absence with pay for bereavement in the event of the death of any person residing in the member's household or any member of the immediate family. Members shall also be granted up to 24 hours leave of absence with pay for attendance at the funeral of a member of the immediate family of either the member or a member of the immediate family who is killed in combat while serving in the U. S. military, or who is killed in the line of duty while serving as a law enforcement or corrections officer.

◁ Family Medical Leave Act- In accordance with the Family and Medical Leave Act of 1993 (FMLA), related Federal regulations and the provisions of this Rule, family and medical leave will be granted, up to a total of 12 weeks during any rolling 12 month period to eligible members for the reasons stated below:

1. The birth of the member's child and in order to care for the child (this also includes leave for a pregnant member who becomes unable to work, and leave for prenatal care).
2. The placement of a child with the member for adoption or foster care in order to care for the child. Entitlement to leave for the birth/placement of a child, for adoption or foster care, will expire 12 months from the date of birth or placement. NOTE: If both parents work for the Sheriff's Office, their combined leave is twelve 12 weeks.
3. To care for a spouse, child or parent who has a serious health condition.
4. A serious health condition that renders the member incapable of performing the essential functions of his/her job.
5. A chronic, episodic, or serious health condition that requires continuing treatment and/or recovery treatment by a health care provider (e.g., worker's compensation, asthma, diabetes).
6. Family Leave Due to a Call to Active Duty This benefit provides 12 weeks of FMLA leave due to a spouse, son, daughter or parent being on active duty or having notified of an impending call or order to active duty in the Armed Forces.
7. Caregiver Leave for an Injured Service Member This benefit provides 26 weeks of FMLA leave during a single 12 month period for a spouse, son, daughter, parent, or nearest blood relative caring for a recovering service member.

Leave of Absence without Pay

Leave of absence without pay for members shall be allowed, up to a maximum of one year, upon recommendation of the respective Bureau Commander and approval of the Sheriff. Any leave of absence taken in excess of 60 days would require a 30 day notice of return to duty.

If, at the end of the leave of absence, a vacancy is not available in the classification the member was in at the time the leave commenced, the member will be placed on the eligibility list for that classification for up to one year and will be considered for rehire should a vacancy occur, provided that the member is still qualified to hold the position and can perform the essential functions of their classification.

A member granted a leave of absence without pay in accordance with the above provisions shall be responsible for all insurance costs incurred if the leave extends for 30 days or more, except under the provisions of FMLA.

- Pre-Paid Legal -

Covers the member and spouse on and off the job, dependent children up to the age of 21, or up to the age of 23 if a full time college student, and any business you and your spouse own and operate. Coverage includes consultations, preparation of wills, letters, phone calls, contract/document review, traffic violations, trial defense, and family matters. The cost is \$6.90 per pay period. Contact Human Resources to obtain an enrollment form

Provider: PrePaid Legal Services, Inc.
Phone: (800)729-9998 or (904)262-2311
Fax: (904)884-215

- Educational Assistance -

As part of the Career Development Program the Sheriff has authorized educational assistance for all full time employees. It consist of limited reimbursement of eligible expenses for the satisfactory completion of acceptable courses taken at approved schools. Members will be reimbursed up to \$1,500.00 per fiscal year (October 1 through September 30) for educational assistance

- Deferred Compensation -

Members are eligible to contribute up to 1/2 of their annual salary into a deferred compensation plan, not to exceed \$15,500 per year. Members who are over 50 years of age may contribute up to \$20,500 per year, and members who are nearing retirement are permitted to contribute up to \$31,000 per year during the three year period prior to the year of their anticipated retirement. Current vendors are as follows:

HARTFORD LIFE INSURANCE CO.
Group #109073
Michael Scivally
1-800-251-7752 EXT 23060

ING LIFE INSURANCE AND ANNUITY COMPANY
Group #VB0734
Ron Wright
1-800-262-3862
813-306-0066 (Mr. Wright's cell phone)

NATIONWIDE RETIREMENT SOLUTIONS (NACO)
Group 609028
Al Rumbos
727-7094028
arumbos@nationwide.com

VALIC FINANCIAL ADVISORS, INC
Group #PINSHER
Al Sanchez Jr.
1-8004482542 EXT 89881
813-2693384 (Sabrina)

- Payroll Schedule -

Members are paid on a biweekly basis via direct deposit to the financial institution of their choice. Members are responsible to check their weekly pay stub, whether in paper or electronic format, at least once monthly. Members may authorize monthly payroll deductions for donations to organizations and the Police Benevolent Association, or to purchase U.S. Savings Bonds.

- Credit Union -

Members are eligible to join the Pinellas County Employees Federal Credit Union. Loans can be repaid as an automatic payroll deduction. The main office is in Pinellas County at 10273 Ulmerton Road, Largo with branches on Gulf-to-Bay Boulevard near downtown Clearwater, in the 49th Street corridor near the Criminal Justice Center and at Tampa Road and US 19 in Palm Harbor.

Contact the Pinellas Federal Credit Union directly for details on services available, membership application, locations and business hours at www.pinellasfcu.org or (727) 584-4222.

- Fitness Centers -

Employees are encouraged to maintain a healthy lifestyle. The fitness centers are provided to assist in the attainment of these goals. Employees are encouraged to use the fitness centers. Refer to General Order 154 for guidelines concerning the use of the fitness centers.

There are three fitness centers:

1. Corrections Fitness Center
 - < Located on the 2nd floor of the Central Division Jail
2. NDS Fitness Center
 - < Located in the Dunedin Fire Administration Building on Virginia Avenue Dunedin
3. SAB Fitness Center
 - < O Building

- Line of Duty Death Benefits -

\$433,385 in Federal and State benefits are payable in the event of death which is the result of an un- performance of law enforcement duties.

- COBRA -

Medical, vision, dental, life insurance, and long-term disability benefits terminate the last day of the month in which a member terminates his or her employment. Any premiums paid in advance will be refunded by the Fiscal Department.

The Consolidated Omnibus Reconciliation Act (COBRA) allows workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their employer for administer this benefit. Qualified individuals are required to pay the entire premium for coverage and an additional 2% of the cost charged by CONEXIS.

2008 2009 COBRA rates

Coverage	PPO	POS	Indemnity	EAP	Prev. Dental	Direct Reimbursement
Single	\$439.58	\$477.38	\$926.06	\$2.99	\$6.67	\$31.04
Plus Children	\$828.06	\$955.45	\$1,087.04	\$2.99	\$11.08	\$69.84
Plus Spouse	\$880.56	\$898.06	\$1,118.54	\$2.99	\$9.78	\$62.08
Family	\$1,267.64	\$1,376.13	\$1,258.54	\$2.99	\$13.85	\$100.88

- Retirement -

u h # o \ 00% of the monthly contributions towards retirement for all permanent members. Members may choose to participate in either the FRS Pension Plan or the FRS Investment Plan.

The FRS Pension Plan provides that Regular Class members who have 6 years of creditable service are vested in the retirement system and may retire at age 62 with a normal retirement benefit, or they may retire with a normal benefit following 30 years of service regardless of age. Special Risk members who have 6 years of creditable service are vested in the retirement system and may retire at age 55 with a normal retirement benefit, or they may retire with a normal retirement benefit following 25 years of service regardless of age.

Participants in the FRS Investment Plan will vest in the plan after one year of employment, and may

a non-7 k o @ 7 k o @ or qualified investment plan.

For more information go to <http://www.myfrs.com>

This Benefits Guide is presented for your information. The text was taken from various summary plan descriptions, General Orders, and Personnel Rules. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy, the actual plan documents, General Orders, and Personnel Rules will prevail.

*If you have any questions about this Guide, contact :
Human Resources Division, Benefits Unit , at 727 -582 -6489.*

- Glossary of Terms -

Coinsurance

The division of the allowed amount to be paid on a claim, i.e. 70/30 means 70% is to be paid by insurance and 30% is paid by you.

Coordination of Benefits

A process used to determine payment of a claim when you are covered under more than one group plan. Benefits under the plans are limited to no more than 100 percent of the claim.

Co-payment

The established fee that must be paid to a provider at the time services are rendered.

Deductible

The initial amount on a PPO plan you must pay out of pocket before benefits are paid by your insurance.

Emergency

Defined by each plan in the Plan Description.

In-Network

Services performed by a provider contracted with a network in accordance with all plan requirements.

Medically Necessary

Services or supplies provided to identify or treat an illness or injury. Services and supplies must be given in accordance with proper medical practice prevailing in the medical specialty or field at the time the patient received the service.

A service or supply does not necessarily mean it is medically necessary.

Out-of-Network

Services performed by a provider that is not contracted with a network.

Plan Year

October 1 through September 30 for medical, dental and vision on Flexible Spending Account plans.

Pre-Existing Condition

A condition diagnosed and/or treated prior to the effective date of coverage or one for which a prudent person would have been treated.

Preferred Provider Organization (PPO)

A plan that allows a member to choose either a provider of their choice or a provider contracted with the network. Choosing an in-network provider will result in a higher percentage of the cost of services being covered.

Premium

The amount you and your employer pay for insurance coverage.

Prescription Drugs

Any drug or medication that requires a physician order.

Generic Drug

A generic drug is one approved by the U.S. Food and Drug Administration (FDA) that is chemically identical to its brandname equivalent. To win FDA approval, the generic drug must contain the same amounts of the same active ingredients as its brandname equivalent. A generic drug typically is less expensive and is sold under a generic name for that drug (usually its chemical name). Because generic drugs are less expensive than their brandname equivalent, your copayment usually is less, as well.

Preferred (Formulary) Drug

All preferred brand drugs have received FDA approval as safe and effective, and have been chosen by a committee of physicians and pharmacists.

Non-Preferred (Non-Formulary) Drug

A medication that does not appear on the preferred or generic drug list and carries a high copayment.

Reasonable and Customary Charges

The prevailing charge made by physicians, dentists, or other service providers for a similar procedure in a particular geographic area.

Self-Insured Plan

A self-insured plan is one in which the employer assumes the direct financial responsibility for the costs of health insurance claims. Employers sponsoring self-insured plans typically contract with an insurance carrier (UnitedHealthcare) or third party administrator (Mercer Administration) to provide administrative services.