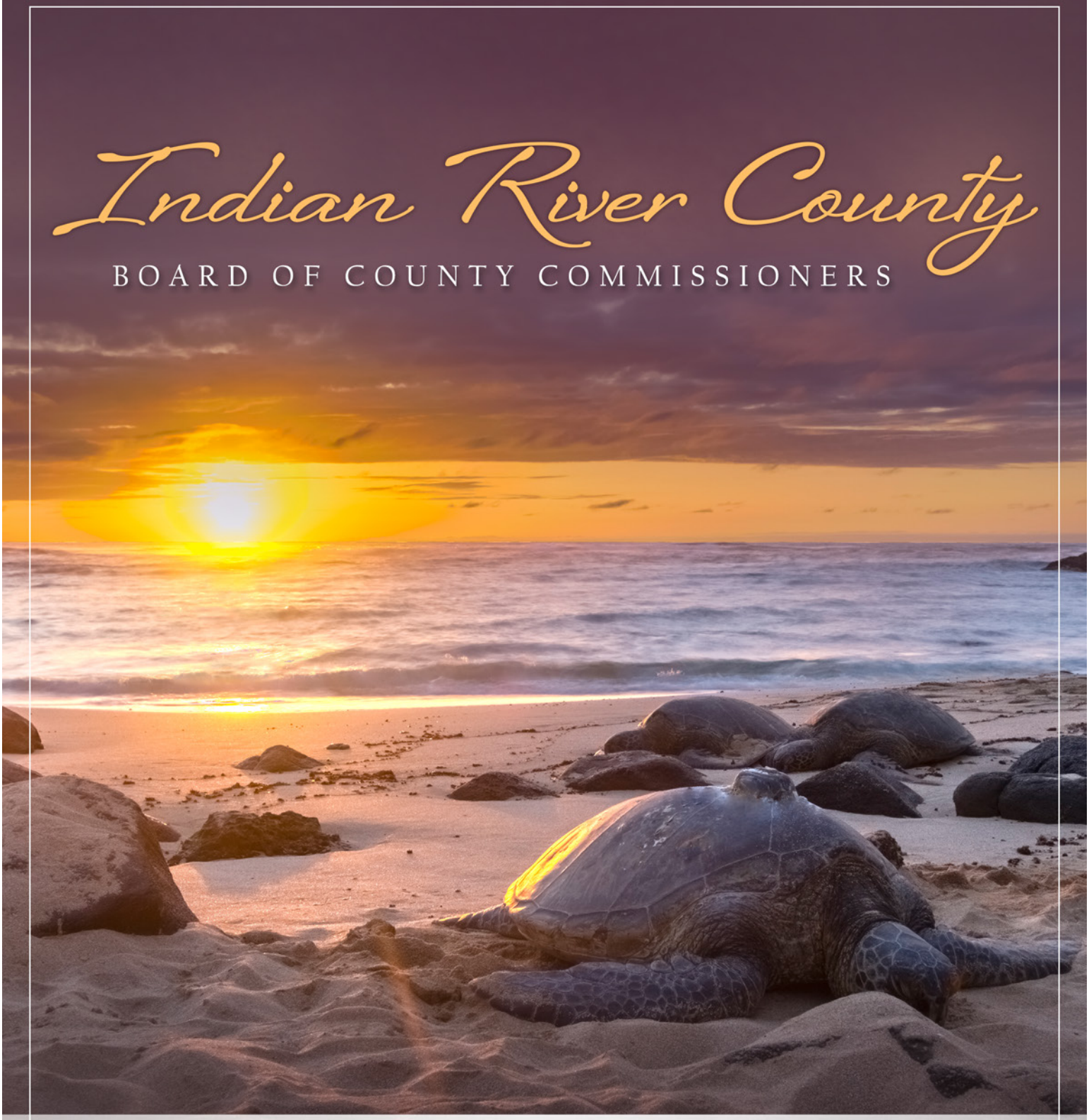
Indian River County

BOARD OF COUNTY COMMISSIONERS



2016-2017

Employee Benefit Highlights

Contact Information

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	Tax Collector	Adria Espich	(772) 226-1334 E-mail: aespich@irctax.com
	**Medical Insurance** *(Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Supervisor of Elections, Tax Collector)*	Florida Blue	Customer Service: (800) 345-3885 www.floridablue.com
	**Prescription Drug Coverage** **Mail-Order Program**	PrimeMail	Customer Service: (877) 794-3574 www.myprime.com
	**Dental Insurance** *(Board of County Commissioners, Supervisor of Elections, Tax Collector)*	Ameritas	Customer Service: (800) 487-5553 www.ameritas.com
	Dental Insurance *(Clerk of the Circuit Court, Property Appraiser)*	The Standard	Customer Service: (800) 547-9515 www.standard.com
	**Flexible Spending Accounts** *(Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Tax Collector)*	Benefits Workshop	Customer Service: (888) 537-3539 www.benefitsworkshop.com/irc
	Flexible Spending Accounts *(Supervisor of Elections)*	United Healthcare	Customer Service: (877) 797-7475 www.uhcservices.com
	**Life Insurance** *(Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Supervisor of Elections, Tax Collector)*	LB Bryan	Agent: LB Bryan Phone: (800) 301-0441 Email: info@lbbryan.com www.lbbryan.com
	**Voluntary Long Term Disability Insurance** *(Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Supervisor of Elections, Tax Collector)*	Mutual of Omaha	Customer Service: (800) 877-5176 www.mutualofomaha.com
	**Employee Assistance Program** *(Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Supervisor of Elections, Tax Collector)*	Health Advocate	Customer Service: (877) 240-6863 www.healthadvocate.com/members Agent: Rebecca Smith Phone: (800) 729-7998
	**Supplemental Insurance** *(Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Supervisor of Elections, Tax Collector)*	Aflac	Agent: John Martin Office: (772) 532-1362 Email: john_martinsr@us.aflac.com Agent: Michael N. Fletcher Office: (772) 778-8858 | Cell: (772) 473-1464 Email: michael_fletcher@us.aflac.com www.aflac.com
	**Diabetes Management Program**	Kannact	Customer Service: (855) 722-5513 www.kannact.com

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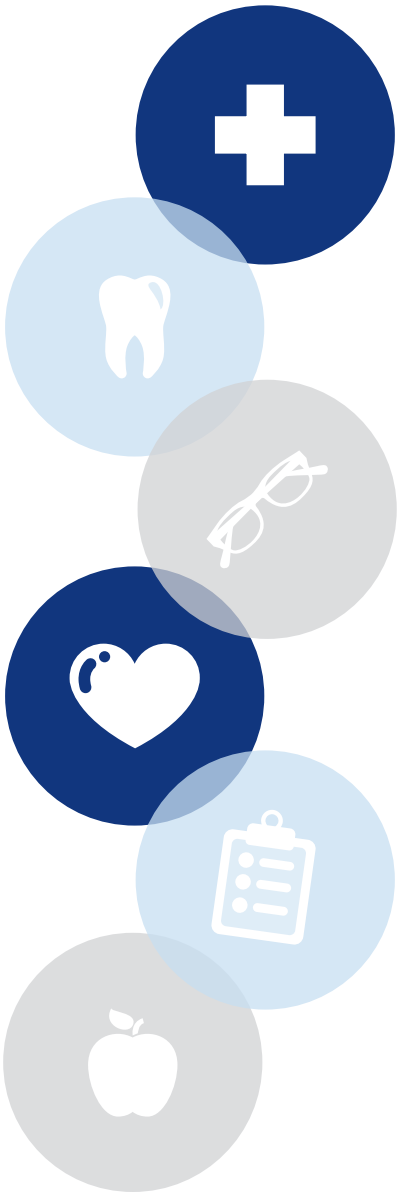

Introduction

The Indian River County Board of County Commissioners provides a comprehensive compensation package including group insurance benefits. The Employee Benefit Highlights Booklet provides a general summary of these benefit options as a convenient reference. Please refer to the County's Personnel Policies, applicable Union Contracts and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If an employee requires further explanation or need assistance regarding claims processing, please refer to the customer service telephone numbers under each benefit description heading or contact the respective Human Resources department.

Benefits Resource Center

The County provides an online benefit website through the Benefits Resource Center (BRC). The BRC provides benefit-eligible employees the ability to view group insurance benefit information online.

To access the Benefits Resource Center:

- ✓ Log on to www.mybentek.com/IRC
- ✓ Sign in by using an employee's username and password

  User Name: ircounty.brc@mybentek.com

  Password: benefits123

Accessible 24 hours a day, an employee can log on to the BRC at any time to view of the following:

- ✓ Employee Benefit Highlights Booklet
- ✓ Benefit Summaries
- ✓ Benefit Forms
- ✓ Important Contact Information
- ✓ Compliance & Notifications
- ✓ Direct Links to Carrier Websites

For technical issues directly related to using the BRC please call (888) 5-BenTek (523-6835) or email BenTek Support at support@mybentek.com, Monday through Friday, during regular business hours.

To access group insurance benefits online, log on to:
www.mybentek.com/IRC

Please Note: *Link must be addressed exactly as written (Due to security reasons, the website cannot be accessed by Google or other search engines.)*

Group Insurance Eligibility

The County's group insurance plan year is October 1 through September 30

Employee Eligibility

Employees are eligible to participate in the County's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first day of the month following 60 days of full-time employment.

Termination

If an employee separates employment from the County, insurance will continue through the end of month in which separation occurred. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or the spouse. The term "child" includes any of the following:

- A natural child
- A legally adopted child
- A stepchild
- A foster child
- A newborn (up to age 18 months) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the calendar year in which the child turns 26.

Dental Coverage: Dependent children may be covered through the end of the calendar year in which they turn 26.

Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment; AND
- The dependent is otherwise eligible for coverage under the group medical plan; AND
- The dependent has been continuously insured.

Proof of disability will be required upon request. Please contact the respective Human Resources department if further clarification is required.

Qualifying Events and IRS Code Section 125

IRS Code Section 125

Premiums for medical, dental, and/or certain Aflac policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-taxed to the extent permitted. Under Section 125, changes to an employee's pre-tax benefits can be made ONLY during the Open Enrollment period unless the employee or qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, employees may be allowed to make changes to benefit elections during the plan year, if the event affects the employee, spouse, or dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125. Any requested changes must be consistent with and on account of the qualifying event.

Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Employee, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employees work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing eligibility for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)
- Becoming eligible for State premium assistance under Medicaid or CHIP (60 day notification period)
- Enrollment in a qualified health plan offered through an Exchange during a special enrollment period
- Change in need for or cost of childcare (Dependent Care FSA ONLY)

IMPORTANT

If an employee experiences a qualifying event, contact the benefits representative from the employee's respective Human Resources department to make the appropriate changes to coverage. The request must take place within 30 days of the qualifying event (60 days for the birth of a child). Beyond 31 (or 61) days, requests will be denied and the employee may be responsible both legally and financially for any claim and/or expense incurred as a result of a dependent who continues to be enrolled but no longer meets the County's eligibility requirements. The employee will be required to furnish valid documentation supporting the qualifying event such as a marriage certificate, birth certificate, divorce decree, etc.

Please Note: If an employee knowingly commits fraud by enrolling or continuing coverage for an ineligible person(s) in the County's insurance program, the County will take appropriate disciplinary action up to and including termination.

Qualifying Events and COBRA

Please remember the following: In order to enroll dependents on the County's Health Insurance plan, to maintain enrollment for those dependents in the coming year, or to enroll any new dependents in the Health Insurance plan during the open enrollment period, the employee will be required to provide documentation verifying the eligibility of such dependents to the respective Human Resources department.

Qualifying Event Q&A	
Can I add or delete dependent coverage and make changes to my benefit elections during the year?	A participant is permitted to make changes to his or her elections mid-plan year only for a legitimate Qualifying Event, meaning "on account of and corresponding with a Qualifying Event that affects eligibility for coverage." If an employee experiences a Qualifying Event, the election changes must be requested within 30 days from the Qualifying Event date and the change must be consistent with the type of event. Based on the event, an employee may add or delete dependents to existing coverage.
If I experience a Qualifying Event, how and when must I request the change?	Within 30 days of the Qualifying Event the employee must notify Human Resources and will be asked to furnish supporting documentation. Upon the approval and completion of processing the election change request, the existing benefit elections will be stopped or modified. Requests made later than 30 days from the date of the event will not be approved.
If I add dependents due to a Qualifying Event, when does their coverage become effective?	Coverage for dependents becomes effective on the date of the Qualifying Event OR for all others, on the date of notification, subject to approval by Human Resources. The employee must notify Human Resources of the Qualifying Event within 30 days.
If I delete a dependent due to a Qualifying Event, when does their coverage end?	Coverage for a deleted dependent ends effective the last day of the month in which the Qualifying Event occurred. In the event of a death or divorce, coverage ends effective with the date of death or divorce. The employee must notify Human Resources of the Qualifying Event within 30 days.
If I waive the County's healthcare coverage but then I lose my other group health coverage, can I enroll in a health plan mid-year?	Yes, an employee can enroll in a County plan mid-year if they have lost other group insurance coverage. The employee must notify Human Resources of the Qualifying Event within 30 days and may be asked to provide documentation.

Please Note: *If an employee knowingly commits fraud by enrolling or continuing coverage for an ineligible person(s) in the County's insurance program, the County will take appropriate disciplinary action up to and including termination.*

COBRA Continuation of Medical Coverage Benefits

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), employees and/or dependents may be able to continue their enrollment in certain health plans such as medical and dental, if such coverage is terminated or changed due to a qualifying event.

Medical Insurance

Offered to: Indian River County Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Supervisor of Elections, and Tax Collector

The County offers medical insurance through Florida Blue to benefit eligible employees. The monthly cost for coverage are listed in the premium table below. **For information about the medical plan, please refer to the Summary of Coverage or contact Florida Blue's customer service.**

Medical Insurance – Florida Blue BlueOptions Plan

Monthly Payroll Deductions

Tier of Coverage	Employee Cost
Employee Only	$30.00
Employee + Family	$247.50

Florida Blue | Customer Service: (800) 345-3885 | www.floridablue.com

Other Available Plan Resources

Florida Blue offers all enrolled members and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the Summary of Coverage document, contact Florida Blue's customer service.

Notification of Grandfather Status

The County has determined the medical plan offered is a "grandfathered medical plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered medical plan can preserve certain basic medical coverage that was already in effect when that law was enacted. Being a grandfathered medical plan means that an employee's plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive medical services without any cost sharing. However, grandfathered medical plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered medical plan and what might cause a plan to change from grandfathered medical plan status can be directed to the respective Human Resources department. An employee may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the medical plan is **provided as a supplement** to this booklet which is being distributed to new hires and existing employees during open enrollment. The summary is an important item in understanding the benefit options. A free paper copy of the SBC document may be requested or is available as follows:

From:	Human Resources Department
Address:	1800 27th Street Vero Beach, FL 32960
Phone:	(772) 226-1448
Email:	arankin@ircgov.com
Website:	www.ircgov.com

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the actual group certificate of coverage can be reviewed and obtained by contacting the Human Resources

If employees have any questions about the plan offerings or coverage options, please contact Human Resources.

Florida Blue BlueOptions Plan At-A-Glance

Network	BlueOptions	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Single	$400	
Family	$800	
Coinsurance		
Member Responsibility	20% After CYD	40% After CYD
Calendar Year Out-of-Pocket Limit		
Single	$3,000	
Family	$6,000	
What Applies to the Out-of-Pocket Limit?	Coinsurance	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	$25 Copay	40% After CYD
Specialist Office Visit	$45 Copay	40% After CYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Blood Work)*: Quest*	20%	40%
X-rays	$15 Copay	40% After CYD
Advanced Imaging *(MRI, PET, CT)*	$25 Copay	40% After CYD
Outpatient Surgery in Surgery Center	20% After CYD	40% After CYD
Physician Services at Surgical Center	20% After CYD	40% After CYD
Urgent Care *(Per Visit)*	$25 Copay	$25 Copay
Hospital Services		
Inpatient *(Per Admission)*	$200 PAD + 20% After CYD	$400 PAD + 20% After CYD
Outpatient *(Per Visit)*	20% After CYD	40% After CYD
Physician Services at Hospital	20% After CYD	40% After CYD
Emergency Room *(Per Visit; Waived if Admitted)*	$100 Copay + 20% After CYD	$100 PAD + 40% After CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospitalization *(Per Admission)*	$200 Copay + 20% After CYD	$400 PAD + 40% After CYD
Outpatient Services *(Per Visit)*	20% After CYD	40% After CYD
Prescription Drugs *(Rx)*		
Generic	$10 Copay	50% After CYD
Preferred Brand Name	$35 Copay	
Non-Preferred Brand Name	$50 Copay	
Mail Order Drug *(90 Day Supply)*	2x Retail Copay	

Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select BlueOptions for the network.

Plan References

***Out-of-Network Balance Billing:** For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the Summary of Coverage document.*

***Quest Diagnostics is the preferred lab for bloodwork through Florida Blue. When using a lab other than Quest, please be sure to confirm they are contracted with Florida Blue's BlueOptions Network prior to receiving services.*

Dental Insurance

Ameritas LOW Option Plan

Offered to: Indian River County Board of County Commissioners, Supervisor of Elections, and Tax Collector

The County offers dental insurance through Ameritas to benefit eligible employees. The monthly cost for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to Ameritas' summary plan document or contact Ameritas' customer service.

Dental Insurance – Ameritas LOW Option Plan

Monthly Payroll Deductions

Tier of Coverage	BOCC Employee Cost	SOE/TC Employee Cost
Employee Only	$27.46	$0.00
Employee + Spouse	$56.66	$29.20
Employee + Child(ren)	$66.90	$39.44
Employee + Family	$96.10	$68.64

In-Network Benefits

The PPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Classic (PPO) Network. These participating dental providers have contractually agreed to accept Ameritas' contracted fee or "allowed amount." This fee is the maximum amount an Ameritas dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Ameritas Class (PPO) Network provider. Ameritas reimburses out-of-network services based on what it determines is the Maximum Allowable Benefit (MAB). The MAB is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member will pay the out-of-network benefit plus the difference between the amount that Ameritas reimburses (MAB) for such services and the amount charged by the dentist. This is known as balance billing. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The dental LOW Option plan requires a $50 individual or a $150 family in-network deductible, and a $100 individual and $300 family out-of-network deductible to be met before most benefits will begin. The deductible is waived for preventative services. The deductible does not apply to Class I Services.

Calendar Year Benefit Maximum

The maximum benefit the dental LOW Option plan will pay for each covered member is $1,000 for in-network.

Dental Rewards Rollover

Dental Rewards (DR) allows an employee to carry over part of their unused annual maximum. An employee earns DR by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. An employee and their covered dependents may accumulate rewards up to the maximum carry over amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost for that year, but can begin earning rewards again the very next year. In addition, if an employee stays in the PPO network, they earn extra DR called the PPO Bonus.

Benefit Threshold	$500	Dental benefits received for the year cannot exceed this amount.
Annual Carry Over Amount	$250	Amount added to the following year's benefit maximum.
Annual PPO Bonus	$100	Additional bonus is earned if the covered member sees a PPO provider.
Maximum Carry Over	$1,000	Maximum possible accumulation for benefit rollover and PPO bonus combined.

Ameritas | Customer Service: (800) 487-5553 | www.ameritas.com

Ameritas LOW Option Plan At-A-Glance

Network	Classic (PPO)	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Per Member	$50	$100
Per Family	$150	$300
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum		
Per Member	$1,000	$1,000
Class I Services: Diagnostic & Preventative		
Routine Oral Exam *(1 Per 6 Months)*	Plan Pays: 100% Deductible Waived	Plan Pays: 80% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(1 Per 6 Months)*		
Complete X-rays *(1 Per 12 Months)*		
Bitewing X-rays *(1 Per 5 Years)*		
Class II Services: Basic Restorative**		
Fillings *(Amalagam and Composite)*	Plan Pays: 80% After CYD	Plan Pays: 70% After CYD *(Subject to Balance Billing)*
Anesthesia		
Simple Extractions		
Root Canal/Endodontics		
Periodontal Services		
Denture Repair		
Class III Services: Major Restorative**		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 40% After CYD *(Subject to Balance Billing)*
Bridges		
Dentures		
Oral Surgery		
Dental Implants		

Locate a Provider

To search for a participating provider, contact customer service or visit www.ameritas.com.

Plan References

***Out-Of-Network Balance Billing:** For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.*

***Late entrant limitations apply for 12 months after enrollment if an employee does not elect coverage during their initial eligibility period. Please contact Ameritas for additional information.*

Important Notes

- *Each covered family member may receive up to 2 cleanings per calendar year (1 per 6 months) covered under the preventive benefit.*
- *A pretreatment estimate is recommended for all work that is considered expensive. An employee must request that their dentist submit the request to Ameritas.*
- *Teeth missing prior to coverage under the Ameritas dental plan will not be covered.*
- *All services, including Class I, count toward the Calendar Year Maximum.*

Dental Insurance

Ameritas HIGH Option Plan

Offered to: Indian River County Board of County Commissioners, Supervisor of Elections, and Tax Collector

The County offers dental insurance through Ameritas to benefit eligible employees. The monthly cost for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to Ameritas' summary plan document or contact Ameritas' customer service.

Dental Insurance – Ameritas HIGH Option Plan

Monthly Payroll Deductions

Tier of Coverage	BOCC Employee Cost	SOE/TC Employee Cost
Employee Only	$39.02	$11.56
Employee + Spouse	$80.66	$53.20
Employee + Child(ren)	$97.34	$69.88
Employee + Family	$138.97	$111.51

In-Network Benefits

The PPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Classic (PPO) Network. These participating dental providers have contractually agreed to accept Ameritas' contracted fee or "allowed amount." This fee is the maximum amount an Ameritas dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Ameritas Class (PPO) Network provider. Ameritas reimburses out-of-network services based on what it determines is the Maximum Allowable Benefit (MAB). The MAB is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member will pay the out-of-network benefit plus the difference between the amount that Ameritas reimburses (MAB) for such services and the amount charged by the dentist. This is known as balance billing. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The dental HIGH Option plan requires a $25 individual or a $75 family in-network deductible, and a $50 individual and $150 family out-of-network deductible to be met before most benefits will begin. The deductible is waived for preventative services The deductible does not apply to Class I Services.

Calendar Year Benefit Maximum

The maximum benefit the dental HIGH Option plan will pay for each covered member is $1,500 for in-network.

Dental Rewards Rollover

Dental Rewards (DR) allows an employee to carry over part of their unused annual maximum. An employee earns DR by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. An employee and their covered dependents may accumulate rewards up to the maximum carry over amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost for that year, but can begin earning rewards again the very next year. In addition, if an employee stays in the PPO network, they earn extra DR called the PPO Bonus.

Benefit Threshold	$750	Dental benefits received for the year cannot exceed this amount.
Annual Carry Over Amount	$400	Amount added to the following year's benefit maximum.
Annual PPO Bonus	$200	Additional bonus is earned if the covered member sees a PPO provider.
Maximum Carry Over	$1,200	Maximum possible accumulation for benefit rollover and PPO bonus combined.

Ameritas | Customer Service: (800) 487-5553 | www.ameritas.com

Ameritas HIGH Option Plan At-A-Glance

Network	Classic (PPO)	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Per Member	$25	$50
Per Family	$75	$150
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum		
Per Member	$1,500	$1,500
Class I Services: Diagnostic & Preventative		
Routine Oral Exam *(1 Per 6 Months)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(1 Per 6 Months)*		
Bitewing X-rays *(1 Per 12 Months)*		
Complete X-rays *(1 Per 5 Years)*		
Class II Services: Basic Restorative**		
Fillings *(Amalagam and Composite)*	Plan Pays: 100% After CYD	Plan Pays: 80% After CYD *(Subject to Balance Billing)*
Anesthesia		
Simple Extractions		
Root Canal/Endodontics		
Periodontal Services		
Denture Repair		
Class III Services: Major Restorative**		
Crowns	Plan Pays: 60% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Bridges		
Dentures		
Oral Surgery		
Dental Implants		
Class IV Services: Orthodontia		
Lifetime Maximum	$1,000	
Benefit *(Dependent Children to Age 19)*	Plan Pays: 50%	Plan Pays: 50% *(Subject to Balance Billing)*

Locate a Provider

To search for a participating provider, contact customer service or visit www.ameritas.com.

Plan References

***Out-Of-Network Balance Billing:** For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.*

***Late entrant limitations apply for 12 months after enrollment if an employee does not elect coverage during their initial eligibility period. Please contact Ameritas for additional information.*

Important Notes

- *Each covered family member may receive up to 2 cleanings per calendar year (1 per 6 months) covered under the preventive benefit.*
- *A pretreatment estimate is recommended for all work that is considered expensive. An employee must request that their dentist submit the request to Ameritas.*
- *Teeth missing prior to coverage under the Ameritas dental plan will not be covered.*
- *All services, including Class I, count toward the Calendar Year Maximum.*

Flexible Spending Account

Offered to: Indian River County Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, and Tax Collector

The County offers Flexible Spending Accounts (FSA) administered through Benefits Workshop. The FSA plan year is from October 1 to September 30.

If an employee or their family has predictable health care or work-related day care expenses, then he/she may benefit from participating in an FSA. An FSA allows employees to set aside money from their paycheck for reimbursement of health care and day care expenses that they regularly pay. The amount set aside is not taxed and is automatically deducted from the employee's paycheck and deposited into the FSA. During the year, the employee has access to this account for reimbursement of some expenses that are not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employees must re-elect the dollar amount they wish to have deducted each plan year. There are two types of FSAs:

Health Care FSA

This account allows participants to set aside up to an annual maximum of $2,550. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employees can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participants to set aside up to an annual maximum of $5,000 if an employee is single or married and files a joint tax return ($2,500 if the employee is married and files 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 adults.

Please note that if a family's income is over $20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.

A sample list of qualified expenses eligible for reimbursement include, but are not limited to, the following:

- ✓ Ambulance service
- ✓ Chiropractic care
- ✓ Dental fees/Orthodontic fees
- ✓ Diagnostic tests/Health screenings
- ✓ Doctor fees
- ✓ Drug addiction/Alcoholism treatment
- ✓ Experimental medical treatment
- ✓ Eyeglasses/Contact lenses (corrective)
- ✓ Hearing aids and exams
- ✓ Injections & vaccinations
- ✓ LASIK surgery
- ✓ Mental healthcare
- ✓ Nursing services
- ✓ Optometrist fees
- ✓ Physician office visits
- ✓ Prescription drugs
- ✓ Medically necessary sunscreen
- ✓ Wheelchairs

Log on to http://www.irs.gov/publications/p502/index.html for additional details regarding qualified and non-qualified expense.

Flexible Spending Account *(Continued)*

FSA Guidelines

- The Health Care FSA allows a grace period (December 15) at the end of the plan year. The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends. Once the grace period ends, any unused funds still remaining in the account will be forfeited.
- The Health Care FSA has a deadline of January 31 to file claims for expenses incurred through the end of the grace period (December 15)
- The Dependent Care FSA has a deadline of January 31 to file claims for expenses incurred through the end of the plan year.
- Any unused funds after a plan year ends and all claims have been filed cannot be returned or carried forward to the next plan year.
- When a plan year ends and all claims have been filed, all unused funds will be forfeited and will not be allowed to be returned.
- Employees can enroll in either or both of the FSAs only during the open enrollment period, a qualifying event, or new hire eligibility.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employees and their dependents cannot be reimbursed for services they have not received.
- Employees and their dependents cannot receive insurance benefits or any other compensation for expenses which are reimbursed through an FSA.
- Domestic Partners are not eligible as federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail or fax. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one year.

Debit Card

FSA participants can request a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. The cost for a debit card is $18.00 a year. Benefits Workshop may request supporting documentations for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the County.

HERE'S HOW IT WORKS!

An employee earning $30,000 elects to place $1,000 into a Health Care FSA. The payroll deduction is $38.46 based on a 26 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of $227.

	With a Health Care FSA	Without a Health Care FSA
Salary	$30,000	$30,000
FSA Contribution	- $1,000	- $0
Taxable Pay	$29,000	$30,000
Estimated Tax 22.65% = 15% + 7.65% FICA	- $6,568	- $6,795
After Tax Expenses	- $0	- $1,000
Spendable Income	$22,432	$22,205
Tax Savings	**$227**	

Please Note: *Be conservative when estimating medical and/or dependent care expenses. IRS regulations state that any unused funds with remain in the FSA after a plan year ends and after all claims have been filed cannot be returned or carried forward to the next plan year.* ***This rule is known as "use it or lose it."***

Benefits Workshop
Customer Service: (888) 537-3539 | www.benefitsworkshop.com/irc

Basic Life and AD&D Insurance

Offered to: Indian River County Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Supervisor of Elections, and Tax Collector

Basic Term Life and Accidental Death & Dismemberment

The County provides Basic Term Life and Accidental Death & Dismemberment (AD&D) insurance through Mutual of Omaha. This insurance is provided to employees at no cost at an amount equal to one times their annual earnings (rounded to the next higher multiple of $1,000) to a maximum of $200,000. Coverage will reduce to 50% at age 70. Coverage terminates at termination of employment.

Voluntary Life and AD&D Coverage

Employee Coverage Amount

- An employee may elect Voluntary Life and AD&D coverage in units of $10,000 up to a maximum of ten times an employee's annual salary, not to exceed $500,000.
- Each year at Open Enrollment, employees currently enrolled in coverage may increase coverage by $10,000, up to the Guarantee Issue Amount of $150,000 without going through medical underwriting (age banded Life coverage only)
- Employees who apply for Voluntary Life and AD&D over ten times their salary, up to $150,000 (the Guaranteed Issue Amount), will be subject to medical underwriting approval for the excess amount during initial enrollment or subsequent Open Enrollment periods.
- Coverage will reduce to 50% of the benefit amount at age 70. Coverage terminates at termination of employment.
- All late applications are subject to medical underwriting approval.

Spouse Coverage Amount

- An employee may elect coverage for their spouse in increments of $5,000 to a maximum of $250,000, not to exceed 100% of the employee's benefit.
- If the Spouse Voluntary Life Insurance amount exceeds $20,000 (the Guarantee Issue Amount), the excess amount will be subject to medical underwriting approval during initial enrollment or subsequent Open Enrollment Periods.
- Coverage will reduce to 50% of the benefit amount at age 70. Coverage terminates when the employee terminates employment (or reaches age 100 if the employee is still actively employed).
- All late applications are subject to medical underwriting approval.
- Please note, the age/rate table is based on the employee's age.

Voluntary Life Rate Table

Rate Per $1,000 of Benefit

Age Bracket *(Based On Employee Age)*	Voluntary Life Rate
Under Age 25	$0.06
25-29	$0.07
30-34	$0.08
35-39	$0.11
40-44	$0.16
45-49	$0.26
50-54	$0.41
55-59	$0.71
60-64	$0.76
65-69	$1.30
70-75	$2.30
75+	$8.73

Coverage Amount for Child(ren)

- An employee may elect coverage for child(ren) in the amount of $10,000 (the Guarantee Issue Amount). Child(ren) can have coverage from birth to age 21, or 25 if a full time student).
- All late applications are subject to medical underwriting approval.

Please Note: *All late applications are subject to medical underwriting approval.*

Child(ren) Life with AD&D Rates

The monthly rate per member is $0.60 for $10,000 of Dependents Life insurance for eligible child(ren) regardless of the number of children covered.

_____	÷	1,000	=	_____	X	_____	=	_____	X	12	=	_____	÷	24	=	_____
Benefit Election						Rate by Age (In Table)						Pay Periods				Per Pay Period Premium

Voluntary Long Term Disability

Offered to: Indian River County Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, and Tax Collector

The County offers Voluntary Long Term Disability (VLTD) insurance through Mutual of Omaha to all eligible employees. The VLTD benefit pays an employee a percentage of their earnings if the employee becomes disabled due to an accident or injury. The premium is calculated based on an employee's annual earnings; examples are illustrated in the VLTD premium rate table. An employee's VLTD rate and benefit will be adjusted annually on the plan anniversary date.

Voluntary Long Term Disability (VLTD) Plan Summary:

- The VLTD benefit pays 60% of monthly pre-disability earnings up to a monthly maximum benefit amount of $5,000.
- The VLTD benefit begins on the 91st or 181st day after the disabling event.
- VLTD benefits are payable to age 65 or are based on a reduced benefit duration if the employee is disabled at or after the age of 62.
- If an employee returns to work part time, a partial VLTD benefit may be payable.

Please Note: *Employees who do not elect this coverage when initially eligible, will have to complete an evidence of insurability form if electing coverage now or in the future. This form will ask some basic health history questions and will have to be approved prior to coverage becoming effective.*

Voluntary Long Term Disability Elimination Period

	90 Day	180 Day
Age	**Rate Per $100 Covered Payroll**	
< 19	$0.100	$0.081
20 - 24	$0.100	$0.081
25 - 29	$0.100	$0.081
30 - 34	$0.176	$0.143
35 - 39	$0.217	$0.181
40 - 44	$0.315	$0.263
45 - 49	$0.488	$0.407
50 - 54	$0.716	$0.598
55 - 59	$0.865	$0.721
60 - 64	$0.902	$0.751
65 - 69	$0.902	$0.751
70 - 99	$0.902	$0.751

$ _____ ÷ 12 = $ _____ ÷ 100 = $ _____ X _____ = $ _____ X 12 = $ _____ ÷ 24 = $ _____

Annual Salary | Or $8,333* (Whichever is less) | Rate by Age (In Table) | Pay Periods | Per Pay Period Premium

***Benefit is 60% of monthly earnings up to maximum of $5,000 per month.**

Mutual of Omaha | LB Bryan | Agents: Lon & Pat Bryan | Customer Service: (800) 301-0441 | www.lbbryan.com | www.mutualofomaha.com

Employee Assistance Program

Offered to: Indian River County Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, and Tax Collector

The County provides a comprehensive Employee Assistance Program (EAP) to full-time employees and each family member through Health Advocate, at no cost to employees. Health Advocate offers access to licensed mental health professionals through a confidential program that is protected by state and federal laws. The EAP program is available to help employees gain a better understanding of problems that affect them, locate the best professional help for their particular problem, and decide upon a plan of action.

What is an Employee Assistance Program?

An Employee Assistance Program (EAP) offers covered employees and their family members free and convenient access to a range of confidential and professional services to help them address a variety of problems that can negatively affect their well-being such as:

- ✓ Anxiety
- ✓ Legal and Financial Concerns
- ✓ Childcare, Eldercare, Adoption
- ✓ Family and/or Marriage Problems
- ✓ Stress
- ✓ Grief and Bereavement
- ✓ Substance Abuse
- ✓ Workplace Issues

What is Health Advocate Works?

The County recognizes that employees' personal responsibilities may, at times, spill over into the workplace. To help ensure employees are able to address these concerns with minimal disruption, the program provides employees and their family members assistance for a variety of concerns – including child care, elder care, daily-living issues, and other issues they may encounter. Each employee and family member is allowed one to six in-person counseling sessions per issue per year. There is no limit to the number of issues. Unlimited telephone and web-based sessions are also available.

Are Services Confidential?

Yes. Receipt of EAP services is completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor will not, however, receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

Health Advocate | Customer Service: (877) 240-6963
www.healthadvocate.com/members
Organization Name: Indian River County Government

Supplemental Insurance

Offered to: Indian River County Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, and Tax Collector

Plans may be purchased separately on a voluntary basis and premiums are paid through payroll deduction. The following plans are offered to employees:

Personal Accident Indemnity Plan

Provides an employee with cash if they or a covered dependent receive treatment for injuries sustained in a covered accident. This policy provides an emergency treatment benefit, specific-sum injuries benefit, initial hospitalization benefit and even accidental death benefit.

Personal Cancer Indemnity Plan

Provides an employee with cash benefits if they or a covered dependent are diagnosed with an internal cancer or skin cancer. This policy gives an employee an initial diagnosis benefit, hospital confinement benefit, radiation and chemotherapy benefit, surgical/anesthesia benefit, as well as ambulance, transportation and lodging benefits.

Personal Disability Policy

Provides an employee with a source of income if they are unable to work due to an off-the-job injury or a covered sickness. Now with the option of guaranteed-issue. Monthly benefits range from $500-$6,000, subject to income requirements and benefit period restrictions. Available benefit periods are 3, 6, 12, 18, or 24 months. Available elimination periods are (Accident/Sickness): 0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90 or 180/180.

Critical Care and Recovery Plan

Provides an employee with cash benefits if they or a covered dependent have a hospital stay as a result of a heart attack, stroke, coronary bypass surgery, end-stage renal failure, major third degree burns and continuing care benefit.

Hospital Confinement Plan

Provides an employee with cash benefits, if they or a covered dependent receives services in the hospital, such as, hospital confinement, hospital emergency room, hospital intensive care unit, as well as ambulance. This plan also includes benefits for physician visits and medical diagnostics and imaging services.

Aflac may offer additional products. For more information, please contact the respective Human Resources department.

Aflac | Customer Service: (800) 992-3522 | www.aflac.com

Agent: John Martin | Phone: (772) 532-1362
Email: john_martinsr@us.aflac.com
Agent: Mike Fletcher | Phone: (772) 473-1464
Email: michael_fletcher@us.aflac.com

Miscellaneous Benefits

Please note that the following benefits may not apply to all constitutional offices. Refer to your policies for specific information.

Paid Holidays

Holiday	Dates
New Year's Day	Monday, January 2, 2017
Martin Luther King Day	Monday, January 16, 2017
Good Friday	Friday, April 14, 2017
Memorial Day	Monday, May 29, 2017
Independence Day	Tuesday, July 4, 2017
Labor Day	Monday, September 4, 2017
Veteran's Day	Friday, November 10, 2017
Thanksgiving Day	Thursday, November 23, 2017
Day after Thanksgiving	Friday, November 24, 2017
Christmas Eve *(Observed)*	Friday, December 22, 2017
Christmas Day *(Observed)*	Monday, December 25, 2017
New Year's Day	Monday, January 1, 2018

Vacation Leave - Annual Accrual Rates

Hired Before 10/01/11		Hired On Or After 10/01/11	
Less than 5 years of service:	10 days	Less than 5 years of service:	10 days
5 years of service:	11 days	5 years of service:	11 days
6 years of service:	12 days	6 years of service:	12 days
7 years of service:	13 days	7 years of service:	13 days
8 years of service:	14 days	8 years of service:	14 days
9 years of service:	15 days	9 years + of service:	15 days
10 years of service:	16 days		
11 years of service:	17 days		
12 years of service:	18 days		
13 years of service:	19 days		
14 years + of service:	20 days		

Pay Schedule and Direct Deposit

County employees are paid biweekly on Fridays and are also offered the option of direct deposit of their paychecks into the financial institution of their choice. Paychecks are automatically deposited into an employee's checking or savings account. If an employee is interested in direct deposit, an employee must complete a direct deposit form and return it to the respective Human Resources department.

Retirement Plans

Offered to: Indian River County Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, and Tax Collector

Florida Retirement System (FRS)

The County is a member of the Florida Retirement System (FRS) and pays a percentage of employees' salaries to FRS as shown below. Employees have a choice of participating in one of two plans: the pension plan or the investment plan. New employees will receive a Retirement Choice Kit approximately 60 days after their hire date.

Contribution Rate	Employee Pays	Employer Pays	Total Percentage
Regular Class	3.00%	7.52%	10.52%
Special Risk Class	3.00%	22.57%	25.57%

Roth 457 Deferred Compensation

The County has also added a Roth 457 Deferred Compensation Plan. Voluntary contributions to this plan are made post tax, so the money is not taxable when an employee takes a distribution (provided an employee meets the IRS requirements at the time of distribution) to complement FRS and Social Security. The IRS maximum contribution for 2015 is $18,000 ($24,000 for "Age 50 Catch Up Provision" and $36,000 under "Normal Catch Up Provision").

Please Note: Please be advised that the limits apply to all contributions made to the 457 Deferred Compensation Plans. Please consult a financial advisor or check the IRS website (http://www.irs.gov/retirement/article/0,,id=172437,00.html) for more information.

Roth IRA

The County offers a Roth IRA. A Roth IRA is an additional financial tool that can be used by employees to save for retirement. Employees may make post-tax contributions up to the IRS maximum of $5,500 ($6,500 for "Age 50 Catch Up Provision") for 2015. Contribution limits may apply based on IRS guidelines, please consult a financial advisor or check the IRS website (http://www.irs.gov/publications/p590a/ch02.html) for more information. (May not be available to all constitutionals. Contact the respective Human Resources department for more details.)

Diabetes Management Program

Offered to: Indian River County Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Supervisor of Elections, and Tax Collector

If an employee or any covered dependents have been diagnosed with diabetes and are covered under the County plan, the Kannact Diabetes Program can provide diabetes management support, including a glucometer, test strips and other supplies at no cost to the employee. If they do not use test strips, but are taking prescription medication, Kannact will work with them and their doctor to help start an effective monitoring plan. Employees also have the option to work with a personal health coach, who will help the employee continue to manage their diabetes.

Kannact's unique system of diabetes management helps patients effectively track and manage key information related to their diabetes treatment. By making this data readily available to patients and health care providers, the Kannact system enables diabetes patients to maintain optimal health and enhance their quality of life, while at the same time minimizing the cost of treatment.

Kannact | Customer Service: (855) 722-5513 | www.kannact.com

Flexible Spending Accounts

Offered to: Supervisor of Elections

United Healthcare administers the Health Care reimbursement and Dependent Care reimbursement accounts for the Supervisor of Elections.

The IRS guidelines governing the flexible spending accounts, i.e., eligible expenses and/or "use it or lose it" rules, are the same as noted on the Benefits Workshop Flexible Spending Accounts page.

United Healthcare | Customer Service: (877) 797-7475
Fax: (800) 760-3727 | www.uhcservices.com

Dental Insurance

Offered to: Clerk of the Circuit Court, Property Appraiser

Dental Insurance Premiums – The Standard PPO Plan

Tier of Coverage	Monthly Cost	Bi-Monthly Cost
Employee Only	$33.01	$16.50
Employee + Child(ren)	$68.29	$34.14
Employee + Spouse	$66.42	$33.21
Employee + Family	$101.70	$50.85

The Standard PPO Plan At-A-Glance

Coinsurance	In-Network *(MAC)*	Out-of-Network *(U&C)*
Preventative	100%	100%
Basic	100%	80%
Major	60%	60%
Deductible	$50 Per Calendar Year	
Family Deductible	3x Deductible	
Deductible Waived for Preventative	Waived In-Network Only	
Annual Maximum Benefit	$1,000	
Late Entrant Waiting Periods	**Preventative Services:** No Waiting Period **Basic Services:** 12 Months **Major Services:** 12 Months	
U&C Percentile	80th	

The Standard | Customer Service: (800) 547-9515 | www.standard.com

Notes

Use this section to make notes regarding your personal benefit plans or to keep track of important information such as doctor's names and addresses or prescription medications.

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GEHRING GROUP
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Last Modified: August 15, 2016 11:37 AM