

# DeSoto County

Board of County Commissioners

## EMPLOYEE BENEFIT GUIDE



October 1, 2021 through September 30, 2022

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

# INTRODUCTION

DeSoto County is committed to providing our employees with a comprehensive benefits program to help you stay healthy and feel secure. This booklet will describe those benefits which include medical, dental, vision, life/AD&D, voluntary life and Flexible Spending Account (FSA). For a detailed description of these benefits please refer to the applicable Certificates of Coverage.

## ELIGIBILITY GUIDELINES

Desoto County's benefit plan year is from October 1st through September 30th. DeSoto County provides medical, dental, vision, and basic life insurance to employees that complete the waiting period and meet eligibility requirements. The County pays 100% of the employee premium and 50% of the dependent premium for medical coverage. Employees may purchase medical, dental, vision, and voluntary life for themselves and their dependents through payroll deduction. Employees are eligible to participate in the DeSoto County employee benefits program:

- if they work 30 or more hours a week. Coverage will be effective 1st of the month following 30 days of employment..

### **Dependent Eligibility**

**Over-age dependents will automatically terminate on the plan, and no further action is required on the employee's part. If your over-age dependent meets the extended eligibility requirements, please provide supporting documentation to Human Resources. If you have an over-age dependent who is disabled, and you would like to continue coverage with the plan, please contact Human Resources for the additional information.**

A dependent is defined as the participant's legal spouse and dependent child(ren) of the participant. Dependent children may be covered as follows:

- Medical
  - To end of the calendar year following their 26th birthday with no eligibility requirements
  - From their 26th birthday to the end of the calendar year of their 30th birthday if they are unmarried and do not have a dependent of his or her own, is a resident of Florida or a student, and not enrolled in any other health plan
- Dental
  - To the end of the calendar year in which they turn 25.
- Vision
  - Through the end of the calendar year in which they turn 26
- Voluntary Life
  - From live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution).

EMPLOYEE  
BENEFITS



# ANNUAL OPEN ENROLLMENT

During the annual open enrollment period, you may make changes to your benefit plan elections and/or the family members you cover. Changes can only be made *outside of the annual enrollment period* if you experience a qualified family status change that permits changes in your plan election. So now is the time to carefully review your plan options. Below is an overview of the changes for the 2021-2022 Plan year.

Open Enrollment for our benefit plans will be conducted **August 1st through August 20th**. Elections you make during open enrollment will become effective October 1, 2021.

This Guide provides a brief description of the benefit plans available to you and your family members. Please read it carefully, since understanding the options available to you can help ensure that you choose the right benefit options for you and your family.



## HOW TO ENROLL

The County’s benefits will be renewing as is.

If you would like to make ANY changes to your benefits for the 2021—2022 plan year, contact Human Resource at 863-993-4808 by August 20th.

If you do not contact HR with changes by August 20th, you will not be able to make any changes unless you have a qualifying event, or until the next open enrollment period.



## **MID-YEAR CHANGES**

Premiums for medical, dental, and vision insurance are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefits can be made **ONLY** during the Open Enrollment period unless you or your qualified dependents experience a qualifying event and the request to make a change is made within **30 days** of the qualifying event. An “eligible” qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125.

### **Qualified Life Events Include but are not limited to:**

- You get married or divorced
- You have a child, gain legal custody or adopt a child
- An increase or decrease in your 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
- 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).



### **IMPORTANT**

If you experience a qualifying event, **you must contact Human Resources within 30 days of the qualifying event** to make the appropriate changes to your coverage. Beyond 30 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 the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the date of the qualifying event. Any cancellations will be processed on the date that coverage ends. You will be required to furnish valid documentation supporting a change in status or “Qualifying Event.” Occurrence of a Qualifying Event during the plan year does not allow for change of Plan type.



# DESOTO COUNTY 2021-2022

## BENEFIT RATE SHEET

### Supervisor of Elections

### 12 Pay Periods

#### MEDICAL – United Healthcare

	Monthly Cost	Employer Cost per Month	Employee Cost per Month	Employee Cost per Pay Period
Employee Only	\$887.39	\$887.39	\$0.00	\$0.00
Employee + Spouse	\$1,645.21	\$1,266.30	\$378.91	\$378.91
Employee + Child(ren)	\$1,573.35	\$1,230.37	\$342.98	\$342.98
Family	\$1,795.18	\$1,341.29	\$453.89	\$453.89



#### DENTAL – The Standard

<u><b>High Plan</b></u>	Monthly Cost	Employer Cost per Month	Employee Cost per Month	Employee Cost per Pay Period
Employee Only	\$30.00	\$0	\$30.00	\$30.00
Employee + Spouse	\$62.00	\$0	\$62.00	\$62.00
Employee + Child(ren)	\$83.28	\$0	\$83.28	\$83.28
Family	\$115.24	\$0	\$115.24	\$115.24



## 12 Pay Periods

### DENTAL – The Standard

<b><u>Low Plan</u></b>	<b>Monthly Cost</b>	<b>Employer Cost per Month</b>	<b>Employee Cost per Month</b>	<b>Employee Cost per Pay Period</b>
<b>Employee Only</b>	\$24.44	\$0	\$24.44	\$24.44
<b>Employee + Spouse</b>	\$50.52	\$0	\$50.52	\$50.52
<b>Employee + Child(ren)</b>	\$65.72	\$0	\$65.72	\$65.72
<b>Family</b>	\$91.68	\$0	\$91.68	\$91.68



### VISION – EyeMed

	<b>Monthly Cost</b>	<b>Employer Cost per Month</b>	<b>Employee Cost per Month</b>	<b>Employee Cost per Pay Period</b>
<b>Employee Only</b>	\$4.70	\$0	\$4.70	\$4.70
<b>Employee + Spouse</b>	\$8.92	\$0	\$8.92	\$8.92
<b>Employee + Child(ren)</b>	\$9.39	\$0	\$9.39	\$9.39
<b>Family</b>	\$13.80	\$0	\$13.80	\$13.80





# DESOTO COUNTY 2021-2022

## BENEFIT RATE SHEET

### Sheriff's Office

### 24 Pay Periods

#### MEDICAL – United Healthcare

	Monthly Cost	Employer Cost per Month	Employee Cost per Month	Employee Cost per Pay Period
Employee Only	\$887.39	\$887.39	\$0.00	\$0.00
Employee + Spouse	\$1,645.21	\$1,266.30	\$378.91	\$189.46
Employee + Child(ren)	\$1,573.35	\$1,230.37	\$342.98	\$171.49
Family	\$1,795.18	\$1,341.29	\$453.89	\$226.95



#### DENTAL – The Standard

<u><b>High Plan</b></u>	Monthly Cost	Employer Cost per Month	Employee Cost per Month	Employee Cost per Pay Period
Employee Only	\$30.00	\$0	\$30.00	\$15.00
Employee + Spouse	\$62.00	\$0	\$62.00	\$31.00
Employee + Child(ren)	\$83.28	\$0	\$83.28	\$41.64
Family	\$115.24	\$0	\$115.24	\$57.62



## 24 Pay Periods

### DENTAL – The Standard

<b><u>Low Plan</u></b>	<b>Monthly Cost</b>	<b>Employer Cost per Month</b>	<b>Employee Cost per Month</b>	<b>Employee Cost per Pay Period</b>
<b>Employee Only</b>	\$24.44	\$0	\$24.44	\$12.22
<b>Employee + Spouse</b>	\$50.52	\$0	\$50.52	\$25.26
<b>Employee + Child(ren)</b>	\$65.72	\$0	\$65.72	\$32.86
<b>Family</b>	\$91.68	\$0	\$91.68	\$45.84



### VISION – EyeMed

	<b>Monthly Cost</b>	<b>Employer Cost per Month</b>	<b>Employee Cost per Month</b>	<b>Employee Cost per Pay Period</b>
<b>Employee Only</b>	\$4.70	\$0	\$4.70	\$2.35
<b>Employee + Spouse</b>	\$8.92	\$0	\$8.92	\$4.46
<b>Employee + Child(ren)</b>	\$9.39	\$0	\$9.39	\$4.70
<b>Family</b>	\$13.80	\$0	\$13.80	\$6.90







# DESOTO COUNTY 2021-2022

## BENEFIT RATE SHEET

### BOCC & Clerk of Court

#### 48 Pay Periods

#### MEDICAL – United Healthcare

	Monthly Cost	Employer Cost per Month	Employee Cost per Month	Employee Cost per Pay Period
Employee Only	\$887.39	\$887.39	\$0.00	\$0.00
Employee + Spouse	\$1,645.21	\$1,266.30	\$378.91	\$94.73
Employee + Child(ren)	\$1,573.35	\$1,230.37	\$342.98	\$85.75
Family	\$1,795.18	\$1,341.29	\$453.89	\$113.47



#### DENTAL – The Standard

<u><b>High Plan</b></u>	Monthly Cost	Employer Cost per Month	Employee Cost per Month	Employee Cost per Pay Period
Employee Only	\$30.00	\$0	\$30.00	\$7.50
Employee + Spouse	\$62.00	\$0	\$62.00	\$15.50
Employee + Child(ren)	\$83.28	\$0	\$83.28	\$20.82
Family	\$115.24	\$0	\$115.24	\$28.81



## 48 Pay Periods

### DENTAL – The Standard

<b><u>Low Plan</u></b>	<b>Monthly Cost</b>	<b>Employer Cost per Month</b>	<b>Employee Cost per Month</b>	<b>Employee Cost per Pay Period</b>
<b>Employee Only</b>	\$24.44	\$0	\$24.44	\$6.11
<b>Employee + Spouse</b>	\$50.52	\$0	\$50.52	\$12.63
<b>Employee + Child(ren)</b>	\$65.72	\$0	\$65.72	\$16.43
<b>Family</b>	\$91.68	\$0	\$91.68	\$22.92



### VISION – EyeMed

	<b>Monthly Cost</b>	<b>Employer Cost per Month</b>	<b>Employee Cost per Month</b>	<b>Employee Cost per Pay Period</b>
<b>Employee Only</b>	\$4.70	\$0	\$4.70	\$1.18
<b>Employee + Spouse</b>	\$8.92	\$0	\$8.92	\$2.23
<b>Employee + Child(ren)</b>	\$9.39	\$0	\$9.39	\$2.35
<b>Family</b>	\$13.80	\$0	\$13.80	\$3.45





# DESOTO COUNTY 2021-2022

## BENEFIT RATE SHEET

### Tax Collector

### 52 Pay Periods

#### MEDICAL – United Healthcare

	Monthly Cost	Employer Cost per Month	Employee Cost per Month	Employee Cost per Pay Period
Employee Only	\$887.39	\$887.39	\$0.00	\$0.00
Employee + Spouse	\$1,645.21	\$1,266.30	\$378.91	\$87.44
Employee + Child(ren)	\$1,573.35	\$1,230.37	\$342.98	\$79.15
Family	\$1,795.18	\$1,341.29	\$453.89	\$104.74



#### DENTAL – The Standard

<u>High Plan</u>	Monthly Cost	Employer Cost per Month	Employee Cost per Month	Employee Cost per Pay Period
Employee Only	\$30.00	\$0	\$30.00	\$6.92
Employee + Spouse	\$62.00	\$0	\$62.00	\$14.31
Employee + Child(ren)	\$83.28	\$0	\$83.28	\$19.22
Family	\$115.24	\$0	\$115.24	\$26.59



## 52 Pay Periods

### DENTAL – The Standard

<b><u>Low Plan</u></b>	<b>Monthly Cost</b>	<b>Employer Cost per Month</b>	<b>Employee Cost per Month</b>	<b>Employee Cost per Pay Period</b>
Employee Only	\$24.44	\$0	\$24.44	\$5.64
Employee + Spouse	\$50.52	\$0	\$50.52	\$11.66
Employee + Child(ren)	\$65.72	\$0	\$65.72	\$15.17
Family	\$91.68	\$0	\$91.68	\$21.16



### VISION – EyeMed

	<b>Monthly Cost</b>	<b>Employer Cost per Month</b>	<b>Employee Cost per Month</b>	<b>Employee Cost per Pay Period</b>
Employee Only	\$4.70	\$0	\$4.70	\$1.08
Employee + Spouse	\$8.92	\$0	\$8.92	\$2.06
Employee + Child(ren)	\$9.39	\$0	\$9.39	\$2.17
Family	\$13.80	\$0	\$13.80	\$3.18



# UNITED HEALTHCARE PLAN

Network: Choice Plus  
 Website: [www.myuhc.com](http://www.myuhc.com)

Benefits	United Healthcare Plan BWQ8-M/Rx 570	
	PPO Network	Non-Network
Annual Deductible	\$2,000 individual/\$4,000 family	\$2,000 individual/\$6,000 family
Coinsurance	20%	40%
Annual Out of Pocket Maximum (Includes Deductible & Copays)	\$4,500 individual/\$9,000 family	\$6,250 individual/\$12,500 family
Preventive Care	\$0	Deductible & Coinsurance
Virtual Visit	\$0	Deductible & Coinsurance
Physician Office Visit	\$25	Deductible & Coinsurance
Specialist Office Visit	\$50	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospitalization	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room (Facility Only)	\$250	\$250
Urgent Care	\$75	Deductible & Coinsurance
Lab	\$0	Deductible & Coinsurance
X-Ray	\$0	Deductible & Coinsurance
Advanced Imaging	\$50	Deductible & Coinsurance
Prescription Drugs Tier 1 Tier 2 Tier 3	\$10 \$35 \$70	\$10 \$35 \$70
Mail Order Prescription Tier 1 Tier 2 Tier 3	\$25 \$87.50 \$175	N/A

*For Limitations & Exclusions, please refer to the certificate of coverage or benefit summary.*

# Virtual Visits

## Access to care online at any time

- ▶ No driving
- ▶ No crowded waiting rooms
- ▶ 24 hours a day/ 7 days a week
- ▶ See and talk to a doctor from the comfort of your home

## Access Virtual Visits

- ▶ Login to **myuhc.com**\* to learn more
- ▶ Choose from provider sites where you can register and receive care



Access to Virtual Visits and prescription services may not be available in all states or for all groups. Go to [myuhc.com](http://myuhc.com) for more information about availability of Virtual Visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual Visits are not an insurance product, health care provider or a health plan. Virtual Visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in these circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for Virtual Visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. No controlled substances may be prescribed. Other prescriptions may be available where clinically appropriate and permitted by law, and can be transmitted to the pharmacy of the member's choice.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates.

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# myuhc.com®

Get all your health plan information. In one place.



## Make informed decisions.

As a member, **myuhc.com** gives you personalized plan information, care choices, budgeting tools and wellness tips – all in one spot. Download the UnitedHealthcare Health4Me® mobile app for on-the-go access.



## Find and price the care you need.

The find-and-price care tool makes it simple to find a doctor, clinic, hospital, or lab based on location, specialty, reputation, cost of services, availability or hours of operation. You can even see patient ratings and compare quality and costs before you choose services.



## Know your health care costs.

**Get a clear picture of spending.** View a snapshot of account activity, benefits received and outstanding balances.

**Track claims.** Easily see the status of your claims.



## Get and stay healthy.

**Discover wellness tools and advice.** Tailored to help you live healthier, and get the most from your plan.

**Achieve your health goals.** Set goals and reach them with individualized recommendations on exercise, diet, therapy and more.

**Join a healthy-living community.** Connect with other members for support and to share ideas on how to live balanced, healthy and active lives.

## Experience the plan that connects with you.

- **myuhc.com** places your plan information at your fingertips.
- The **Health4Me** mobile app provides on-the-go access.
- **Expert support** is here when you have questions.
  - **Ask a Nurse.** 24/7 phone access to a registered nurse.
  - **Chat online.** Rapid replies and guidance through **myuhc.com**.
  - **Talk with us.** Request that a plan representative call you.

Join the millions of UnitedHealthcare members discovering faster, easier and better ways to connect to their health plan.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Resources available at myuhc.com and through the Health4Me app may vary based on your location or the specifics of your plan coverage. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.  
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A woman with curly hair is smiling and looking down at a medication box. The box is white with a red handle. The background is a blurred green outdoor setting.

## How to enroll in **home delivery.**

OptumRx® Mail Service Pharmacy can help you manage the medication you take on an ongoing basis.

**Home delivery is safe and reliable and provides the following valuable benefits:**

- ▶ **Cost savings:** You may pay less for your medication with a three-month supply through OptumRx Mail Service Pharmacy.
- ▶ **Convenience:** Receive home delivery of your medication with free standard shipping.
- ▶ **24/7 access:** You can speak to a pharmacist who can answer your questions any time, any day.
- ▶ **Helpful reminders:** Set up text and email reminders to help you remember to take or refill your medications.\*



Whether you have a new prescription or need to transfer an existing prescription, it's easy to get started with OptumRx Mail Service Pharmacy.

### Here is how:



#### By phone:

Just call the member phone number on the back of your health plan ID card to talk with a customer service representative right now. It's helpful to have your health plan ID card and medication bottle available. The representative can also contact your doctor directly if you need a new prescription.



#### By mail:

Ask your doctor for a new prescription for up to a three-month supply, plus refills for up to one year. Then go to **myuhc.com**<sup>®</sup> and download the New Prescription Order Form. Mail it to the address provided on the bottom of the form.



#### By fax / ePrescribe:

Ask your doctor to call **1-800-791-7658** for instructions on how to fax your prescription directly to OptumRx Mail Service Pharmacy. Or your doctor can send an electronic prescription to OptumRx Mail Service Pharmacy.

Once OptumRx receives your complete order for a new prescription, your medication should arrive within 10 business days. Completed refill orders should arrive in about seven business days.

Need your medication right away? Ask your doctor for a one-month supply that can be immediately filled at a participating retail pharmacy.

\*OptumRx provides this service at no cost. Standard message and data rates charged by your carrier may apply.



# Real people. Real Appeal.

**FREE!\***

Everything you need to lose weight and keep it off —  
**FREE** to eligible UnitedHealthcare members.\*

Join today at [success.realappeal.com](https://success.realappeal.com).

LOST  
**50**  
LBS



**Dave L.**  
Age 47

*"I'm stronger. I have  
a lot more energy.  
Thank you, Real Appeal."*

LOST  
**37**  
LBS



**Tashawna O.**  
Age 37

*"This is no diet —  
this is not a gimmick.  
I feel great!"*



Thank you for being a UnitedHealthcare member. We are excited to offer Real Appeal, a free digital program that provides you with up to a full year of support for lasting weight loss.\* **On average, participants lose 10 pounds after attending just 4 online classes.** Your program includes:



### Personal transformation coach

- Step-by-step guidance and customization for a program that fits your needs, preferences and goals.
- Support and motivation for a full year to help you lose weight or maintain results.
- A personalized dashboard to keep track of your calories, fitness and goals.



### 24/7 convenience

Staying accountable to your goals may be easier than ever with:

- Food, activity, weight and goal trackers.
- Unlimited access to digital content.
- Your online group class, which is designed to help you build camaraderie and accountability with others in the program.
- Weekly health tips from celebrities, athletes and health experts.



### Success kit

Resources to help you kick-start your weight loss and keep yourself on the road to results. Your kit will be delivered after your first class. It includes:

- Step-by-step Success Guides.
- Workout DVDs.
- Quick and simple recipes.
- Nutrition guide.
- And much more.

Join the thousands of members that have lost nearly 1 million pounds. Start today at [success.realappeal.com](http://success.realappeal.com). Spark your transformation with Real Appeal.

\*The Real Appeal program is provided to eligible members at no additional cost to you as part of your benefit plan. Real Appeal is a voluntary weight loss program that is offered to eligible participants over age 18 as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. MT1050613.1 8/2017 ©2017 United HealthCare Services, Inc. 17-5342

**Real  
Appeal**

 **UnitedHealthcare®**

# STANDARD DENTAL PLAN

Website: [www.standard.com](http://www.standard.com)

For dental frequencies, please refer to the certificate of coverage or benefit summary.



Benefits	Dental Low Plan	
	PPO Network	Out-of-Network <sup>1</sup>
Annual Deductible	\$50 waived Type 1	\$50 waived Type 1
Annual Plan Maximum	\$1,000/calendar year	\$1,000/calendar year
Orthodontia Lifetime Maximum	\$1,000	\$1,000
<b>Type I: Preventive Services</b>		
Routine Exam	100% 1 in 6 months	90%
Teeth Cleaning	100% 4 in 12 months	90% 4 in 12 months
X-rays (Panoramic, Bitewings)	100% 1 in 5 years, 1 year	90% 1 in 5 years, 1 year
Sealants - Child to Age 13	100%	90%
Fluoride - Child to Age 13	100% 1 in 12 months	90% 1 in 12 months
Space Maintainers	100%	90%
<b>Type II: Basic Services</b>		
Simple Extractions	80%	60%
Fillings	80%	60%
Root Canal Therapy	80%	60%
<b>Type III: Major Services</b>		
Implants	50%	40%
Bridges	50% 1 in 10 years	40% 1 in 10 years
Dentures	50% 1 in 10 years	40% 1 in 10 years
Crowns	50% 1 in 10 years/tooth	40% 1 in 10 years/tooth
Complex Surgical Extractions	50%	40%
<b>Type IV: Orthodontic Services</b>		
Orthodontia Treatment - Child to Age 19	50%	50%
<sup>1</sup> If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount.		

# STANDARD DENTAL PLAN

Website: [www.standard.com](http://www.standard.com)

For dental frequencies, please refer to the certificate of coverage or benefit summary.



Benefits	Dental High Plan	
	PPO Network	Out-of-Network <sup>1</sup>
Annual Deductible	\$50 waived Type 1	\$50 waived Type 1
Annual Plan Maximum	\$1,500/calendar year	\$1,500/calendar year
Orthodontia Lifetime Maximum	\$1,500	\$1,500
<b>Type I: Preventive Services</b>		
Routine Exam	100% 1 in 6 months	100% 1 in 6 months
Teeth Cleaning	100% 4 in 12 months	100% 4 in 12 months
X-rays (Panoramic, Bitewings)	100% 1 in 5 years, 1 year	100% 1 in 5 years, 1 year
Sealants - Child to Age 13	100%	100%
Fluoride - Child to Age 13	100% 1 in 12 months	100% 1 in 12 months
Space Maintainers	100%	100%
<b>Type II: Basic Services</b>		
Simple Extractions	80%	80%
Fillings	80%	80%
Root Canal Therapy	80%	80%
<b>Type III: Major Services</b>		
Implants	50%	50%
Bridges	50% 1 in 10 years	50% 1 in 10 years
Dentures	50% 1 in 10 years	50% 1 in 10 years
Crowns	50% 1 in 10 years/tooth	50% 1 in 10 years/tooth
Complex Surgical Extractions	50%	50%
<b>Type IV: Orthodontic Services</b>		
Orthodontia Treatment - Child to Age 19	50%	50%
<sup>1</sup> If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount.		



# Dental Insurance



## Customer Service

Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at 800.633.8575 during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.

We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to [standard.com](http://standard.com).

## Max Builder

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards 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. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the participant sees a PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

## PPO Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a PPO member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide PPO is available. To find member dentists in your area, visit: [http://www.standard.com/services/ppo\\_providers.html](http://www.standard.com/services/ppo_providers.html). California Residents: When prompted to select your network, choose PPO Dental Network.

## Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

# EYEMED VISION PLAN

Network: Advantage Network  
Website: [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)



Benefits	Vision	
	In-Network	Out-of-Network
Eye Exams	\$10	Up to \$40
Eyeglass Lenses and Frames		
Single Standard Lenses	\$15	Up to \$30
Bifocal Standard Lenses	\$15	Up to \$50
Trifocal Standard Lenses	\$15	Up to \$70
Lenticular Standard Lenses	\$15	Up to \$70
Frames	\$100 allowance; 80% over	Up to \$70
Contact Lenses		
Standard Fit and Follow Up	Up to \$40	N/A
Elective Lenses	\$100 allowance; 15% over	Up to \$100
Medically Necessary Lenses	Paid in Full	Up to \$210
Frequency		
Eye Exam	Once every 12 months	
Lenses—Eyeglass or Contact	Once every 12 months	
Frames	Once every 24 months	



## DeSoto County

More,  
for less...

**40% OFF**

Complete pair  
of prescription  
eyeglasses

**20% OFF**

Non-prescription  
sunglasses

**30% OFF**

Remaining balance  
beyond plan coverage

These discounts are for  
in-network providers only

Hello,  
Neighbor

- You're on the ADVANTAGE Network
- For a complete list of providers near you, use our Provider Locator on [www.eyemed.com](http://www.eyemed.com) and choose the ADVANTAGE network or call 1-888-203-7437.
- For Lasik providers, call 1-877-5LASER6 or visit [eyemedlasik.com](http://eyemedlasik.com).

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exam With Dilation as Necessary</b>	\$10 Copay	Up to \$40
<b>Contact Lens Fit and Follow-Up</b> (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
<b>Retinal Imaging</b>	Up to \$39	N/A
<b>Frames</b>	\$0 Copay; \$100 allowance; 80% of charge over \$100	Up to \$70
<b>Standard Plastic Lenses</b>		
Single Vision	\$15 Copay	Up to \$30
Bifocal	\$15 Copay	Up to \$50
Trifocal	\$15 Copay	Up to \$70
Standard Progressive Lens	\$75	Up to \$50
Premium Progressive Lens	\$75, 70% of charge less \$110 Allowance	Up to \$50
Lenticular	\$15 Copay	Up to \$70
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$12	N/A
Tint (Solid and Gradient)	\$12	N/A
Standard Plastic Scratch Coating	\$12	N/A
Standard Polycarbonate	\$35	N/A
Standard Polycarbonate - Kids under 19	\$35	N/A
Standard Anti-Reflective Coating	\$40	N/A
Polarized	30% off retail price	N/A
Other Add-Ons and Services	30% off retail price	N/A
<b>Contact Lenses</b>		
Conventional	\$0 Copay; \$100 allowance; 15% off retail price over \$100	Up to \$100
Disposable	\$0 Copay; \$100 allowance; plus balance over \$100	Up to \$100
Medically Necessary	\$0 Copay, Paid in Full	Up to \$210
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	



# **BASIC LIFE/AD&D & VOLUNTARY LIFE INSURANCE**

## **Group Life and AD&D Insurance**

Group Life and AD&D Insurance is arranged through The Standard. All eligible employees receive a life and accidental death & dismemberment (AD&D) insurance benefit of 1 times your annual earnings to a maximum of \$200,000. This benefit is provided at no cost to you.

## **Voluntary and AD&D Life Insurance**

Voluntary Life and AD&D Insurance is arranged through The Standard. You have the option of purchasing additional Life and AD&D Insurance at attractive rates and the convenience of payroll deduction. Your cost is based on age and amount of coverage you select. Age-related cost adjustments will occur on the policy anniversary date, October 1. You must elect coverage for yourself to cover your spouse/children. Spouse premium is based on the employee's age. Children are not eligible for AD&D coverage.

When initially eligible, you are guaranteed the insurance amounts below without submitting any evidence of insurability (EOI) or proof of good health as long as you enroll within 31 days of your initial eligibility date. Any life insurance coverage over the Guarantee Issue Amount will be subject to evidence of insurability. It is your responsibility to complete and submit the required EOI forms, to obtain the amount in excess of the guarantee issue amount, within 31 days of the date you apply for coverage. If you choose not to participate at the time you are initially eligible and elect to enroll at a later time, you may be required to submit evidence of insurability for all amounts of coverage.

Coverage	Benefit Amounts	Guarantee Issue
Employee	Increments of \$10,000 up to a maximum of \$300,000, Coverage ends at termination of employment or retirement.	\$100,000
Spouse	Increments of \$5,000 up to a maximum of \$150,000, but not to exceed 100% of the employee coverage amount.	\$50,000
Child(ren)	From live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution)	\$10,000

## **Important Reminders**

Voluntary Life and AD&D Insurance benefits reduce by 35% at age 65, by 60% at age 70, and by 75% at age 75.

You must be actively at work on the effective date or your coverage will be delayed until you return to active employment.

***[You can update your beneficiary information in PlanSource @ \[benefits.plansource.com\]\(https://benefits.plansource.com\)](https://benefits.plansource.com)***

**\*\*If you waive voluntary life during the initial enrollment period or decide to increase coverage in the future, you will need to provide evidence of good health to The Standard so that they can determine if you will be approved or denied for this coverage.**

***For Limitations & Exclusions, please refer to the certificate of coverage or benefit summary.***

## **EMPLOYEE/SPOUSE LIFE RATES**

<b>Employee's Age</b>	<b>Employee / Spouse Rate (per \$1,000)</b>
<b>(as of October 1)</b>	
Under 29	\$0.06
Age 30 - 34	\$0.08
Age 35 - 39	\$0.12
Age 40 - 44	\$0.15
Age 45 - 49	\$0.26
Age 50 - 54	\$0.45
Age 55 - 59	\$0.81
Age 60 - 64	\$1.08
Age 65 - 69	\$1.97
Age 70 - 74	\$3.27
Age 75 +	\$12.85

## **EMPLOYEE ASSISTANCE PROGRAM**

The Employee Assistance Program (EAP) is arranged through The Standard. The EAP offers confidential support to help you meet life's challenges. A simple phone call connects you with a team of experienced professionals ready to assist you with a wide range of personal, family, and work issues. The EAP is available 24 hours a day, 7 days a week and includes face-to-face counseling visits, phone consultations, assistance with financial and legal matters, and referrals to community resources. You are automatically enrolled in the plan and this benefit is provided at no cost to you.



# A helping hand when you need it.

Rely on the support, guidance and resources  
of your Employee Assistance Program.

Standard Insurance Company

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program<sup>1</sup> (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

## Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)<sup>2</sup> and all household members can contact master's-degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to six face-to-face assessment and counseling sessions per issue. EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation

## WorkLife Services

WorkLife Services are included with the Employee Assistance Program. They can save you hours of research time by providing referrals to important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

## Online Resources

Visit [workhealthlife.com/Standard6](http://workhealthlife.com/Standard6) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

With EAP, assistance is immediate, personal and available when you need it.

### Contact EAP

877.851.1631  
TDD: 800.327.1833  
24 hours a day,  
seven days a week  
[workhealthlife.com/Standard6](http://workhealthlife.com/Standard6)

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

<sup>1</sup> The EAP service is provided through an arrangement with Morneau Shepell, which is not affiliated with The Standard. Morneau Shepell is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

<sup>2</sup> Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland, OR 97204

[standard.com](http://standard.com)

Employee Assistance Program-6  
SI 17200 (7/17) EE



## **FLEXIBLE SPENDING ACCOUNT (FSA)**

You have the opportunity to pay for out-of-pocket Medical, Dental and Vision, expenses with pre-tax dollars through the Flexible Spending Account (FSA). **Important Note: If you will be funding an HSA, you cannot participate in the Health Care FSA.**

**Plan Year:** January 1, 2022 to December 31, 2022

**Health Care Contribution Limit:** **TBD**

**Open Enrollment dates for FSA:** **TBD** - Additional information will be sent out



A **Health Care FSA** is used to reimburse out-of-pocket health care expenses incurred by you, your spouse and/or your children; whether you cover them or not. Eligible expenses include deductibles, coinsurance, copays, etc. Your Health Care contribution is pre-loaded to a debit card; you have immediate access to the funds and will pay them back throughout the year via payroll deduction.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income or FICA taxes on the portion of your paycheck you contribute to your FSA.

You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses incurred during the Plan Year. If you still have money in the account at the end of the Plan Year (December 31, 2022), you will be allowed to rollover up to \$500.

**Do your homework and consider known expenses. Make an informed decision when you elect your contribution for the year. FSA elections can only be changed during Open Enrollment or due to a Qualifying Event.**

DeSoto BOCC has personalized our efforts to improve the health of our County Employees!

**Thanks to Marie Nembhard  
from the Human Resources Department  
for submitting the entry chosen theme this  
plan year for our Wellness Program!**



2021 -2022

### **Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother of her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

### **Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

### **Mental Health Parity and Addiction Equity Act (MHPAEA)**

The Mental Health Parity and Addiction Act of 2008 general requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employers plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at 863-993-4808.

### **Michelle's Law**

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator at 863-993-4808.

### **Women's Health and Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact HR at (863-993-4808).

## Important Notice from DeSoto County about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with DeSoto County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- DeSoto County has determined that the prescription drug coverage offered by United healthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current DeSoto County coverage will be affected. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your current health and prescription drug benefits. United Healthcare administers the group health coverage available to DeSoto County employees, retirees and dependents. The included prescription drug benefit provides:

	Network	Non-Network	Mail Order
<b>Tier 1</b>	\$10	\$10	\$25
<b>Tier 2</b>	\$35	\$35	\$87.50
<b>Tier 3</b>	\$70	\$70	\$175

If you do decide to join a Medicare drug plan and drop your current DeSoto County coverage, be aware that you and your dependents will not be able to get this coverage back. **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?** You should also know that if you drop or lose your current coverage with DeSoto County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through DeSoto County changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778). **Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: **07/13/2021**

Name of Entity/Sender: **DeSoto County Board of County Commissioners**

Contact--Position/Office: **Latrinda Jones, Human Resources Director**

Address: **201 E. Oak St., Arcadia, FL 34266**

Phone Number: **863-993-4808**



## New Health Insurance Marketplace Coverage Options & Your Health Coverage

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Human Resources Department. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

### PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer Name <b>DeSoto County BOCC</b>		4. Employer Identification Number (EIN) <b>59-6000579</b>	
5. Employer Address <b>201 E. Oak St., Ste. 201</b>		6. Employer Phone Number <b>863-993-4800</b>	
7. City <b>Arcadia</b>	8. State <b>Florida</b>	9. ZIP Code <b>34266</b>	
10. Who can we contact about employee health coverage at this job? <b>Latrinda Jones</b>			
11. Phone Number <b>863-993-4808 Ext. 223</b>		12. Email Address <b>L.jones@desotobocc.com</b>	

<sup>1</sup>An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs

## New Health Insurance Marketplace Coverage Options & Your Health Coverage

Here is some basic information about health coverage offered by this employer:

**As your employer, we offer a health plan to:**

- ☐ All employees.
- ☒ Some employees. Eligible employees are working 30 or more hours per week.

**With respect to dependents:**

☒ We do offer coverage. Eligible dependents are: a spouse of the employee, a natural child, a stepchild, a legally adopted child, a child for whom legal guardian ship has been awarded to the employee or spouse, the newborn child of an enrolled dependent until the newborn reaches 18 months of age.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums. The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☒ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy)

☐ **No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

☒ **Yes** (Go to question 15) ☐ **No** (Stop and return this form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

**How much would the employee have to pay in premiums for this plan per month?** \$0.00

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?**

- ☐ Employer won't offer health coverage
- ☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

A. How much will the employee have to pay in premiums per month for that plan? \$ \_\_\_\_\_

Date of Change: \_\_\_\_\_

## **Premium Assistance Under Medicaid and the Children’s Health Insurance Program CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **[www.healthcare.gov](http://www.healthcare.gov)**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **[www.insurekidsnow.gov](http://www.insurekidsnow.gov)** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **[www.askebsa.dol.gov](http://www.askebsa.dol.gov)** or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>
Phone: 1-855-692-5447
<b>FLORIDA – Medicaid</b>
Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a>
Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>
Phone: 1-678-564-1162 ext 2131

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
**[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)**  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

# Your Information. Your Rights. Our Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Your Rights

### You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➔ **See page 2** for more information on these rights and how to exercise them

## Your Choices

### You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➔ **See page 3** for more information on these rights and how to exercise them

## Our Uses and Disclosures

### We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➔ **See page 3 and 4** or more information on these rights and how to exercise them

# Your Rights

## When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

### Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.  
We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

# Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to*

**In these cases we *never* share your information unless you give us **written permission**:**

- Marketing purposes
- Sale of your information

# Our Uses and Disclosures

## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- We can use your health information and share it with professionals who

***Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

- We can use and disclose your information to run our organization and contact you when necessary.

***Example:** We use health information about you to develop better services for you.*

**Run our organization**

- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care

**Pay for your health services**

- We can use and disclose your health information as we pay for

***Example:** We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**

- We may disclose your health information to your health plan sponsor

***Example:** Your company contracts with us to provide a health plan, and we provide your company with certain statistics to*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

**Do research**

- We can use or share your information for health research.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date: 10.1.21

## KEY CONTACTS

Company Name	Contact Information
Public Risk Insurance Advisors	<b>Cyndi Hansen</b> 386-333-6044 <b>Melanie Stegall</b> 386-239-5779 <a href="http://www.bbpria.com">www.bbpria.com</a>
United Healthcare	<b>Medical</b> 1-866-633-2446 <a href="http://www.myuhc.com">www.myuhc.com</a>
The Standard	<b>Dental</b> 1-800-547-9515 <a href="http://www.standard.com">www.standard.com</a> <b>Life</b> 1-800-628-8600 <a href="http://www.standard.com">www.standard.com</a> <b>EAP</b> 1-877-851-1631 <a href="http://www.workhealthlife.com/standard">www.workhealthlife.com/standard</a>
EyeMed	<b>Vision</b> 1-888-203-7437 <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>





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