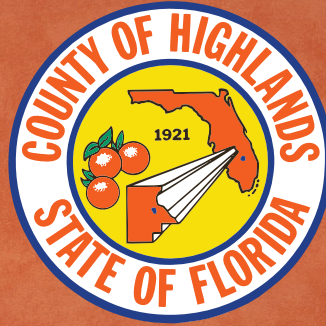


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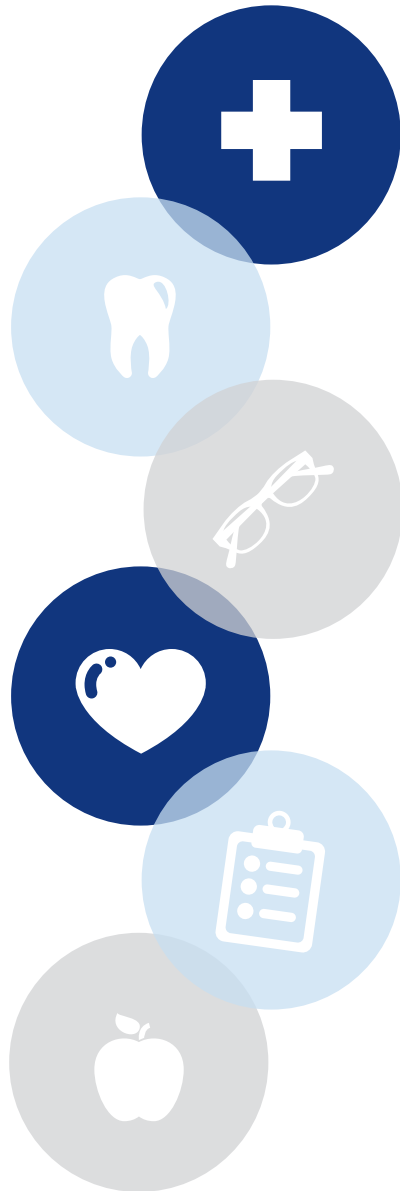


# EMPLOYEE BENEFIT HIGHLIGHTS





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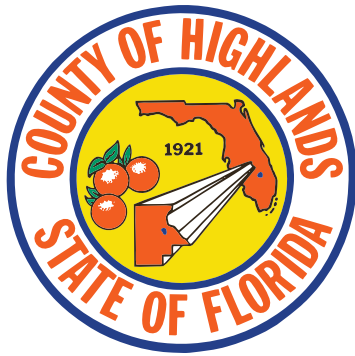
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This booklet is merely a summary of employee benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The County reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



## Contact Information

	<b>Human Resources Manager</b>	Sherri Bennett	Phone: (863) 402-6509 Email: sbennett@highlandsfl.gov
	<b>Human Resources Generalist</b>	Elaine Wood	Phone: (863) 402-6972 Email: ewood@highlandsfl.gov
	<b>Human Resources Technician</b>	Jennifer Ramos	Phone: (863) 402-6809 Email: jramos@highlandsfl.gov
	<b>Dedicated Cigna Representative</b>	Samary Villanueva	Phone: (863) 402-6853 Email: samary.camuy@cigna.com
	<b>Online Benefit Enrollment</b>	Bentek Support	(888) 5-Bentek (523-6835) app.mybentek.com/highlandscountygov Email: support@mybentek.com
	<b>Medical Insurance</b>	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com
	<b>Prescription Drug Coverage &amp; Mail-Order Program</b>	Express Scripts through Cigna Healthcare	Customer Service: (800) 835-3784 www.mycigna.com
	<b>Telehealth</b>	MDLIVE through Cigna Healthcare	Customer Service: (888) 726-3171 www.mycigna.com
	<b>Health Savings Account</b>	P&A Group	Customer Service: (800) 688-2611 www.padmin.com
	<b>Dental Insurance</b>	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com
	<b>Vision Insurance</b>	Davis Vision	Customer Service: (800) 999-5431 www.davisvision.com
	<b>Flexible Spending Accounts</b>	P&A Group	Customer Service: (800) 688-2611 www.padmin.com
	<b>Employee Assistance Program</b>	Cigna EAP	Customer Service: (877) 622-4327 www.mycigna.com   Employer ID: hcbcc
	<b>Employee Assistance &amp; Wellness Support</b>	ComPsych	Customer Service: (800) 344-9752 www.guidanceresources.com   Registration Web ID: NYLGBS
	<b>Emergency Responders Support Line</b>	Cigna Healthcare	Customer Service: (877) 505-3671 www.mycigna.com   Employer ID: hcbcc
	<b>Basic Life and AD&amp;D Insurance</b>	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	<b>Voluntary Life and AD&amp;D Insurance</b>	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
	<b>Voluntary Short Term Disability Insurance</b>	New York Life Group Benefit Solutions	Customer Service: (888) 842-4462 www.mynylgbs.com
	<b>Voluntary Long Term Disability Insurance</b>	New York Life Group Benefit Solutions	Customer Service: (888) 842-4462 www.mynylgbs.com
	<b>Supplemental Benefit</b>	Aflac	Agent: Diana Casey   Office: (863) 382-2076 Email: diana_casey@us.aflac.com
	<b>Claims, Billing and Benefit Assistance</b>	Gehring Group	Customer Service: (800) 244-3696 Email: highlandscounty@gehringgroup.com



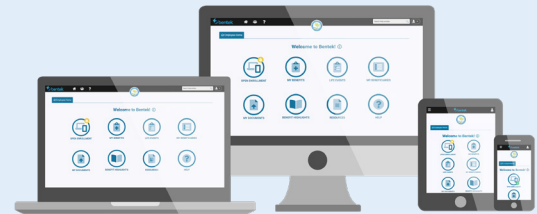
## Introduction

The County of Highlands provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the County Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources for further information.

## Online Benefit Enrollment

The County provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open Enrollment Period, New Hire Orientation, or for Qualifying Life Events.

Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for employee and dependent(s). Employee also has access to important forms and carrier links, can report qualifying life events and review and make changes to Life insurance beneficiary designations.



### To Access the Employee Benefits Center:

- ✓ Log on to [app.mybentek.com/highlandscountygov](http://app.mybentek.com/highlandscountygov)
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

For technical issues directly related to using the EBC, please call (888) 5-Bentek (523-6835) or email Bentek Support at [support@mybentek.com](mailto:support@mybentek.com), Monday through Friday during regular business hours 8:30am - 5:00pm.



To access Bentek using a mobile device, scan code.



## Group Insurance Eligibility



The County's group insurance plan year is January 1 through December 31.

### 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 of the month following 30 days of employment. For example, if employee is hired on April 10, then the effective date of coverage will be June 1.

### Separation of Employment

If employee separates employment from the County, insurance for medical, dental and vision will continue through the end of month in which separation occurred. Other coverage may terminate on the last date of employment. 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 spouse. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- 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 age 26.

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

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

### Disabled Dependents

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

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plans; and
- The dependent has been continuously insured.

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



## Qualifying Events and Section 125

### Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made **ONLY** during the Open Enrollment Period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event.

Under certain circumstances, employee 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 Section 125 of the Internal Revenue Code. Any requested changes must be consistent with and due to 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)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)



### IMPORTANT NOTES

If employee experiences a Qualifying Event, **Human Resources must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements.



## Medical Insurance

The County offers medical insurance through Cigna Healthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

### Medical Insurance – Cigna Open Access Plus (OAP) HDHP Plan

Tier of Coverage	Total Premium Per Month	County Portion Per Month	Employee Portion Per Month	Employee Portion Per Pay Period (24)
Employee Only	\$970.00	\$970.00	\$0.00	\$0.00
Employee + Spouse	\$1,311.00	\$970.00	\$341.00	\$170.50
Dual Spouse	\$1,311.00	\$1,311.00	\$0.00	\$0.00
Employee + Child(ren)	\$1,243.00	\$970.00	\$273.00	\$136.50
Employee + Family	\$1,468.00	\$970.00	\$498.00	\$249.00
Dual Family	\$1,468.00	\$1,311.00	\$157.00	\$78.50

### Medical Insurance – Cigna Open Access Plus (OAP) Mid Plan

Tier of Coverage	Total Premium Per Month	County Portion Per Month	Employee Portion Per Month	Employee Portion Per Pay Period (24)
Employee Only	\$1,349.00	\$1,070.00	\$279.00	\$139.50
Employee + Spouse	\$1,846.00	\$1,070.00	\$776.00	\$388.00
Dual Spouse	\$1,846.00	\$1,411.00	\$435.00	\$217.50
Employee + Child(ren)	\$1,745.00	\$1,070.00	\$675.00	\$337.50
Employee + Family	\$2,073.00	\$1,070.00	\$1,003.00	\$501.50
Dual Family	\$2,073.00	\$1,411.00	\$662.00	\$331.00

### Medical Insurance – Cigna Open Access Plus (OAP) Premium Plan

Tier of Coverage	Total Premium Per Month	County Portion Per Month	Employee Portion Per Month	Employee Portion Per Pay Period (24)
Employee Only	\$1,538.00	\$1,070.00	\$468.00	\$234.00
Employee + Spouse	\$2,097.00	\$1,070.00	\$1,027.00	\$513.50
Dual Spouse	\$2,097.00	\$1,411.00	\$686.00	\$343.00
Employee + Child(ren)	\$1,987.00	\$1,070.00	\$917.00	\$458.50
Employee + Family	\$2,357.00	\$1,070.00	\$1,287.00	\$643.50
Dual Family	\$2,357.00	\$1,411.00	\$946.00	\$473.00

Cigna Healthcare | Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)



## Telehealth

Cigna Healthcare provides access to MDLIVE services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical or behavioral health care via phone and online video consultations when needing immediate care for non-emergency medical issues. MDLIVE should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with MDLIVE, such as:

- ✓ Mental Health
- ✓ Dermatology
- ✓ Sore Throat
- ✓ Migraine
- ✓ Stomachache
- ✓ Fever
- ✓ Cold and Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTIs And More

MDLIVE doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact Cigna.

### MDLIVE

Services	HDHP Plan	Mid Plan	Premium Plan
Urgent Care	20% After CYD	No Charge	No Charge
Mental Health	20% After CYD	No Charge	No Charge

### Cigna Healthcare

MDLIVE | Customer Service: (888) 726-3171 | [www.mycigna.com](http://www.mycigna.com)

### Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is provided as a supplement to this booklet being distributed to new hires and existing employees during Open Enrollment Period. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

**From:** Human Resources  
**Address:** 600 S. Commerce Ave.  
 Suite B233  
 Sebring, Florida 33870  
**Phone:** (863) 402-6500  
**Website:** [app.mybentek.com/highlandscountygov](http://app.mybentek.com/highlandscountygov)

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 group certificate of coverage can be reviewed and obtained by contacting Human Resources.

If there are any questions about the plan offerings or coverage options, please contact Human Resources at (863) 402-6500.



## Medical Plan Resources

Cigna Healthcare offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, contact Cigna's customer service at (800) 244-6224, or visit [www.mycigna.com](http://www.mycigna.com).

### Mobile App

Mobile app provides on-the-go access to the medical benefit account. Download the myCigna mobile app from the iPhone or Android app store. Using the mobile app, member are able to:

- View Benefits
- Download Member ID Cards
- Locate a Provider
- View Claims

### Healthy Rewards

Healthy Rewards is provided automatically to members at no additional cost. The program offers access to discounted health and wellness programs at participating providers. To access the Healthy Rewards program, visit the Wellness section on [www.mycigna.com](http://www.mycigna.com) or call (800) 870-3470.

### Cigna One Guide

Cigna One Guide service can help employees and dependents make smarter informed choices and get the most from the medical plan enrolled. One Guide personal support, tools and reminders can help employees stay healthy and save money. One Guide team can help with the following:

- › Understand Health Plan & Coverage
- › Access to Care (find in-network providers; one-on-one support for complex health situations)
- › Save and Earn (obtain cost estimates and service comparisons)

Start using Cigna One Guide today by myCigna app, or call Cigna at (800) 244-6224 to talk with a personal guide.

### Health Assessment

Cigna's Health Assessment is a short, simple, online assessment that individuals complete to create a personalized health profile and action plan. Each health assessment triggers personalized Cigna health advocacy interventions designed to simultaneously optimize the individual's health.

Register at [www.mycigna.com](http://www.mycigna.com), select Wellness, then select My Health Assessment.

### My Health Assistant

Let's face it; everyone has health and wellness goals, but reaching them can sometimes seem impossible. Whether looking for help with weight, tobacco or stress management, My Health Assistant is here for employees. With My Health Assistant, employees have access to an online, interactive coaching program to help make those big changes possible in a fun, flexible and motivating way.

Register at [www.mycigna.com](http://www.mycigna.com), select Wellness and select Health Assistant or call (855) 246-1873.

### Health Information Line

The 24-Hour Health Information Line (HIL) assists individuals in understanding the right level of treatment at the right time. Trained nurses are available 24 hours a day, seven (7) days a week, 365 days a year to provide health and medical information and assistance on available resources. For more information call (800) 244-6224.

### Cigna Healthy Pregnancy Mobile App

The Cigna Healthy Pregnancy app is designed to help employee and baby stay healthy during pregnancy. This resource offers an easy way to track and learn about pregnancy. It also provides support for baby's first two years. The app can guide employee when talking with provider about concerns, track weight, provide resources to actively manage pregnancy.

Download today from the App Store<sup>SM</sup> or Google Play<sup>™</sup>. With the Cigna Healthy Pregnancy mobile app, members can:

- Look up and learn about health symptoms and issues during pregnancy.
- View educational videos about baby's weekly development.
- Keep a list of things to talk about with health care provider and set reminders.
- View content library on topics such as, behavioral health, loneliness, gun safety, coping with loss and pediatrics for baby's first two years.
- Add toddlers (from birth to two) to profile and receive specific content just for them.

Link to Cigna benefits and resource pages.



## Cigna Open Access Plus (OAP) HDHP Plan At-A-Glance

Network	Open Access Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Single	\$2,500	\$4,000
Family**	\$5,000	\$8,000
<b>Coinsurance</b>		
Member Responsibility	20%	40%
<b>Calendar Year Out-of-Pocket Limit</b>		
Single	\$5,500	\$8,000
Family**	\$11,000	\$16,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	20% After CYD	40% After CYD
Specialist Office Visit (No Referral Required)	20% After CYD	40% After CYD
Virtual Visit (through PCP)	20% After CYD	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork)***	20% After CYD	40% After CYD
X-rays	20% After CYD	40% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD	40% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	40% After CYD
Physician Services at Surgical Center	20% After CYD	40% After CYD
Urgent Care (Per Visit)	20% After CYD	40% After CYD
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	20% After CYD	40% After CYD
Outpatient Hospital (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)	20% After CYD	20% After CYD
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)	20% After CYD	40% After CYD
Outpatient Services (Per Visit)	20% After CYD	40% After CYD
Outpatient Office Visit	20% After CYD	40% After CYD
<b>Prescription Drugs (Rx)</b>		
Generic	20% After CYD	40% After CYD
Preferred Brand Name	20% After CYD	40% After CYD
Non-Preferred Brand Name	20% After CYD	40% After CYD
Mail Order Drug (90-Day Supply)	20% After CYD	Not Covered



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Open Access Plus (OAP) network.



### Plan References

*\*Out-Of-Network Balance Billing: For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.*

*\*\*Family Plan Deductible Once a family member meets their individual deductible, the plan will begin to pay for Covered Services for that person. The plan will not begin to pay for Covered Services for the other family members until each satisfies the individual deductible or until the family deductible is met.*

*\*\*Out-Of-Pocket Limit Once a family member meets their individual member out-of-pocket limit, this family member will have no additional cost share for the rest of the calendar year. The rest of the covered family members must continue to satisfy their out-of-pocket maximum until the family out-of-pocket maximum is met.*

*\*\*\*Quest Diagnostics or LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than Quest or LabCorp, please confirm they are contracted with Cigna's Open Access Plus (OAP) network prior to receiving services.*



## Cigna Open Access Plus (OAP) Mid Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Open Access Plus (OAP) network.



### Plan References

**\*Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

**\*\*Family Plan Deductible** Once a family member meets their individual deductible, the plan will begin to pay for Covered Services for that person. The plan will not begin to pay for Covered Services for the other family members until each satisfies the individual deductible or until the family deductible is met.

**\*\*Family Out-Of-Pocket Limit** Once a family member meets their individual member out-of-pocket limit, this family member will have no additional cost share for the remainder of the calendar year. Other covered family members must continue to satisfy their out-of-pocket limit until the family out-of-pocket limit is met.

**\*\*\*Quest Diagnostics or LabCorp** are the preferred labs for bloodwork through Cigna. When using a lab other than Quest or LabCorp, please confirm they are contracted with Cigna's Open Access Plus network prior to receiving services.

†PAD = Per Admission Deductible

Network	Open Access Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out of Network*</b>
Single	\$1,500	\$4,500
Family**	\$4,500	\$13,500
<b>Coinsurance</b>		
Member Responsibility	20%	50%
<b>Calendar Year Out-of-Pocket Limit</b>		
Single	\$4,500	\$9,000
Family**	\$9,000	\$18,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible, Copays, and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$30 Copay	50% After CYD
Specialist Office Visit	\$55 Copay	50% After CYD
Virtual Visit (through PCP)	\$30 Copay	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork)***	No Charge	50% After CYD
X-rays	No Charge	50% After CYD
Advanced Imaging (MRI, PET, CT)	\$250 Copay	50% After CYD
Outpatient Surgery in Surgical Center	\$55 Copay	50% After CYD
Physician Services at Surgical Center	No Charge	50% After CYD
Urgent Care (Per Visit)	\$60 Copay	\$60 Copay
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	20% After CYD	\$500 PAD† + 50% After CYD
Outpatient Hospital (Per Visit)	20% After CYD	50% After CYD
Physician Services at Hospital	No Charge	50% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$250 Copay	\$250 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)	No Charge	50% Coinsurance
Outpatient Services (Per Visit)	No Charge	50% Coinsurance
Outpatient Office Visit	No Charge	50% Coinsurance
<b>Prescription Drugs (Rx)</b>		
Generic	\$10 Copay	50% Coinsurance
Preferred Brand Name	\$45 Copay	50% Coinsurance
Non-Preferred Brand Name	\$60 Copay	50% Coinsurance
Mail Order Drug (90-Day Supply)	\$20/\$90/\$120 Copay	Not Covered



## Cigna Open Access Plus (OAP) Premium Plan At-A-Glance

Network	Open Access Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out of Network*</b>
Single	\$1,000	\$1,000
Family**	\$3,000	\$3,000
<b>Coinsurance</b>		
Member Responsibility	20%	40%
<b>Calendar Year Out-of-Pocket Limit</b>		
Single	\$3,000	\$6,000
Family**	\$6,000	\$12,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible, Copays, and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$35 Copay	40% After CYD
Specialist Office Visit	\$50 Copay	40% After CYD
Virtual Visit (through PCP)	\$35 Copay	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork)***	No Charge	40% After CYD
X-rays	No Charge	40% After CYD
Advanced Imaging (MRI, PET, CT)	\$125 Copay	40% After CYD
Outpatient Surgery in Surgical Center	\$100 Copay	40% After CYD
Physician Services at Surgical Center	No Charge	40% After CYD
Urgent Care (Per Visit)	\$50 Copay	\$50 Copay
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	20% After CYD	40% After CYD
Outpatient Hospital (Per Visit)	20% After CYD	40% After CYD
Physician Services at Hospital	No Charge	40% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$200 Copay	\$200 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)	No Charge	40% Coinsurance
Outpatient Services (Per Visit)	No Charge	40% Coinsurance
Outpatient Office Visit	No Charge	40% Coinsurance
<b>Prescription Drugs (Rx)</b>		
Generic	\$10 Copay	50% Coinsurance
Preferred Brand Name	\$30 Copay	50% Coinsurance
Non-Preferred Brand Name	\$50 Copay	50% Coinsurance
Mail Order Drug (90-Day Supply)	\$20/\$60/\$100 Copay	Not Covered



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Open Access Plus (OAP) network.



### Plan References

*\*Out-Of-Network Balance Billing: For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.*

*\*\*Family Plan Deductible Once a family member meets their individual deductible, the plan will begin to pay for Covered Services for that person. The plan will not begin to pay for Covered Services for the other family members until each satisfies the individual deductible or until the family deductible is met.*

*\*\*Family Out-Of-Pocket Limit Once a family member meets their individual member out-of-pocket limit, this family member will have no additional cost share for the remainder of the calendar year. Other covered family members must continue to satisfy their out-of-pocket limit until the family out-of-pocket limit is met.*

*\*\*\*Quest Diagnostics or LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than Quest or LabCorp, please confirm they are contracted with Cigna's Open Access Plus (OAP) network prior to receiving services.*



## Health Savings Account

The Cigna Open Access Plus (OAP) High Deductible Health Plan (HDHP) complies with the Internal Revenue Service (IRS) requirements and qualifies enrollee to open a Health Savings Account (HSA). An HSA is an interest-bearing account where funds may be used to help pay employee and dependent(s) deductible, coinsurance and any qualified health care expenses not covered by the plan.

### Plan Year Funding\*

**Employee:** \$100 per month

*Please Note: Funding amount will be pro-rated for new hires and qualifying events.*

Employee may opt to fund an HSA via pre-tax evenly dispersed payroll deductions.

- **2025 IRS Contribution Limitation:**  
\$4,300(individual coverage) \$8,550 (family coverage)
- Individuals age 55 and older can also make additional "catch-up" contributions up to \$1,000 annually

This maximum HSA amount would include any employer and employee contributions (pre-tax or post-tax). If employee is receiving an employer contribution, employee will want to account for this towards the annual IRS total maximum so employee does not over-contribute for the tax year. Guidelines regarding the HSAs are established by the IRS.

*\*Please contact Human Resources for further information regarding funding variations towards employer HSA contributions.*

### What to know about an HSA

- Employee owns the HSA funds from day one and decides how and when to spend the money.
- No use-it or lose-it rules; funds are in the account when needed, now or in the future. Participant cannot fund a traditional Health Care FSA, however, participant may fund a Limited Purpose FSA for dental and vision expenses only.
- HSA funds may earn interest.
- The HSA will be funded with employer contributions. If employee desires to fund the remaining IRS HSA Combined Contribution Limit balance, they may do so with pre-tax payroll deductions.
- HSA dollars may be used tax-free for all eligible health care expenses.
- HSA funds are portable from one employer to another. Accumulated funds can help employee plan for retirement.
- An account holder may transfer funds from Health Savings Account to personal checking or savings account via online at [www.padmin.com](http://www.padmin.com) or withdraw funds with a Health Savings Account Debit Card.
- Some account service fees, determined by the bank, may apply.

- Account holder can access HSA statement at any time to track account balance and activity online at [www.padmin.com](http://www.padmin.com).
- To be eligible to open an HSA, employee must be covered by a qualified high deductible health plan. Employee may not be covered under another medical plan that is not a high deductible health plan including a plan the employee's spouse may have selected where he/she has family coverage. Please Note: Eligibility status to qualify for an HSA is specifically driven by employee and NOT dependents.
- HSA funds can be used for dependent(s) even if dependent is not enrolled in the employee's group insurance benefits as long as the dependent is a qualified tax dependent.
- Over-age dependent is not able to use HSA funds for qualified expenses, even if dependent is covered under the medical plan as Federal law does not recognize them as a qualified dependent.
- If employee is enrolled in Medicare, TRICARE or TRICARE for Life, employee is not eligible to contribute funds into an HSA. In addition, the IRS prohibits the County from contributing HSA funds into the account. If employee is not enrolled in Medicare, TRICARE or TRICARE for Life, then employee is eligible to enroll and contribute into the HSA up to the maximum contribution amounts.
- Active employee NOT on Medicare but with a spouse enrolled in Medicare: Any active employee who is covering a spouse that is enrolled in Medicare is eligible to enroll and contribute into the HSA up to the maximum contribution amounts. These funds can be utilized for the active employee and spouse expenses.
- Active employee ON Medicare and with a spouse NOT enrolled in Medicare: Any active employee who is enrolled in Medicare and covering a spouse may not contribute or receive HSA funding. Any remaining balance in the HSA can be utilized until there are no funds remaining.

### Mobile App

Mobile app provides on-the-go access to the HSA benefit account. Download the P&A Group MyBenefits mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- File a Claim
- View Account Activity
- View Item for Eligibility
- Upload Receipts

**P&A Group** | Customer Service: (800) 688-2611 | [www.padmin.com](http://www.padmin.com)



## Health Savings Account: Understanding HSAs

Question	HSAs Health Savings Accounts
<b>What is an HSA?</b>	Employee who enrolls in the Cigna Open Access Plus (OAP) High Deductible Health Plan (HDHP) will receive a Health Savings Account (HSA) funded by the County and employee may also additionally fund the account with tax-free dollars. HSA funds can be used for qualified IRS 213 expenses. Go to <a href="http://www.irs.gov">http://www.irs.gov</a> for a listing of 213 expenses.
<b>How much is funded into the account?</b>	Please contact Human Resources for further information regarding funding variations towards employer HSA contributions. Employee may opt to additionally fund an HSA with tax-free dollars up to \$4,300 (individual coverage) or \$8,550 (family coverage) during the 2025 plan year.  <i>Please Note: Funding amount will be pro-rated for new hires and qualifying events.</i>
<b>How are the funds accessed?</b>	HSA funds can be accessed via: 1) Health Savings Account Debit Card, or 2) Transfer funds from employee's HSA to personal checking or savings account through Bill Pay on <a href="http://www.padmin.com">www.padmin.com</a>
<b>What happens to unused funds at the end of the 2025 Plan Year?</b>	The year-end balance remains in the HSA Account and continues to earn interest. There are no use-it or lose-it rules as the funds are in the account when needed, now or in the future.
<b>What happens to unused funds if employee discontinues participation in an HSA Plan, separates employment, or retires from the County?</b>	Employee owns the HSA funds from day one and decides how and when to spend the money. HSA funds are portable from one employer to another.
<b>What are some examples of qualified expenses that would be eligible for reimbursement?</b>	HSA funds can be used to meet and pay the calendar year deductible, coinsurance, copays and any qualified health care expenses not covered by the medical plan. Most covered services count towards the deductible, including prescriptions costs, physician visits, dental visits, hospital visits, laboratory work, etc. All expenses must be medically necessary.
<b>Can an employee have an HSA AND a Flexible Spending Account (FSA)?</b>	No, an employee cannot fund a traditional Health Care FSA, however, employee may fund a Limited Purpose FSA for dental and vision expenses only. For more information on FSAs, please refer to the Flexible Spending Accounts page.

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## Dental Insurance

### Cigna Dental PPO Base Plan

The County offers dental insurance through Cigna Healthcare to benefit-eligible employees. The costs per pay period 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 the carrier's summary plan document or contact Cigna's customer service.

#### Dental Insurance – Cigna Dental PPO Base Plan

Tier of Coverage	Total Premium Per Month	County Portion Per Month	Employee Portion Per Month	Employee Portion Per Pay Period (24)
Employee Only	\$15.00	\$15.00	\$0.00	\$0.00

Please Note: Dependent coverage is not available on the plan.

#### In-Network Benefits

The Dental PPO Base 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 Total Cigna DPPO. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna 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.

*Please Note: Total Cigna DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.*

#### Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Total Cigna DPPO provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC 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 may be responsible for balance billing. Balance billing is the difference between the Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

There is not calendar year deductible.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO Base plan will pay for employee is \$1,000 for in-network and out-of-network services combined. All preventive services accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the myCigna mobile app from the iPhone or Android app store. Using the mobile app, member are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

**Cigna Healthcare** | Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)



## Cigna Dental PPO Base Plan At-A-Glance

Network	Total Cigna DPPO	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member	Does Not Apply	
Calendar Year Benefit Maximum		
Per Member	\$1,000	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (2 Per Calendar Year)	Plan Pays: 100%	Plan Pays: 100% (Subject to Balance Billing)
Routine Cleanings (2 Per Calendar Year)		
Complete X-rays (1 Every 3 Years)		
Bitewing X-rays (2 Per Calendar Year)		



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Total Cigna DPPO 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 previous page.



### Important Notes

- Two (2) routine cleaning per calendar year covered under the preventive benefit
- Benefit frequency limitations may apply to certain services.



## Dental Insurance

### Cigna Dental PPO Premium Plan

The County offers dental insurance through Cigna Healthcare to benefit-eligible employees. The costs per pay period 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 the carrier's summary plan document or contact Cigna's customer service.

#### Dental Insurance – Cigna Dental PPO Premium Plan

Tier of Coverage	Total Premium Per Month	County Portion Per Month	Employee Portion Per Month	Employee Portion Per Pay Period (24)
Employee Only	\$33.00	\$15.00	\$18.00	\$9.00
Employee + Spouse	\$59.00	\$15.00	\$44.00	\$22.00
Employee + Child(ren)	\$73.00	\$15.00	\$58.00	\$29.00
Employee + Family	\$91.00	\$15.00	\$76.00	\$38.00

#### In-Network Benefits

The Dental PPO Premium 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 Total Cigna DPPO. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna 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.

*Please Note: Total Cigna DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.*

#### Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Total Cigna DPPO provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC 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 may be responsible for balance billing. Balance billing is the difference between the Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

The Dental PPO Premium plan requires a \$50 individual or a \$100 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO Premium plan will pay for each covered member is \$5,000 for in-network and out-of-network services combined. All services, including, preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the myCigna mobile app from the iPhone or Android app store. Using the mobile app, member are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

**Cigna Healthcare** | Customer Service: (800)-244-6224 | [www.mycigna.com](http://www.mycigna.com)



## Cigna Dental PPO Premium Plan At-A-Glance

Network	Total Cigna DPP0	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$100
Waived for Class I Services		Yes
<b>Calendar Year Benefit Maximum</b>		
Per Member		\$5,000
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam (2 Per Calendar Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Calendar Year)		
Complete X-rays (1 Every 3 Years)		
Bitewing X-rays (2 Per Calendar Year)		
<b>Class II Services: Basic Restorative Care</b>		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Anesthetics		
<b>Class III Services: Major Restorative Care</b>		
Endodontics (Root Canal Therapy)	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Periodontal Services		
Crowns		
Bridges		
Dentures		
<b>Class IV Services: Orthodontia</b>		
Lifetime Maximum		\$1,000
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Total Cigna DPP0 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 previous page.



### Important Notes

- Two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



## Vision Insurance

### Davis Vision Plan

The County offers vision insurance through Davis Vision to benefit-eligible employees. The costs per pay period 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 vision plan, please refer to the carrier's summary plan document or contact Davis Vision's customer service.

#### Vision Insurance – Davis Vision Plan

Tier of Coverage	Total Premium Per Month	County Portion Per Month	Employee Portion Per Month	Employee Portion Per Pay Period (24)
Employee Only	\$5.49	\$0.00	\$5.49	\$2.75
Employee + Spouse	\$10.93	\$0.00	\$10.93	\$5.47
Employee + Child(ren)	\$11.47	\$0.00	\$11.47	\$5.74
Employee + Family	\$15.98	\$0.00	\$15.98	\$7.99

#### In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the Davis Vision network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

#### Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the Davis Vision network. When going out of network, the provider will require payment at the time of appointment. Davis Vision will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the myCigna mobile app from the iPhone or Android app store. Using the mobile app, member are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

**Davis Vision** | Customer Service: (800) 999-5431 | [www.davisvision.com](http://www.davisvision.com)



## Davis Vision Plan At-A-Glance

Network		Davis Vision	
Services	In-Network	Out-of-Network	
Eye Exam	\$10 Copay	Up to \$40 Reimbursement	
Retinal Imaging	\$39 Copay	Not Covered	
Contact Lenses ( <i>Fitting and Follow-up</i> )	15% Off Retail	Not Covered	
<b>Frequency of Services</b>			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
<b>Lenses</b>			
Single	\$25 Copay	Up to \$40 Reimbursement	
Bifocal	\$25 Copay	Up to \$60 Reimbursement	
Trifocal	\$25 Copay	Up to \$80 Reimbursement	
<b>Frames</b>			
Allowance	Up to \$150 Retail Allowance; then 20% Off Balance Over \$150	Up to \$50 Reimbursement	
<b>Contact Lenses*</b>			
Non-Elective ( <i>Medically Necessary</i> )	Covered at 100%	Up to \$225 Reimbursement	
Elective	Up to \$150 Retail Allowance; then 15% Off Balance Over \$150	Up to \$105 Reimbursement	



### Locate a Provider

To search for a participating provider, contact Davis Vision's customer service or visit [www.davisvision.com](http://www.davisvision.com) and click "Find a Provider".



### Plan References

*\*Contact lenses are in lieu of spectacle lenses.*



### Important Notes

*Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.*

*Members may receive up to an additional \$50 Retail Allowance towards frames at participating Visionworks locations.*



## Flexible Spending Accounts

The County offers Flexible Spending Accounts (FSA) administered through P&A Group. The FSA plan year is from January 1 to December 31.

If employee or family member(s) has predictable healthcare expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

**Health Care FSA:** Available to eligible employee not enrolled in the Cigna Open Access Plus (OAP) HDHP Plan with an HSA. Covers medical, dental, and vision expenses that are not paid by insurance.

**Limited Purpose FSA:** Available to eligible employee enrolled in the Cigna Open Access Plus (OAP) HDHP Plan with an HSA. A Limited Purpose Health Care FSA may be used for qualified dental and vision expenses.

### Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,200. 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 employee 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.*

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

- ✓ Prescription/Over-the-Counter Medications
- ✓ Menstrual Products
- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees\*
- ✓ Diagnostic Tests/Health Screenings\*
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction/Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses\*
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ LASIK Surgery\*
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees\*
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs

\*These items are eligible expenses under the Limited Purpose FSA.

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



## Flexible Spending Accounts *(Continued)*

### FSA Guidelines (applies to Health Care FSA and Limited Purpose FSA)

- FSAs have a 75 day grace period at the end of the plan year. This grace period allows additional time to incur claims and use funds on eligible expenses after the plan year ends.
- Once the grace period ends, FSAs have an additional 90 day run out period to submit claims for reimbursement on eligible expenses incurred during the plan year and/or grace period.
- When the run out period ends and all claims have been processed, all unused funds will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible in the employee FSA 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, fax, online or through P&A Group's mobile app. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

#### Debit Card

FSA participants will automatically receive 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. P&A Group may request supporting documentation 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. Please keep the issued card for use next year. Additional or replacement cards may be requested.

### HERE'S HOW IT WORKS!

An employee earning \$50,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.66 based on a 24 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 \$197.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$50,000	\$50,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$49,000	\$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	-\$9,628	-\$9,895
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$39,372	\$39,175
<b>Tax Savings</b>	<b>\$197</b>	

**Please Note:** Be conservative when estimating health care expenses. IRS regulations state that any unused funds remaining in an Health Care 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."**

#### Claims Submission

Mailing Address: 17 Court Street, Suite 500, Buffalo, NY 14202  
Fax: (877) 855-7105

### Mobile App

Mobile app provides on-the-go access to the FSA benefit account. Download the P&A Group MyBenefits mobile app from the iPhone or Android app store. Using the mobile app, member are able to:

- File a Claim
- View Account Activity
- View Item for Eligibility
- Upload Receipts

**P&A Group** | Phone: (800) 688-2611 | [www.padmin.com](http://www.padmin.com)



## Employee Assistance Program

The County cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Cigna. EAP offers employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

### What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes three (3) visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

### Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or Human Resources Department), 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. The referring supervisor will not 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.

**Cigna Behavioral Health** | Customer Service: (877) 622-4327  
Employer ID: hcbcc | [www.mycigna.com](http://www.mycigna.com)

## Employee Assistance & Wellness Support

The County offers, at no cost to eligible employees, an Employee Assistance & Wellness Support Program through ComPsych for employee and household family members. The Program is strictly confidential and provides employee and household family members, professional counseling 24 hours a day, seven (7) days a week for handling life's demands. The Program allows employee or a household family member to request a referral for three (3) visits with a specialist.

Online or phone support, advice or referrals for community services on topics such as:

- ✓ Legal Consultation
- ✓ Stress
- ✓ Elder Care
- ✓ Child Care
- ✓ Pet Care
- ✓ Estate Planning
- ✓ Work-Life Balance
- ✓ Well-being Coaching
- ✓ Financial Guidance
- ✓ Burnout

*Please Note: This program is strictly confidential and no information will be shared with employer.*

**ComPsych** | Customer Service: (800) 344-9752  
Registration Web ID: NYLGBS | [www.guidanceresources.com](http://www.guidanceresources.com)

## Emergency Responders Support Line

The County supports First Responders and offers, at no cost, an Emergency Responders Support Line through Cigna for employee and household family members. The Support Line is strictly confidential and provides employee and household family members, with support, solutions, qualified referrals to local resources, and online tools 24 hours a day, seven (7) days a week. The Support Line allows employee or a household family member to request a referral for three (3) visits with a specialist, per person, per issue, per year, telephonic consultation.

The Support Line can help with concerns and challenges such as:

- ✓ Coping with loss and trauma
- ✓ Post-traumatic stress
- ✓ Suicide prevention
- ✓ Emotional support for family members
- ✓ Stress and anxiety
- ✓ Financial concerns
- ✓ Childcare, senior care and pet care referrals
- ✓ And more

**Emergency Responders Support Line**  
Customer Service: (877) 505-3671 | Employer ID: hcbcc | [www.mycigna.com](http://www.mycigna.com)



## Basic Life and AD&D Insurance

### Basic Term Life Insurance

The County provides Basic Term Life insurance at no cost to all eligible employees, through New York Life. Eligible employees will receive a benefit amount of \$15,000.

### Accidental Death & Dismemberment Insurance

Also, at no cost to employee, The County provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable.

### Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 65
- › Reduces to 40% of the benefit amount at age 70

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.***

#### New York Life Group Benefit Solutions

Customer Service: (800) 362-4462 | [www.mynylgbs.com](http://www.mynylgbs.com)

## Voluntary Life and AD&D Insurance

### Voluntary Employee Life and AD&D Insurance

Eligible employee may elect to purchase additional Life and AD&D insurance on a voluntary basis through New York Life. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employee, spouse and/or child(ren) at different benefit levels.

#### 2025 Open Enrollment

- Eligible employees have the opportunity to purchase or increase Voluntary Employee Life and AD&D insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$150,000.

New Hires may purchase Voluntary Employee Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$150,000.**

- Units can be purchased in increments of \$10,000 to the maximum of five (5) times annual salary or \$300,000.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces to 65% of the benefit amount at age 65
  - › Reduces to 40% of the benefit amount at age 70

### Voluntary Spouse Life and AD&D Insurance

#### 2025 Open Enrollment

- Eligible employees have the opportunity to purchase or increase Voluntary Spouse Life and AD&D insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$25,000.

New Hires may purchase Voluntary Spouse Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$25,000.**

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of \$5,000 to a maximum of \$150,000 not to exceed 50% of the employee's Voluntary Life coverage amount.
- Spouse Life insurance coverage is subject to the same age reduction schedule as employee with coverage terminating at age 70.



## Voluntary Life and AD&D Insurance *(Continued)*

**Voluntary Life and AD&D Insurance Rate Table**  
Monthly Premium

Age Bracket <i>(Based on Employee Age)</i>	Employee/Spouse <i>(Rate Per \$1,000 of Benefit)</i>
< 25	0.08
25-29	0.09
30-34	0.11
35-39	0.12
40-44	0.15
45-49	0.24
50-54	0.40
55-59	0.64
60-64	0.78
65-69	1.34
70-74	2.09
> 75	2.41

### Voluntary Dependent Child(ren) Life and AD&D Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- Children from live birth to six (6) months old may be covered for a \$500 benefit.
- Children from six (6) months to age 26 may be covered for units of \$5,000 or \$10,000.
- Monthly cost for Voluntary Dependent Child(ren) Life coverage elected is \$0.16 per \$1,000 for each eligible dependent child.

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through BenteK.***

**New York Life Group Benefit Solutions**  
Customer Service: (800) 362-4462 | [www.mynylgbs.com](http://www.mynylgbs.com)

## Voluntary Short Term Disability

The County offers Voluntary Short Term Disability (STD) insurance to all eligible employees through New York Life. The STD benefit pays employee a percentage of weekly earnings if employee becomes disabled due to an illness or non-work related injury.

**For 2025 Open Enrollment:** If employee did not initially apply for Voluntary Short Term Disability insurance during the new hire eligibility period, employee may enroll without medical underwriting, Evidence of Insurability (EOI) application.

### Voluntary Short Term Disability (STD) Benefits

- STD provides a benefit of 60% of employee's weekly earnings up to a benefit maximum of \$1,500 per week.
- Employee must be disabled for 14 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 15th day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 26 weeks.
- Employee deemed unable to return to work after the STD 26 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income.
- Disability benefits are taxable.

**New York Life Group Benefit Solutions**  
Customer Service: (888) 842-4462 | [www.mynylgbs.com](http://www.mynylgbs.com)



## Voluntary Long Term Disability

The County offers Voluntary Long Term Disability (LTD) insurance to all eligible employees through New York Life. The LTD benefit pays employee a percentage of monthly earnings if employee becomes disabled due to an illness or non-work related injury.

**For 2025 Open Enrollment:** If employee did not initially apply for Voluntary Long Term Disability insurance during the new hire eligibility period, employee may enroll without medical underwriting, Evidence of Insurability (EOI) application.

### Voluntary Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$5,000 per month.
- Employee must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 181st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.

#### New York Life Group Benefit Solutions

Customer Service: (888) 842-4462 | [www.mynylgbs.com](http://www.mynylgbs.com)

## Supplemental Benefits

Aflac offers a variety of voluntary supplemental plans that may be purchased separately on a voluntary basis and premiums paid via pre-tax deductions. Aflac pays cash benefits directly to policy holders. To learn more about these plans, please contact the Aflac Agent, Diana Casey.

Available Aflac plans include coverages for :

- › Accident Plan
- › Cancer/Specified Disease Plan
- › Critical Illness Plan
- › Hospital Confinement Indemnity Plan
- › Short-Term Disability Plan

**Aflac** | Agent: Diana Casey | Office: (863) 382-2076

Email: [diana\\_casey@us.aflac.com](mailto:diana_casey@us.aflac.com)



## Claims, Billing & Benefit Assistance

If employees have questions on claims, receive bills from providers which they do not understand or would like general information on any of the employee benefits provided, please contact the dedicated Cigna representative, Samary Villanueva or the Gehring Group.

Cigna and the Gehring Group Service Team works directly with the County and its employees to provide claims and benefits service and will assist employees with their concerns. Please remember this is in addition to the the County's Human Resources and is not replacing assistance employee may need from HR.

Employee may contact the dedicated Cigna representative, Samary Villanueva, by:

#### 1. Email: [Samary.Camuy@cigna.com](mailto:Samary.Camuy@cigna.com)

Please include your name, contact information and a brief description of the issue. The Cigna dedicated representative will respond via email or phone call to gather additional information.

OR

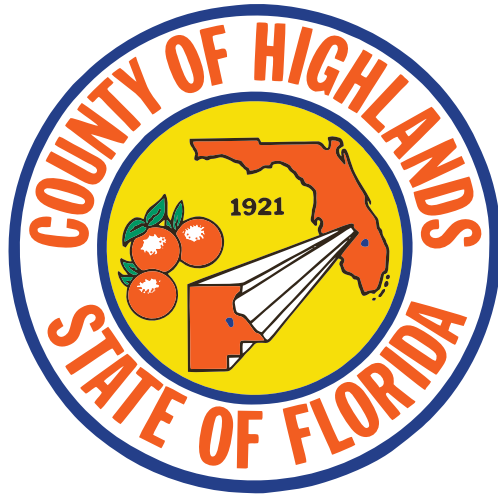
#### 2. Call: (863) 402-6853 (ext 6853 if internal)

When calling, please identify yourself as an employee of the Highlands County and the Cigna dedicated representative will assist with questions or concerns.

Samary's office hours are Monday through Thursday, 8:00am - 5:00pm. The Gehring Group is available to assist with any claims, billing or benefit quesitons in addition to the Cigna dedicated representative, if necessary. Our office hours are Monday through Friday, 8:30am - 5:00pm. If calling after office hours, please leave a message indicating you are a Highlands County employee who would like to speak to a Claims Specialist. Please leave full name, contact information and a brief message and Samary or Gehring Group will be in contact with you the following business day.

Remember, you may contact your Cigna dedicated representative [Samary.Camuy@cigna.com](mailto:Samary.Camuy@cigna.com) or email the Gehring Group team at: [Highlandscounty@gehringgroup.com](mailto:Highlandscounty@gehringgroup.com).

Our goal is to ensure that these items are resolved as quickly as possible .



3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410  
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | [www.gehringgroup.com](http://www.gehringgroup.com)

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