

PINELLAS COUNTY



SHERIFF'S OFFICE

2020-2021 Benefits Guide

October 1, 2020 – September 30, 2021



OVERVIEW

Review this benefits guide prior to making benefit elections.

This guide includes a summary of your eligibility, insurance and retirement options and highlights wellness initiatives.

The Pinellas County Sheriff's Office acknowledges the importance of member wellness by offering weight loss, fitness, and preventive care programs. Refer to the WellStar brochure for further information. Members are eligible for up to \$225 in wellness incentives each fiscal year.

To obtain details of these plans and policies, go to the Human Resources Sharepoint site. If there is a conflict between the guide and the plan and policy documents, the plan and policy documents prevail.

If you have questions about benefits or any information in this guide, contact benefits staff at: 727-582-2835 or insurancebenefits@pcsonet.com

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ELIGIBILITY

Members:

- In a full-time or part-time position are eligible to participate in the PCSO insurance program.

Dependents:

- Spouse – need to provide a marriage license
- Child/Stepchild – under the age of 26 with a birth certificate or adoption documents (coverage ends at the end of the month in which the child turns 26)
- Grandchild – newborn of a covered dependent up to the age of 18 months with birth certificate
- Social Security numbers are required for all dependents

If you are benefits eligible, the PCSO will pay 100% of the following benefits:

- Basic Life Insurance and AD&D
- Short-Term Disability (STD)
- Long-Term Disability (LTD)
- Employee Assistance Program (EAP)
- Life Scan Annual Wellness Physical

IMPORTANT NOTE

Benefit elections can ONLY be made as a NEW HIRE, during OPEN ENROLLMENT or if you have a QUALIFYING LIFE EVENT.

ELIGIBILITY TIMELINE

Benefit	Employer Paid	Member Paid	Coverage Begins	Coverage Ends
Basic Life and AD&D	X		First day of employment	Last day of the month employment ends
Short-Term Disability	X			
Long-Term Disability	X			
Employee Assistance Program	X			
*Medical/ Rx Plan	X	X	First of the month following 30 days of employment	Last day of employment
*Dental Plan	X	X		
*Vision Plan	X	X		
*Voluntary Life		X		
Flexible Spending Accounts		X		Last day of employment

*Insurance premiums are paid one month in advance and are deducted over 24 pay periods

Separation of Employment

If a member separates employment from the PCSO, insurance will continue through the end of the month in which separation occurs.

- **COBRA:** Under certain circumstances, you and your dependents may continue to participate in some benefit plans through COBRA after you terminate employment. COBRA details will be provided during the exit process. There is a 2% fee added to the monthly premiums.
- **Retirement:** Prior to your retirement, make an appointment with Human Resources to review your benefit options. Remember all dependents MUST be added to your benefits during the open enrollment prior to your retirement. You CANNOT ADD dependents at the time of, or after, your retirement.

QUALIFYING LIFE EVENTS (QLE)

During open enrollment, you have the ability to add, delete or change your benefit elections for yourself and your dependents. Once the open enrollment period ends, per IRS regulations, you are only permitted to make changes during the year if you have an eligible qualifying event. An eligible qualifying event is determined by Section 125 of the Internal Revenue Code. The following are the most common examples of a qualifying life event:

- Marriage or divorce
- Birth or adoption of a child
- Spouse and/or dependent(s) terminate or start employment
- An increase or decrease in a member's work hours (part-time to full-time)

IMPORTANT NOTE

If a member experiences a QLE, the Human Resources Bureau must be contacted within 30 days of the QLE in order to make changes. Proof documents will be required to support the change in status/QLE. Beyond 30 days, requests will be denied. If approved, changes may be effective the date of the QLE (e.g. newborns, adoptions) or the first of the following month. Cancellations will be processed at the end of the month.



MEDICAL COVERAGE

The PCSO offers two medical plan options through United Healthcare. Both the Gold and Platinum plans have the same network of doctors and are open access. This means no referral is needed to see a specialist.

The cost per pay period and a brief summary of benefits are on the following pages. **Reminder:** The deductible, coinsurance and copays apply towards the out-of-pocket maximum.

Opt Out

Members may elect to opt out of the medical insurance if they have coverage under another medical plan. Full-time members who opt out, with proof of other coverage, as a new hire or during open enrollment may qualify to receive \$96 per month. If you are a dependent on another PCSO member's plan you are NOT eligible for opt out money.

Highlights

- **Virtual Visits:** Virtual visits are FREE for any member or dependent covered on the medical plans. Virtual visits allow you to see and talk to a doctor from your mobile device or computer without an appointment. You will receive a response from a doctor within 30 minutes of your inquiry. Go to www.uhc.com/virtualvisits to register.
- **2nd MD Program:** 2nd MD is an Expert Medical Opinion (EMO) program offered to all covered members and dependents. If you or your covered dependent(s) is/are diagnosed with a serious or rare medical condition and you would like to get a second opinion, this program gives you the opportunity to obtain a personalized consultation from top medical specialists anywhere in the U.S. at NO additional cost. **Contact 2nd MD at 866-841-2575.**

When Will I Receive Insurance Cards?

Medical Cards:

- As a new member
- If you switch medical plans
- Add or drop dependents
- Name change

Your United Healthcare ID card is the only card you will receive for your medical, prescription drug and vision coverage. To download a new card, visit www.myuhc.com.

Dental Cards:

- As a new member
- If you switch dental plans
- Add or drop dependents
- Name change

To download a new dental card, visit www.deltadentalins.com/enrollees



GOLD PLAN

Monthly Cost for Coverage	PCSO Gold Plan			
	Total Premium Per Month	PCSO Monthly Contribution	Member Monthly Contribution	Member Bi-weekly Deduction (24 pays)
Member Only	\$873.92	\$790.92	\$83.00	\$41.50
Member + Spouse	\$1,747.80	\$1,421.80	\$326.00	\$163.00
Member + Child(ren)	\$1,660.40	\$1,348.40	\$312.00	\$156.00
Member + Family	\$2,534.30	\$2,059.30	\$475.00	\$237.50

Plan Year Deductible (PYD) October 1 – September 30	In-Network	Out-of-Network
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
Plan Year Out-of-Pocket Maximum	In-Network	Out-of-Network
Single	\$2,850	\$5,700
Family	\$5,600	\$11,200
Physician Services	In-Network	Out-of-Network
Preventative Care	\$0	50% after PYD
Primary Care Physician (PCP) Office Visit	\$20	50% after PYD
Specialist Office Visit	\$40	50% after PYD
Virtual Visits	\$0	N/A
Acupuncture	Not Covered	Not Covered
Non-Hospital Services	In-Network	Out-of-Network
X-Rays	30% after PYD	50% after PYD
Lab Services	30% after PYD	50% after PYD
Urgent Care Center or Convenience Care	\$20	50% after PYD
Infertility Treatment	Not Covered	Not Covered
Hospital Services	In-Network	Out-of-Network
Inpatient	30% after PYD	50% after PYD
Outpatient	30% after PYD	50% after PYD
Emergency Room	\$150	\$150
Ambulance	No Charge	No Charge
Weight Loss Surgery	Not Covered	Not Covered
Mental Health / Substance Abuse	In-Network	Out-of-Network
Inpatient Hospitalization	30% after PYD	50% after PYD
Outpatient Services	\$20	50% after PYD
Telemental Health	\$20	50% after PYD

PLATINUM PLAN

Monthly Cost for Coverage	PCSO Platinum Plan			
	Total Premium Per Month	PCSO Monthly Contribution	Member Monthly Contribution	Member Bi-weekly Deduction (24 pays)
Member Only	\$945.70	\$796.70	\$149.00	\$74.50
Member + Spouse	\$1,891.38	\$1,427.38	\$464.00	\$232.00
Member + Child(ren)	\$1,796.81	\$1,355.81	\$441.00	\$220.50
Member + Family	\$2,742.47	\$2,070.47	\$672.00	\$336.00

Plan Year Deductible (PYD) October 1 – September 30	In-Network	Out-of-Network
Single	\$750	\$1,500
Family	\$1,500	\$3,000
Plan Year Out-of-Pocket Maximum	In-Network	Out-of-Network
Single	\$2,500	\$5,000
Family	\$5,000	\$10,000
Physician Services	In-Network	Out-of-Network
Preventative Care	\$0	40% after PYD
Primary Care Physician (PCP) Office Visit	\$15	40% after PYD
Specialist Office Visit	\$35	40% after PYD
Virtual Visits	\$0	N/A
Acupuncture	20% after PYD	40% after PYD
Non-Hospital Services	In-Network	Out-of-Network
X-Rays	20% after PYD	40% after PYD
Lab Services	20% after PYD	40% after PYD
Urgent Care Center or Convenience Care	\$15	40% after PYD
Infertility Treatment*	20% after PYD	40% after PYD
Hospital Services	In-Network	Out-of-Network
Inpatient	20% after PYD	40% after PYD
Outpatient	20% after PYD	40% after PYD
Emergency Room	\$150	\$150
Ambulance	No Charge	No Charge
Weight Loss Surgery^	20% after PYD	40% after PYD
Mental Health / Substance Abuse	In-Network	Out-of-Network
Inpatient Hospitalization	20% after PYD	40% after PYD
Outpatient Services	\$15	40% after PYD
Telemental Health	\$15	40% after PYD

*Lifetime Maximum of \$10,000 per Family

^Members who have had weight loss surgery must stay on the Platinum Plan to receive future treatment

PRESCRIPTION DRUG COVERAGE

Prescription drug benefits are automatic once you enroll in a medical plan. There is no additional cost for this benefit through OptumRx. You can log on to www.myuhc.com or Health4Me mobile application to access tools to help you understand your pharmacy benefit.

The chart below shows your copay by drug tier. Maintenance medications will cost you LESS if you fill the prescription through the mail order program. If you continue to fill maintenance medications at a retail pharmacy, you will pay an increased copay of one-and-a-half times your regular copay for a 30-day supply.

Specialty Medications

Specialty medications are used to treat complex, long-term conditions that require additional care and support. These medications may be injected, inhaled, or taken by mouth. Specialty medications require you fill your prescription through Optum's specialty pharmacy.

Optum offers:

- 24/7 access to specialty pharmacists and nurses
- Reminders when you need to refill your medication
- Fast, safe delivery

Call Optum at **855-427-4682** to get started.

Prescription Drug List

The prescription drug list (PDL) is available online at www.myuhc.com. Medications are placed in three different tiers. Prior to selecting a medication, you and your doctor should consult the PDL. The PDL is updated on a regular basis, so ask your doctor if a lower cost alternative is available.

For additional pharmacy information, log on to www.myuhc.com, click "Pharmacies and Prescriptions" or "Manage My Prescriptions" to access drug information.

Prescription Drug Tiers	Retail (30 days)	*At 1.5 times (30 days)	Mail order (90 days)
Tier 1	\$10	\$15	\$20
Tier 2	\$25	\$37.50	\$50
Tier 3	\$40	\$60	\$80

* Maintenance medications will be charged at 1.5x the applicable copay if renewed at a retail pharmacy and not mail order.



VISION COVERAGE

The PCSO offers voluntary vision insurance through United Healthcare Spectera Vision. The plan covers annual eye exams, eyeglasses and contact lenses for you and your enrolled dependents. You will receive the most cost savings when you use in-network providers. If you enroll in this voluntary benefit, you **MUST** notify your vision provider that you are enrolled in the UHC vision plan.

To find an in-network provider go to www.myuhcvision.com.

Your UHC medical card is also your ID card for vision.



Tier of Coverage	Total Premium Per Month	PCSO Monthly Contribution	Member Monthly Contribution	Member Bi-weekly Deduction (24 pays)
Member Only	\$5.30	\$1.48	\$3.82	\$1.91
Member + Spouse	\$9.56	\$2.70	\$6.86	\$3.43
Member + Child(ren)	\$9.33	\$2.63	\$6.70	\$3.35
Member + Family	\$13.73	\$3.81	\$9.92	\$4.96

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

Item	In-Network Reimbursement	Out-of-Network Reimbursement
LASIK Vision Correction	\$563 per eye allowance After 15% discount	\$563 per eye allowance
Example: Cost • UHC 15% Discount • Balance • UHC Reimbursement • Total Member Responsibility	\$2,200 per eye or \$4,400 total \$330 or \$660 \$1,870 or \$3,750 \$563 per eye \$1,307 or \$2,625	\$2,200 per eye or \$4,400 total No UHC discount \$2,200 or \$4,400 \$563 per eye \$1,637 or \$3,275

DENTAL COVERAGE

The PCSO offers two dental plans for you to choose from through Delta Dental. Members and dependents may use providers from either the Delta Dental Premier Network or PPO Network. Providers in the Delta PPO Network will offer the most savings. Go to www.deltadentalins.com to review your benefits, check your claims, select a dentist and estimate dental costs using the cost estimator.

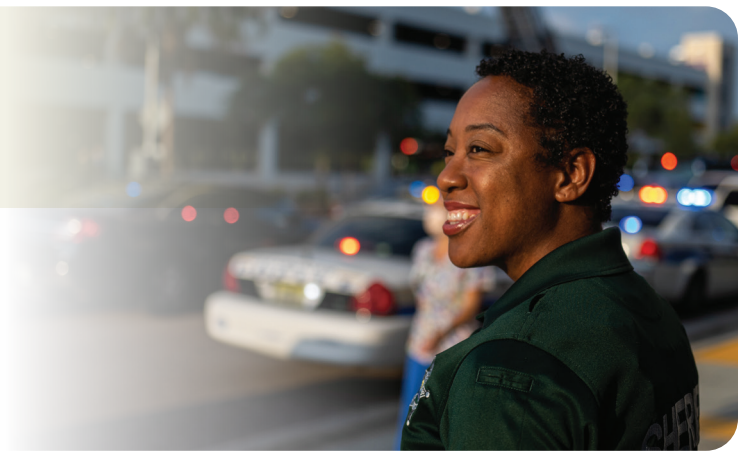


PREVENTIVE

Tier of Coverage	Total Premium Per Month	PCSO Monthly Contribution	Member Monthly Contribution	Member Bi-weekly Deduction (24 pays)
Member Only	\$6.86	\$6.86	\$0	\$0
Member + Spouse	\$10.03	\$7.03	\$3.00	\$1.50
Member + Child(ren)	\$11.35	\$5.35	\$6.00	\$3.00
Member + Family	\$14.20	\$6.20	\$8.00	\$4.00

Preventive Plan	In-Network	Out-of-Network
Plan Year Maximum	\$200 per covered member	\$200 per covered member
Routine Oral Exam Routine Cleanings Bitewings X-Rays Complete X-Rays Fluoride Treatments Sealants	Maximum benefit of \$200 can be applied towards any of these services.	Maximum benefit of \$200 can be applied towards any of these services.
Basic Services		
Fillings	Not Covered	Not Covered
Posterior Composites	Not Covered	Not Covered
Endodontics (root canals)	Not Covered	Not Covered
Periodontics (gum treatment)	Not Covered	Not Covered
Oral Surgery	Not Covered	Not Covered
Major Services		
Crowns, Inlays, Onlays, and Cast Restorations	Not Covered	Not Covered
Prosthodontics		
Bridges, Dentures, and Implants	Not Covered	Not Covered
Orthodontia		
Adults and Dependent Children	Not Covered	Not Covered

DENTAL COVERAGE



PREVENTIVE PLUS

Tier of Coverage	Total Premium Per Month	PCSO Monthly Contribution	Member Monthly Contribution	Member Bi-weekly Deduction (24 pays)
Member Only	\$36.80	\$25.80	\$11.00	\$5.50
Member + Spouse	\$73.57	\$45.57	\$28.00	\$14.00
Member + Child(ren)	\$82.80	\$43.80	\$39.00	\$19.50
Member + Family	\$119.54	\$68.54	\$51.00	\$25.50

Preventive Plus	In-Network	Out-of-Network
Plan Year Maximum	\$2,000 per covered member	\$2,000 per covered member
Routine Oral Exam* 4 per plan year	100%	All Out-of-Network benefits are reimbursed at reasonable and customary rates.
Routine Cleanings * 4 per plan year	100%	
Bitewings X-Rays	100%	
Complete X-Rays		
Fluoride Treatments		
Sealants		
Basic Services		
Fillings	50%	
Posterior Composites	50%	
Endodontics (root canals)	50%	
Periodontics (gum treatment)	50%	
Oral Surgery	50%	
Major Services		See above
Crowns, Inlays, Onlays, and Cast Restorations	50%	
Prosthodontics		See above
Bridges, Dentures, and Implants	50%	
Orthodontia		See above
Adults and Dependent Children	50%	

*Does not count towards plan year maximum benefit

LIFE INSURANCE

The PCSO provides Basic Life with Accidental Death and Dismemberment (AD&D) at no cost to you. If you want added protection, you can purchase voluntary life insurance for yourself, your spouse, and child(ren). These coverages are term life insurance policies provided through United Healthcare (UHC).

Basic Life and AD&D

The PCSO provides basic term life to all eligible employees at no cost, through United Healthcare. Eligible members will receive a benefit amount of 1x their annual salary, rounded up to the next \$1,000 to a maximum of \$250,000.

In addition to the basic life insurance, AD&D benefits are paid if death occurs as a result of an accident or if you become seriously injured or physically disabled.

Members may elect life insurance coverage at the time of their retirement up to 1x their annual salary, not to exceed \$100,000. Coverage must be purchased in \$10,000 increments.

Travel Assistance Frontier/MEDEX

As part of your basic life insurance, you receive a travel assistance benefit. Travel assistance helps with emergencies when you travel more than 100 miles from home. You are covered 24 hours a day, 7 days a week. For assistance, call **1-800-527-0218. (Group ID 385231)**

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

Statutory AD&D Policy

For all eligible sworn members, the PCSO meets the requirements of F.S.S 112.19 line-of-duty death benefits through the purchase of a separate AD&D policy in which all full-time and part-time SWORN members are automatically enrolled. You must designate a beneficiary or the benefit will be paid according to the statute, which states:

1. Paid in equal portions to any children and spouse
2. Paid in equal portions to the parent(s)
3. If neither of the above exist it will be paid to the estate

A specific beneficiary form for this benefit must be completed and can be found on SONET. Completed forms should be returned to Benefits.

Florida Deputy Sheriffs Association AD&D Policy (FDSA)

All members are provided an AD&D policy through FDSA paid for by the PCSO. This coverage is equal to your base pay rounded to the nearest \$1,000. This policy pays in addition to any other life insurance policy you have in place through the PCSO.



VOLUNTARY LIFE INSURANCE

Eligible members can elect to purchase additional life insurance on a voluntary basis through United Healthcare. This coverage may be purchased in addition to the Basic Life and AD&D coverage provided by the sheriff's office. Voluntary life insurance offers different coverage options for you and your dependents.

Evidence of Insurability (EOI)

EOI is a health related questionnaire that the carriers use to determine if additional medical information is necessary prior to approving voluntary insurance above the guaranteed issue amount.

Member Voluntary Life

- **New Hires** can purchase voluntary life insurance for themselves without being subject to EOI up to the Guaranteed Issue amount of up to 5x your annual salary, in increments of \$1,000 to a maximum of \$250,000, whichever is less.
- **During Open Enrollment**, a member can purchase/increase their voluntary life insurance in \$1,000 increments, up to an additional \$20,000, without EOI. Any amount above \$20,000 will require EOI. The total election does not exceed the maximum of \$250,000.

Age	<30	30-39	40-49	50-59	60-69	70+
Rate per \$1,000	\$0.11	\$0.16	\$0.21	\$0.41	\$1.00	\$2.03

For Example:

Benefit Election Amount / \$1,000 = _____ x rate in table = _____ x 12 = _____ / 24 = Deduction Per Pay



DEPENDENT VOLUNTARY LIFE

To be eligible to purchase dependent voluntary life, you MUST purchase voluntary life on yourself.

Option 1

For members who would like to elect a minimal amount of voluntary life on their spouse and child(ren), Option 1 is available.

Dependent	Coverage Amount	Monthly Cost	Per Pay Period
Spouse	\$10,000	\$3.40	\$1.70
Child(ren)	\$5,000		

Option 2

Spousal Voluntary Life

- **New Hires** can purchase voluntary spousal life insurance without being subject to EOI up to the Guaranteed Issue (GI) amount of \$25,000 in increments of \$1,000. Any amounts requested over the GI will be subject to EOI. The maximum amount allowed to be elected is \$250,000.
- **During Open Enrollment**, a member can purchase additional voluntary spousal life insurance in increments of \$1,000 with EOI.

Age	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate per \$1,000	\$0.09	\$0.11	\$0.15	\$0.21	\$0.34	\$0.41	\$0.84	\$1.00	\$2.51	\$9.50

For Example:

Benefit Election Amount / \$1,000 = _____ x rate in table = _____ x 12 = _____ / 24 = Deduction Per Pay

Child Voluntary Life

- New Hires, during Open Enrollment and following the birth of a child, members can purchase up to \$10,000 in Child Voluntary Life insurance in increments of \$1,000. No EOI is required for child life. Children may be covered up to age 26.

Child life	Rate
Per \$1,000*	\$0.09

*Maximum allowable benefit \$10,000

IMPORTANT NOTE

If the member has a spouse/dependent that is also employed by the PCSO, you CANNOT purchase duplicate voluntary life insurance on them.



DISABILITY BENEFITS

Short-Term Disability (STD)

The PCSO provides short-term disability (STD) coverage at no cost to all full-time and part-time members through United Healthcare. STD is an agency paid benefit that pays a percentage of your WEEKLY earnings when you are unable to work due to a covered non-work related illness or injury.

The criteria/benefit is as follows:

- 31 day elimination period from onset of illness/injury
- Members must have exhausted all sick leave accruals
- 60% of your WEEKLY earnings up to \$2,300 maximum
- Members can supplement the 60% with other leave accruals to receive up to 100% of normal pay
- Paid up to 26 weeks

Long-Term Disability (LTD)

The sheriff's office provides long-term disability (LTD) coverage at no cost to all full-time and part-time members through United Healthcare. LTD is an agency paid benefit that pays a percentage of your MONTHLY earnings when you are unable to work due to a covered non-work related illness or injury.

The criteria/benefit is as follows:

- 180 day elimination period from the onset of illness/injury
- 60% of your MONTHLY earnings up to \$6,000 maximum
- Paid until you reach normal Social Security retirement age

LTD also includes a return to work benefit, you may be able to return to work in a different occupation and earn up to 100% of your pre-disability earnings between your LTD benefit and your wages.

For additional information regarding your disability benefits, contact United Healthcare at **1-888-299-2070**.



FLEXIBLE SPENDING ACCOUNTS

The PCSO offers Flexible Spending Accounts (FSA) administered through PayFlex. The FSA plan year is from October 1st to September 30th each year. FSAs allow members to set aside pretax dollars from their paychecks to pay for eligible health care and dependent care expenses. **For assistance call 844-729-3539 or www.PayFlex.com.**

Health Care FSA

This account allows participants to set aside up to an annual maximum of \$2,750. This is tax-free money used to offset the cost of a wide variety of eligible medical expenses.

Examples of eligible expenses:

- Medical plan coinsurance and copays
- Vision exams, eye glasses and contact lens
- Dental exams, fillings, crowns, and orthodontia
- Lasik surgery
- Prescription drugs

IMPORTANT NOTE

FSA elections are a “use it or lose it” benefit. Any unused funds will be forfeited at the end of the plan year (9/30).

Healthcare FSA participants will automatically receive a debit card for payment of eligible expenses. With your PayFlex card, most qualified expenses can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. PayFlex may request supporting documentation for expenses paid with the debit card. Failure to provide documentation may result in suspension of the card.

Here’s how it works!

A member earning \$30,000 elects to place \$1,000 into a Healthcare FSA. The payroll deduction is \$38.46 based on 26 pay periods. As a result, healthcare expenses are paid with tax-free dollars, giving the member a tax savings of \$227.

	With a Healthcare FSA	Without a Healthcare FSA
Salary	\$30,000	\$30,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$29,000	\$30,000
Estimated Tax	-\$6,568	-\$6,795
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$22,432	\$22,205
Tax Savings	\$227	\$0

Dependent Care FSA

This account allows participants to set aside up to an annual maximum of \$5,000 if single or married and file a joint tax return (\$2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults. To qualify dependents must be:

- A child under the age of 13
- A child, spouse, or other dependent who is physically or mentally incapable of self-care and spends at least eight hours a day in the participants household

EMPLOYEE ASSISTANCE PROGRAM

The PCSO is mindful that members must balance the demands of work, family, and home. Employee Assistance Program (EAP) services are coordinated through ComPsych. EAP offers members and persons residing in your household free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect a member's or family member's wellbeing. Coverage includes six (6) free sessions with a specialist per issue per calendar year. **Services are completely confidential.**

How to access EAP services

ComPsych is available **24 hours a day 7 days a week**. You can call **888-327-4801** to speak to an EAP professional. ComPsych will assess the situation and provide a referral to a provider for counseling when necessary. For continuity of care and to minimize your out-of-pocket expenses beyond the six (6) sessions, you may want to consider choosing a provider who is also part of the UHC network.

EAP can be utilized to address various situations. The following is a small sample:

Confidential Counseling	Work-Life Solutions
<ul style="list-style-type: none"> • Stress, Anxiety and Depression • Family/Marital Issues • Job Pressures • Grief & Bereavement • Substance Abuse 	<ul style="list-style-type: none"> • Child & Elder Care • Moving & Relocation • Major Purchases • College Planning • Home Repair
Legal Resources	Financial Resources
<ul style="list-style-type: none"> • Divorce and Family Law • Debt & Bankruptcy • Landlord/Tenant Issues • Real Estate Transactions • Contracts 	<ul style="list-style-type: none"> • Debt Management • Tax Information • Retirement

COMPSYCH®

ComPsych EAP website instructions:

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

Note: For future logins, go to the Login section, enter User Name and Password, and click Login.

If you experience any problems logging in, email **memberservices@compsych.com** or call **877-595-5289**.



WELLNESS INITIATIVES

The PCSO committed to establishing a program designed to help each member develop and maintain a level of fitness conducive to good health and effective job performance. The components of the program include:

- Health screenings
- Life Scan annual physical*
- Fitness assessments – contact the Fitness Specialist in The Training Division
- Agency Fitness Centers
 - o Sheriff’s Administration Building
 - o Jail Facility South Division
 - o Dunedin Fire Station
- Wellness Classes
- Weight Loss Program – contact Benefits for information
- Physical Abilities Test for certified deputies
- YMCA Diabetic Program

To encourage the wellness initiatives the agency provides cash incentives up to \$225 per fiscal year to those who participate and submit a completed WellStar Incentive Request Form to Benefits. See the WellStar Guide for additional information.

Life Scan: Participate in a confidential, no cost, annual health/fitness physical that focuses on early detection and prevention of heart disease, stroke, cancer and diabetes. The Life Scan exam includes extensive lab work, imaging assessments including MRI, CT scan, cardio-pulmonary testing, ultrasound, vision/hearing tests, fitness evaluation, personalized wellness plan and a mental health check-up.

IMPORTANT NOTE

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

LEAVE ACCRUALS

Benefits	Years of Employment	Full-Time Annual Accrued Hours	Part-Time Annual Accrued Hours	Maximum Accrued Hours	Maximum Accrued Payout
Vacation Leave	0-4	120	.0577 per scheduled hour	580	480
	5-6	128		580	480
	7-8	136		580	480
	9-13	144		667	567
	14-18	152		667	567
	19+	160		724	624
Sick Leave	From date of employment	96	.0462 per scheduled hour	Unlimited	50% of balance at retirement 33 ¹ / ₃ %, up to 480-hour balance at resignation
Personal Leave		24 hours annually	Pro-rated annually		
Holidays* (full-time only)	New Year’s Day Dr. Martin Luther King Jr. Day Good Friday Memorial Day Independence Day	Labor Day Veterans Day Thanksgiving Day Day after Thanksgiving Christmas Day			

*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 and Christmas Day falls on a Tuesday or Thursday, the preceding Monday or following Friday will also be recognized as a holiday.

EDUCATION ASSISTANCE

Available to full-time and part-time members after one year of employment and completion of probation. Each fiscal year a member is eligible for up to \$1,500 in reimbursement for approved course tuition and books.

Prior to taking the course, a pre-approval form is required. Once you have completed the course proof of payment, a grade of C or better and book receipts must be submitted to Benefits with the education reimbursement form found on SONET. Refer to G.O. 04-03 for further information.

NOTE: All education assistance reimbursements are subject to a two-year "buy back" period.

FLORIDA RETIREMENT SYSTEM

The PCSO is a member of the Florida Retirement System (FRS). Members will receive a packet from FRS within the first few months of employment to help you determine which of the two plans best fits your needs.

FRS Pension Plan

This is a traditional retirement plan, which requires an 8-year vesting period. The plan benefit is based on a formula and provides a lifetime monthly benefit with options for survivor benefits. DROP is also a benefit under this election.

FRS Investment Plan

This is a 401K type investment plan, which requires a 1-year vesting period. The plan benefit is based on your account balance and provides a flexible payment schedule.

Planning to Retire Soon

After you have verified your retirement eligibility and benefits with the FRS (myfrs.com or calling FRS Guidance Line 866-446-9377) and have made your decision to retire, enter DROP or terminate from DROP, please contact PCSO Benefits at 727-582-2835 to discuss the steps you need to take and to make an appointment.

Pension Benefit - Florida Retirement System FRS

Retirement Class	Contribution		Normal Retirement	
	Employer	Employee	Hired before 7/1/11	Hired 7/1/11 or after
Special Risk	24.45%	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
Regular	10.00%	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

IMPORTANT CONTACTS

Topic	Vendor	Contact	Group Number
Medical	United Healthcare	800-377-5108 www.myuhc.com	712474
Prescription Drugs	OptumRx	888-290-5416 www.myuhc.com	712474
Vision	United Healthcare Spectera	800-638-3120 www.myuhcvision.com	712474
Dental	Delta Dental	800-521-2651 www.deltadentalins.com	18849
Life Insurance	United Healthcare	888-299-2070	304600
Disability STD/LTD	United Healthcare	888-299-2070	304600
Flexible Spending Accounts	PayFlex	844-729-3539 www.Payflex.com	PCSO
Employee Assistance Program	ComPsych	888-327-4801 www.guidanceresources.com	PCSO
Retirement	FRS	866-446-9377 www.myFRS.com	
Deferred Compensation	Mass Mutual Larry Peggs	727-391-1707 Larry@jlpeggs.com	
	National Life Georgiana Winder	727-753-0263 George.Winder@becfs.com	
	National Life Terry O'Reilly	727-474-0382 Terry@barlaschambers.com	
	Nationwide Steve Duganieri	631-767-2308 Dugans@nationwide.com	
	AIG (Valic) Jonathan Vila	813-269-3357 Jonathan.Vila@Valic.com	
	AIG (Valic) Al Sanchez	813-269-3384 Alfred.Sanchez@Valic.com	
	Voya Ron Wright	813-281-3752 Ronald.Wright@Voyafa.com	
HR Benefits	PCSO	727-582-2835 Fax: 727-582-5893 InsuranceBenefits@pcsonet.com FMLAmailbox@pcsonet.com	