

Employee Benefits Guide

2023-2024



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Medicare Part D Information

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please refer to the Medicare D notice in this benefits guide for more details.

Overview

This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans, but rather a quick reference to help answer most of your questions. Please see the carrier benefit summaries for more details.

Included in this guide are summary explanations of the benefits, as well as contact information for each provider. It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you.

We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable copayment and deductibles, how to file claims, preauthorization requirements, participating networks and services that may be limited or not covered (exclusions). We hope this guide will give you an overview of your benefits and help you be better prepared for the enrollment process.

Eligibility

Benefit eligible employees are provided an opportunity to participate in the Pasco County sponsored benefits program upon initial hire and annually during Open Enrollment. You are eligible for benefits on the first day of the month following 60 days if you are a full-time employee. Please refer to the following guidelines regarding eligibility and election changes.

Dependent Eligibility—Medical, Dental and Vision

A dependent is defined as a covered employee's legal spouse or a dependent child of the employee or employee's spouse. Dependent children may be covered until the end of the calendar year in which they turn age 26. A dependent child is defined as:

- A natural child
- A step-child
- A legally adopted child
- A child placed for adoption
- A child for whom legal guardianship has been awarded to the covered employee or the employee's spouse
- Unmarried children of any age who become mentally or physically disabled before reaching the age limit

FL Statute 627.6562 Dependent Coverage: Health insurance coverage may be available for dependents ages 26 to 30. Please contact your Human Resources Department for more information.

Qualifying Event

Coverage elections made at Open Enrollment cannot be changed until the next annual Open Enrollment period. The only exception to this IRS Section 125 Rule is if you experience a "Qualifying Event." A Qualifying Event allows you to make a change to level of coverage within 30 days of the event.

Examples of Qualifying Events include, but are not limited to:

- Marriage
- Divorce
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other group insurance coverage
- Death
- Changes made by Spouse during their open enrollment

If you experience a Qualifying Event, contact Human Resources and submit all required documents within 30 days of the event.

Your Responsibility

Before you enroll, make sure you understand the plans and ask questions if you do not. After you enroll, you should always check your first paycheck stub to make sure that the correct amount is being deducted and all of the benefits you elected are included.

Any corrections must be made within the first 30 days of enrollment. You should also verify that all beneficiary information is up to date.



Medical and Pharmacy

Administered by Florida Blue

Pasco County is providing five plan options through [Florida Blue](#). The plans offered are the Blue Options 3900 (PPO), BlueCare 52 (HMO), Blue Options 5781 (PPO), BlueCare 56 (HMO), Blue Care 122/123 (HMO HSA) plan.

The BlueCare HMO plans consist of a broad network of physicians and hospitals. Benefits are provided for services rendered only by participating physicians and facilities. Services rendered by non-participating physicians and facilities are not covered unless it is an emergency. If you elect one of the BlueCare plans you will need to elect a primary care physician. You do not need a referral to see a specialist, but some treatments will require pre-authorization.

One of the HMO plans is a Health Savings Account (HSA) eligible plan. Learn more about HSAs on page 8.

The BlueOptions PPO plans also provide you access to a broad physician and hospital network. Under these plans you are not required to elect a primary care physician and out-of-network benefits are available. However, you will always save on out-of-pocket costs by seeking out services within the BlueOptions network.

Please note: If you do not actively enroll or actively waive coverage, you will automatically be enrolled in the Blue Options 3900 plan.

You can locate a physician by contacting Florida Blue Member Services at [800.352.2583](tel:800.352.2583) or on www.floridablue.com.

Explanation of Calendar Year Deductible and Calendar Year Out-of-Pocket Maximum

Calendar Year Deductible

The Calendar Year Deductible is a specified dollar amount that you must pay for certain covered services per calendar year. There are individual and family deductibles. Once an individual or a family deductible has been satisfied, then coinsurance applies, if applicable. Coinsurance is your share of the costs for a health care service. It is the amount a member pays after the deductible has been met.

Calendar Year Out-of-Pocket Maximum

The Calendar Year Out-of-Pocket Maximum is the amount of covered expenses, (including deductible, coinsurance, and copayments) that must be paid by you, either individually or combined as a covered family.

After the individual/family out-of-pocket maximum has been satisfied in a calendar year, payment for in-network covered services requiring copayment and coinsurance for that covered individual/family will be payable by Florida Blue at the rate of 100% for the remainder of the calendar year, subject to any other terms, limitation, and exclusions.



Employee Contributions Monthly

Medical Coverage	Blue Options 3900 (PPO)	BlueCare 52 (HMO)	Blue Options 5781 (PPO)	BlueCare 56 (HMO)	BlueCare 122/123 HMO with HSA
Employee Only	\$80.00	\$120.00	\$120.00	\$130.00	\$80.00
Employee + Spouse	\$180.00	\$410.00	\$410.00	\$530.00	\$180.00
Employee + Child(ren)	\$130.00	\$210.00	\$210.00	\$270.00	\$160.00
Employee + Family	\$330.00	\$600.00	\$600.00	\$780.00	\$330.00

Employee may receive a discount on **Medical Rate only** of \$40 per pay (\$80 per month) with a valid Tobacco Free Survey response.

Dental Coverage	Florida Combined BlueDental P210 DHMO	Florida Combined BlueDental Choice PPO Copayment	Florida Combined Choice PPO	Humana DHMO CS 250	Humana PPO 14
Employee Only	\$7.50	\$16.34	\$29.38	\$12.50	\$20.10
Employee + One	\$13.56	\$33.62	\$60.50	\$23.76	\$38.66
Employee + 2 or More	\$22.36	\$55.32	\$99.52	\$32.36	\$66.34

Vision Coverage	Option A – Low	Option B –High
Employee Only	\$3.94	\$4.98
Employee + Spouse	\$8.36	\$10.72
Employee + Child(ren)	\$8.00	\$10.26
Employee + Family	\$13.34	\$17.12



Medical and Pharmacy



Medical Plan Comparison

<https://gateway.bcbsfl.com/grp1958>

Carrier Name	Florida Blue		
Type of Plan	Blue Options 3900 (PPO)		BlueCare 52 (HMO)
Network Access	In-Network (Blue Options)	Out-of-Network	In-Network
PLAN YEAR DEDUCTIBLES (CYD)			
Individual	\$1,500	\$4,500	\$1,500
Family	N/A, Each Person Meets CYD	N/A, Each Person Meets CYD	N/A, Each Person Meets CYD
YOUR BENEFIT PLAN			
Coinsurance (when applicable)	50%	50%	30%
Individual Out-of-Pocket Maximum	\$6,350	\$20,000	\$6,350
Family Out-of-Pocket Maximum	\$12,700	\$20,000	\$12,700
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
PROFESSIONAL SERVICES			
Primary Care Physician (PCP) Office Visits	\$35 Copay	50% after CYD	\$40 Copay
Specialist Office Visits	\$50 Copay	50% after CYD	\$65 Copay
Preventive Care Visits	No charge	50%	No charge
HOSPITAL SERVICES			
Inpatient Hospitalization	Option 1 – \$1,500 Option 2 – \$2,500	50% after CYD	30% after CYD
Outpatient Hospitalization	Option 1 – \$300 Option 2 – \$400	50% after CYD	30% after CYD
Urgent Care Center	50% after CYD	50% after CYD	\$85 Copay
Emergency Room	50% after CYD	50% after In-Network CYD	\$300 Copay
Independent Lab / X-Ray	No charge Lab / 50% after CYD X-Ray	50% after CYD	No Charge / \$65 Copay X-Ray
MRI, MRA, CT and PET– Facility	\$200 Copay	50% after CYD	\$200 Copay
PHARMACY			
Tier 1	\$10 Copay (Generic Only)	50% (Generic Only)	\$10 Copay
Tier 2	Not covered	Not covered	\$30 Copay
Tier 3	Not covered	Not covered	\$50 Copay
Mail Order Pharmacy (90-days)	\$25 Copay (Generic Only)	Not covered	2.5x Copay

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Medical and Pharmacy



Medical Plan Comparison

<https://gateway.bcbsfl.com/grp1958>

Carrier Name	Florida Blue		
Type of Plan	Blue Options 5781 (PPO)		BlueCare 56 (HMO)
Network Access	In-Network	Out-of-Network	In-Network
PLAN YEAR DEDUCTIBLES (CYD)			
Individual	\$1,500	\$4,500	\$0
Family	\$4,500	\$13,500	\$0
YOUR BENEFIT PLAN			
Coinsurance (when applicable)	30%	50%	0%
Individual Out-of-Pocket Maximum	\$5,500	\$11,000	\$2,000
Family Out-of-Pocket Maximum	\$11,000	\$22,000	\$4,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
PROFESSIONAL SERVICES			
Primary Care Physician (PCP) Office Visits	\$30 Copay	50% after CYD	\$25 Copay
Specialist Office Visits	\$55 Copay	50% after CYD	\$35 Copay
Preventive Care Visits	No charge	50%	No charge
HOSPITAL SERVICES			
Inpatient Hospitalization	30% after CYD	\$500 + 50% after CYD	\$300 per day, up to \$1,500
Outpatient Hospitalization	30% after CYD	50% after CYD	\$100 per visit
Urgent Care Center	\$60 Copay	\$60 after CYD	\$35 Copay
Emergency Room	\$250 Copay	\$250 Copay	\$250 Copay
Independent Lab / X-Ray	No charge Lab / \$50 Copay X-Ray	50% after CYD	No charge
MRI, MRA, CT and PET- Facility	\$250 Copay	50% after CYD	\$200 Copay
PHARMACY			
Tier 1	\$10 Copay	50%	\$10 Copay
Tier 2	\$60 Copay	50%	\$25 Copay
Tier 3	\$100 Copay	50%	\$40 Copay
Mail Order Pharmacy (90-days)	2.5x Copay	Not covered	2x Copay

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Medical and Pharmacy (HSA)

Health Savings Account

One of our 2023-2024 plan options is a Health Savings Account (HSA) Compatible Plan – BlueCare 122/123 illustrated to the right.

A Health Savings Account is a tax-advantaged savings account that belongs to you. It is an account paired with a qualifying high-deductible health plan.

Traditional plans have high premiums. At the end of the year, all of the money you have spent on premiums is gone. On the other hand, with a health savings account, the premium is lower, and some of the money you have spent on premiums can go into your savings account instead.

The account belongs to you! You will not lose your money and you take the money with you if you leave your job, retire, or drop out of the health plan. You can use the money in your savings account to pay for qualified out-of-pocket healthcare expenses, such as deductibles, eyeglasses, dental work, Medicare premiums, and much more.

For all individuals who join the HSA plan 122/123, Pasco County will contribute \$100 a month into your account for the 122 plan and \$150 a month for the 123 plan! The employer HSA contributions factor into the maximum amount you are allowed to contribute in a 12 month period. If you are enrolled in the plan 12 months, this is \$1,200—\$1,800 in a savings account that belongs to you! You may contribute a combined pretax amount of up to \$3,850 in 2023 and \$4,150 in 2024 as an individual. You may contribute a combined pretax amount of up to \$7,750 in 2023 and \$8,300 in 2024 if enrolled in a family plan. If you are over age 55 you can add a catch up contribution of an additional \$1,000.

The funds in your account must be used for qualified healthcare expenses. Using the funds for items other than those approved by the IRS will result in a 20% penalty to you.

For Health Savings Account Participants

If you elect to participate in the BlueCare 122/123 plan and elect an HSA deduction you are not eligible to participate in the Flexible Spending Account plan.

To estimate your health care expenses for the coming plan year, be sure to review your monthly health expenses from last year. Using these figures as a guideline, you can better estimate the amount of expenses you will most likely incur in the twelve month period.

Please reference IRS Publication 969 for additional tax implications.



Medical Plan Comparison

<https://gateway.bcbsfl.com/grp1958>

Carrier Name	Florida Blue	
Type of Plan	BlueCare 122 –Individual (HMO/ HSA Compatible Plan)	BlueCare 123 – Family (HMO/ HSA Compatible Plan)
Network Access	In-Network	
PLAN YEAR DEDUCTIBLES (CYD)		
Individual	\$5,000	\$5,000
Family	N/A	\$10,000
YOUR BENEFIT PLAN		
Coinsurance (when applicable)	10%	10%
Individual Out-of-Pocket Maximum	\$6,550	\$6,850
Family Out-of-Pocket Maximum	N/A	\$10,000
Lifetime Maximum Benefit	Unlimited	Unlimited
PROFESSIONAL SERVICES		
Primary Care Physician (PCP) Office Visits	10% after CYD	10% after CYD
Specialist Office Visits	10% after CYD	10% after CYD
Preventive Care Visits	No charge	No charge
HOSPITAL SERVICES		
Inpatient Hospitalization	10% after CYD	10% after CYD
Outpatient Hospitalization	10% after CYD	10% after CYD
Urgent Care Center	10% after CYD	10% after CYD
Emergency Room	10% after CYD	10% after CYD
Independent Lab / X-Ray	10% after CYD	10% after CYD
MRI, MRA, CT and PET– Facility	10% after CYD	10% after CYD
PHARMACY		
Tier 1	\$10 after CYD	\$10 after CYD
Tier 2	\$50 after CYD	\$50 after CYD
Tier 3	\$80 after CYD	\$80 after CYD
Mail Order Pharmacy (90-days)	2.5x Copay after CYD	2.5x Copay after CYD

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Provider Directory

Finding Quality Care While Saving Money – Log in to your Florida Blue member account today!

When you receive your Florida Blue member ID card go to www.floridablue.com and click on login/register in the upper right corner of the page. You will be able to:

Research hospitals and facilities – Your cost may vary depending on where you go for care. With the Medical Services Cost Estimator tool, you can research and compare facilities based on their quality, expertise and price.

Compare drug costs and save – Use the interactive Drug Shopper that will show you your cost for brand and generic drugs at pharmacies you select. With mail-order benefits, you will see how much you can save by ordering a 90-day supply.

Save money by using your benefits wisely – When you're faced with major health care decisions, such as surgery, diagnostic tests or ongoing treatment, you have access to a team of Care Consultants.

Care Consultants understand your benefits and treatment choices that can save you time and money.

Take advantage of member discounts – With discounts up to 60% on health-related services such as gym membership, weight loss programs, vision care and travel, you will have more affordable choices to help you stay healthy.

Make lab appointments online with Quest Diagnostics – Our members save the most money by using Quest Diagnostics for lab services in Florida. And when you make your appointment online, you will also save valuable time!

How to locate an In-Network doctor

1. Go to www.FloridaBlue.com
2. Click on Find a Doctor
3. On the drop down under "Just Browsing? Select a Plan", click on either:
4. "BlueCare (HMO)" or "BlueOptions"
5. From there you can search by provider name, location, type, etc.

Just Browsing? Select a Plan

Find a provider that accepts your plan by selecting from the dropdown list below, or login your Member Account, and we will access your plan for you.

BlueCare (HMO)

[Why should I select a plan?](#) 

Continue

Healthy
living is
just a
deal
away!

- Blue365 gives Florida Blue members access to savings Across all aspects of your life
- 20 percent off on Fitbit devices
- \$29/month gym membership access at over 10K locations
- Discounts on healthy, organic meal delivery services from Sun Basket, and much more!

*****Register now for free** to take advantage of Blue365. Its an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Florida Blue member card to get started.

Get Started Today at www.Blue365Deals.com/register

Florida Blue  Blue365



SurgeryPlus

Welcome to SurgeryPlus

SurgeryPlus provides you with comprehensive, non-emergency, surgical support, including:

- Personalized Care Management
- Travel Costs
- All Provider and hospital charges covered within the SurgeryPlus episode of care (including anesthesia)
- Making and Managing doctor appointments related to your procedures.

Coverage	Blue Options 3900 (PPO)	BlueCare 52 (HMO)	BlueCare 56 (HMO)	Blue Options 5781 (PPO)	BlueCare 122/123 HMO with HSA
SurgeryPlus Collects	Deductible	Deductible	Deductible	Deductible	Reduced Deductible
SurgeryPlus Deductible Collection Limit	\$1,500.00	\$1,500.00	\$0.00	\$1,500.00	\$3,000.00
Deductible Collection Timing	End of Year	End of Year	N/A	End of Year	End of Year
What this means for you, the member	Your cost will be determined by your remaining deductible at the end of the year. If you meet your deductible before the end of the plan year, you owe \$0.00 for your SurgeryPlus Procedure	Your cost will be determined by your remaining deductible at the end of the year. If you meet your deductible before the end of the plan year, you owe \$0.00 for your SurgeryPlus Procedure.	Your cost will be waived. You owe \$0.00 for your SurgeryPlus procedure	Your cost will be determined by your remaining deductible at the end of the year. If you meet your deductible before the end of the plan year, you owe \$0.00 for your SurgeryPlus Procedure	Your cost will be determined by your remaining deductible at the end of the year. If you meet your deductible before the end of the plan year, you owe \$0.00 for your SurgeryPlus Procedure

Save Money: Because SurgeryPlus is already part of your benefit package, you can access this all-inclusive service at no additional charge.

Procedure Example: Knee Replacement												
Plan Name	BlueCare 52 w/ RX		BlueCare 56 w/ RX		BlueCare 122 HSA		BlueCare 123 HSA		Blue Options 03900		Blue Options 05781	
	Carrier	\$+	Carrier	\$+	Carrier	\$+	Carrier	\$+	Carrier	\$+	Carrier	\$+
Total Cost	\$40,000	\$20,000	\$40,000	\$20,000	\$40,000	\$20,000	\$40,000	\$20,000	\$40,000	\$20,000	\$40,000	\$20,000
Deductible	\$1,500	\$1,500	\$0	\$0	\$5,000	\$3,000	\$5,000	\$3,000	\$1,500	\$1,500	\$1,500	\$1,500
Deductible Paid by Member @ EOY		\$1,500				\$1,500		\$0		\$200		\$0
Coinurance	30%	0%	0%	0%	10%	0%	10%	0%	50%	0%	30%	0%
Out-of-Pocket Max	\$6,350	\$6,350	\$2,000	\$2,000	\$6,550	\$6,550	\$6,850	\$6,850	\$6,350	\$6,350	\$5,500	\$5,500
Total Member Cost	\$6,350	\$0	\$2,000	\$0	\$6,550	\$1,500	\$6,850	\$3,000	\$6,350	\$1,300	\$5,500	\$1,500
Example Scenario's with Deductible being met in full, halfway, or not paid.	Member has met their deductible before end of year.		Costs will be waived. Member owe's \$0.00 for their SurgeryPlus Procedure		Member has met half of their deductible before end of year.		Member has not paid any of their deductible before end of year.		Member has met a portion of their deductible by end of year.		Member has not paid any of their deductible before end of year.	

SurgeryPlus

Enhanced Quality Care: SurgeryPlus has identified the nation's highest quality surgeons and the network includes 100% board-certified providers in many major metropolitan areas. Providers have undergone rigorous screening (including specialized training) for reducing your risk of complications and avoidable costs.

Full-Service Concierge: Your very own Care Advocate will find and provide a list of three carefully selected and highly qualified surgeons for you to choose from. Care Advocates will also provide personalized support and manage everything from appointment logistics to booking travel (if required).

How we choose the best for you:

Our standards include:

- Board Certification
- Specialty Training Requirement
- Continuing Education
- Surgeon-to-Surgeon Reviews
- State Sanctions Check
- Medical Malpractice Claims Review
- Background Review
- Quality Scores
- Monthly Network Monitoring

Commonly covered procedure categories include: Ear, Nose & Throat, General Surgery, Injections, Spine, Cardiac, Gynecology (GYN), Orthopedic, Gastroenterology (G).

Access your Personalized member portal at PascoCountyFL.SurgeryPlus.com or call 1-833-700-2280



Employee Wellness Centers

Administered by Everside

The most important thing you can do for you and your family is to stay healthy. Pasco County has partnered with Everside to provide a Wellness Center just for you! Our onsite Wellness Center offers Acute Care, Preventive Care and Disease Management and will help you meet your goals and is open to all Pasco County employees, spouses, dependents and retirees enrolled in the health insurance plan.

Eligibility

Members may use the Wellness Center when they are enrolled in one of the Medical Health Plans. If you waive medical coverage or enroll on the HSA plan, you will have a copay for wellness services.

Visit our Wellness Centers and receive:

Acute Care – Do you have a cold, flu, headache or sore throat?

Preventive Care – Stay Healthy! Get your annual physical as well as vaccinations.

Disease Management – Get help developing a treatment plan for chronic conditions such as asthma, diabetes and weight management

You can depend on Quality of Care at our Wellness Center: On staff:

Physician – Board-certified with a minimum of five years in primary care specialty.

Nurse Practitioner – performs physicals, interprets tests and provides treatment. The nurse practitioner has a Masters or Doctor's of Nursing Degree.

Locations and Hours

Port Richey

7421 Ridge Rd., Unit 110

Port Richey, FL 34668

Monday - Friday:

7:00 a.m. - 6:00 p.m.

Dade City

36739 State Road 52, Suite 104

Dade City, FL 33525

Tuesday and Thursday:

7:00 a.m. - 6:00 p.m.

Land O'Lakes

4111 Land O'Lakes Blvd., Suite 301

Land O'Lakes, FL 34639

Monday -Friday:

7:00 a.m. - 6:00 p.m.

Saturday: 7:00 a.m. - 12:00 p.m.

Schedule an appointment: [866.959.9355](tel:866.959.9355)

Scheduling Line open

Monday - 7am - 5pm, Tuesday to Friday 7am - 8pm and Saturday 9am - 1pm

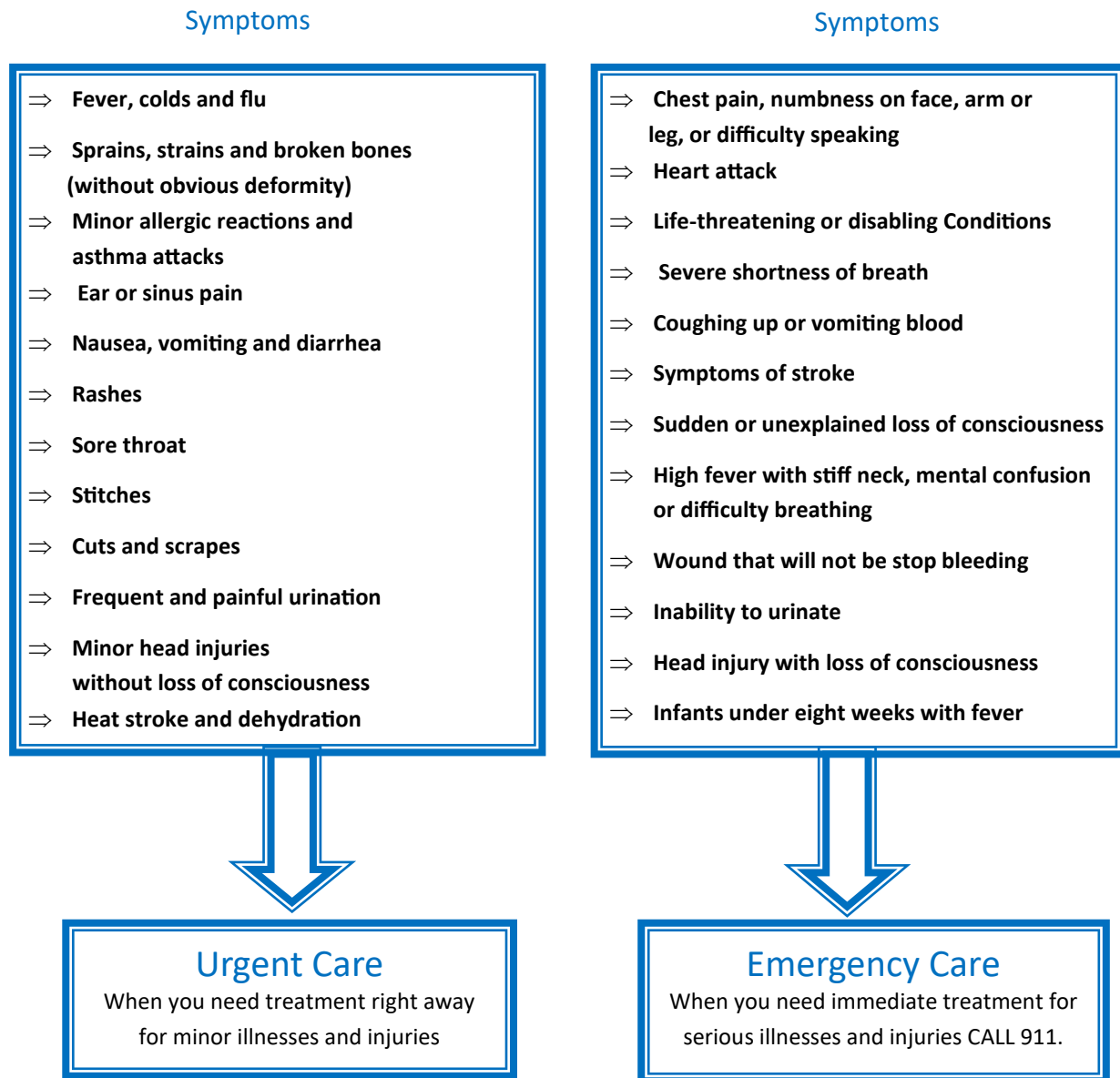
Online scheduling available after the first visit! The wellness center is dedicated to help our employees with acute and preventive care as well as development of a healthy living plan and disease management. The centers should not be used to treat emergency situations such as head injuries, open wounds or chest pains. The wellness centers are not equipped with x-ray or imaging equipment.

Urgent Care Vs. Emergency Care

Choosing the Right Health Care Setting - Emergency Room and Urgent Care

When an emergency strikes, you know you need medical care fast. But what if you're not sure if it's a true emergency?

While the answer is not always simple, knowing the difference between urgent care and emergency care and where to seek treatment could save you time and money.



Be prepared for medical care

Whether you're going to urgent care or the ER, take with you a list of all current prescription medications including dosages and any over-the-counter medications and vitamins. Many medications and even vitamins, can interact with the treatment options your physician recommends.

Also, take with you a list of any known allergies especially to medications. The list should include any previous invasive medical procedures and surgeries, the dates they were done and the names of the physicians or surgeons who treated you.

Dental Benefits

Administered by Florida Combined Life / Florida Blue Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with Pasco County's dental benefit plans. You have a total of five dental plan options available to you; three options with Florida Combined and two options with Humana.

Florida Combined Life provides you a choice between (1) a Dental DHMO, (2) a Dental PPO with copayments, and (3) a Dental PPO.

DHMO

When you select the DHMO (BlueDental Care), you will need to select a contracted dentist for each family member. When seeking dental care, you must go to your DHMO-selected dentist in order to receive plan benefits. Plan benefits are not available when you seek care from a non-contracted dentist.

The DHMO offers you comprehensive dental benefits at an affordable payroll deduction. All benefits are subject to a schedule that outlines copays and charges for services. For a complete summary of copays by procedure, please refer to the Florida Combined Life BlueDental Care benefit summary.

In order to change your DHMO dentist, you should contact Florida Combined Life and make a primary dentist selection change.

PPO

BlueDental Choice Copayment

This PPO is a lower cost, easy-to-use program that stresses preventive care. You have the freedom to go in or outside of the Blue network, but you will always save on out-of-pocket costs by seeking out care from a participating dentist. When you use a participating dentist, you will pay a specified copayment for each procedure, and you will always know up front what your cost will be.

BlueDental Choice

This PPO allows you the freedom to go in or outside of the network and includes an annual deductible and plan maximum. Your coinsurance will be based on the service rendered.

Please note: there is a 12 month waiting period for major services under the PPO plan. Unless you had prior creditable coverage with the County under another dental plan, you will not be eligible for benefits for services listed under the major services category (Type III) for 12 months.

Dental Insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. DBA Florida Blue. These companies are independent licenses of the Blue Cross and Blue Shield Association.



Dental Benefits



Dental Plan Comparison

Carrier Name	Florida Combined Life (Florida BlueDental)				
Type of Plan	BlueDental Care P210 DHMO	BlueDental ChoicePPO Copayment		BlueDental Choice PPO	
Network Access	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum	\$0	\$1,000		\$2,000	
YOUR RESPONSIBILITY					
CALENDAR YEAR DEDUCTIBLE (CYD)					
Individual / Family	\$0	\$50 / \$150		\$100 / \$300	
PREVENTIVE-CLASS I					
Routine Office Visits	\$10 copay	\$0	30%	\$0	20%
Teeth Cleaning	\$0	\$10 copay	30%	\$0	20%
Full Mouth / Panoramic X-rays	\$0	\$17 copay	50% after CYD	20% after CYD	50% after CYD
BASIC-CLASS II					
Fillings	See Benefit Summary	See Benefit Summary	50% after CYD	20% after CYD	50% after CYD
Simple Extractions	\$35 copay	\$17 copay	50% after CYD	20% after CYD	50% after CYD
Periodontal scaling	\$65 copay per quadrant	\$61 copay per quadrant	65% after CYD	20% after CYD	50% after CYD
Endodontics	See Benefit Summary	See Benefit Summary	65% after CYD	20% after CYD	50% after CYD
MAJOR-CLASS III					
Dentures	\$375 + Lab	See Benefit Summary	65% after CYD	50% after CYD	70% after CYD
Crowns*	\$370 per tooth	See Benefit Summary	65% after CYD	50% after CYD	70% after CYD
CHILD AND ADULT ORTHODONTIA					
Benefit	25% discount **	20% discount**	Not covered	20% discount**	Not Covered

*Out-of-Network Benefits subject to Balance Billing for charges over the reimbursement schedule

**Not all Providers participate in discount.

Dental Benefits



Administered by Humana

Humana provides you with additional dental plan options by offering: (1) a Dental DHMO and (2) a Dental PPO.

DHMO (CS 250)

When you select the DHMO you will need to select a contracted dentist for each family member. When you consult the schedule of benefits, you will know up front how much your out-of-pocket will be. Any procedure not listed in the schedule of benefits is eligible for a 25% discount. When you enroll in the Humana DHMO, you will want to elect your primary care dentist. This election can be changed at any time by calling Humana or by logging into: www.humana.com.

PPO 14

This PPO emphasizes preventive care routine exams, cleanings, and x-rays the simplest way to keep those nasty toothaches away. You can obtain benefits in or outside of the Humana network. You will always save on out-of-pocket costs by seeking services from a provider within the network.

Please note: There is a 12 month waiting period for major services under the PPO plan. Unless you had prior creditable coverage with the County under another dental plan, you will not be eligible for benefits for services listed under the major services category (Type III) for 12 months.

Predetermination Review - Humana can assist you and your dentist by determining which benefits would be payable for services and procedures. Have your dentist fax your treatment plan to Humana, note that it is a predetermination review and Humana will let your dentist know which benefits would be payable.

Carrier Name	Humana/CompBenefits		
Type of Plan	DHMO CS 250	PPO 14	
Network Access	In-Network	In-Network	Out-of-Network
Calendar Year Maximum	\$0	\$1,000	
YOUR RESPONSIBILITY			
CALENDAR YEAR DEDUCTIBLE			
Individual / Family	\$0	\$50 / \$150	
PREVENTIVE -CLASS I			
Routine Office Visits	\$5 copay	\$0	20%
Teeth Cleaning	\$0	\$0	20%
Full Mouth /Panoramic X-rays	\$0	20% after CYD	50% after CYD
BASIC-CLASS II			
Fillings	See Schedule of Benefits	20% after CYD	50% after CYD
Simple Extractions	\$25 copay	20% after CYD	50% after CYD
Periodontal Scaling	\$55 copay per quadrant	50% after CYD	50% after CYD
Endodontics	See Schedule of Benefits	50% after CYD	50% after CYD
MAJOR-CLASS III			
Dentures	\$325 + lab	50% after CYD	50% after CYD
Crowns	\$310 per tooth + lab	50% after CYD	50% after CYD
CHILD AND ADULT ORTHODONTIA			
Benefit	See Schedule of Benefits	Not covered	

Vision Benefits

Humana Vision

Administered by Humana Vision

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

The Humana vision program is being offered as a part of Pasco County's commitment to your well-being. You have the option of choosing one of the two plans being offered: Plan A or Plan B.

Pasco County's vision program provides affordable, quality vision care, nationwide. Through the Humana provider network, you can obtain a comprehensive vision examination, as well as eyeglasses (lenses and frames), or contact lenses in lieu of eyeglasses.

Carefully review the vision care program summary provided and take advantage of this very important benefit coverage.

Carrier Name	Humana			
Type of Plan	Option A - Low		Option B - High	
Network Access	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Care Wellness Copay	\$10		\$10	
Eye Exam	No charge after copay	Reimbursed up to \$30	No charge after copay	Reimbursed up to \$30
Frequency	12 Months		12 Months	
Materials Copay	\$25		\$25	
Lenses				
Single Vision	No charge after copay	Reimbursed up to \$25	No charge after copay	Reimbursed up to \$25
Bifocals	No charge after copay	Reimbursed up to \$40	No charge after copay	Reimbursed up to \$40
Trifocals	No charge after copay	Reimbursed up to \$60	No charge after copay	Reimbursed up to \$60
Frequency	12 months		12 months	
FRAMES				
Selected Frames	\$130 allowance + 20% discount on any overage	Reimbursed up to \$65	\$150 allowance + 20% discount on any overage	Reimbursed up to \$65
Frequency	24 Months		12 Months	
CONTACTS COPAY	(IN LIEU OF ANY OTHER EYEWEAR BENEFITS)			
Elective	\$130 allowance after copay	Reimbursed up to \$104	\$150 allowance after copay	Reimbursed up to \$104
Medically Necessary	Covered in full	Reimbursed up to \$200	Covered in full	Reimbursed up to \$200
Frequency	12 Months		12 Months	
VALUE ADDED DISCOUNTS				
Eyewear	Discounts available		Discounts available	
Lasik	Discounts available		Discounts available	



MyHumana

Register now at MyHumana.com



Find your personalized benefits information in one place – MyHumana

As a Humana member, you have a secure website on **Humana.com** called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information, planning tools.



Some of what you can do on MyHumana:

- Claims – Check if a claim has been paid along with your estimated cost, if any
- ID cards – View, print and email up-to-date vision and dental Humana member ID cards
- Coverage details – Review deductibles, coverage levels and limits
- Provider search – Use “Find a doctor” to find in-network providers near you
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them – via paper or email

Registering is easy

- Have your Humana member ID or Social Security number available
- Go to **Humana.com**, Select “Sign In” at the top of the page
- Select “Register Now” at the right of the page, and then “Get Started”
- Choose “All other members”
- Fill in some basic information – like your Humana member ID number (first 9 digits) or Social Security number, date of birth, ZIP code, and email and click “next”
- Create a username, password and security prompt and click “next” to finish

Now, how easy was that? You’re all set – jump in and start exploring!

You don’t have to wait for health and benefits guidance – you can get it right away with MyHumana. Please note, all features may not be available to all members.

Flexible Spending Accounts (FSA)

Administered by Health Equity

Health Care FSA

As an eligible employee, you may enroll in a Health Care Flexible Spending Account if you meet the definition of eligibility described on page two (2).

Flexible Spending Accounts (FSA) help you save money by providing a way to pay for certain types of health care on a pre-tax basis.

How an FSA works

During Open Enrollment, you decide how much money you want to contribute. The minimum contribution is \$5 per paycheck and the maximum is \$3,050 per year.

A way to save on taxes

Enrolling in an FSA can save you money by reducing your taxable income. Your total savings will depend upon your family income, tax status and expected amount of health care costs.

The contributions you make to a Flexible Spending Account are deducted from your wages before your Federal, State or Social Security taxes are calculated and are not reported to the IRS.

Once enrolled in a health care FSA you will receive a benefit debit card for use when paying for approved medical expenses at the point of service. There is no need to file a claim! Your entire election is available to you at the beginning of the plan year, which is October 1st.

Rollover Up to \$610

Although we still want you to be conservative in your calculations, you are able to rollover up to \$610 of unused funds into each plan year. Any unused amount remaining in the account over \$610 will be forfeited according to IRS regulations.

Dependent Care FSA

This account allows participants to set aside up to an annual maximum of \$5,000 if the participating employee is single or married and files a joint tax return (\$2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and adults. Please note, if a family's income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

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



Flexible Spending Accounts (FSA)

Estimate expenses carefully

To receive the greatest savings, you must carefully estimate the amount of eligible out-of-pocket expenses you will have for the plan year. Once you have estimated the total amount, divide it by number of pay periods (24). That amount is what you may want to have deducted from your gross pay (before taxes) each pay period to be used to fund your Flexible Spending Account.

If you terminate employment before the end of the plan year and have an account balance, you may be eligible to elect COBRA for this benefit. If you do not elect COBRA, any unclaimed contributions will be forfeited. You have 60 days from date of termination to file claims for expenses incurred prior to termination.

Eligible expenses

According to IRS regulations, the following are eligible expenses under a Health Care FSA. These expenses must be incurred during the short plan year and must not be eligible for reimbursement from insurance policies or any other source. Also, expenses can only be incurred by you, your spouse or any dependent (if you furnished more than over one half of the dependent's support during the plan year).

Examples of eligible expense include:

- artificial limbs, eyes, etc.
- chiropractic care, licensed services/practitioner
- deductibles/coinsurance (if not reimbursed from another source)
- dental fees, including braces, treatments, etc.
- prescription drugs
- durable medical equipment, wheelchairs, etc.
- prescription eyeglasses and contact lenses, solutions, enzymes
- hearing aids and batteries
- nursing home (for medical reasons)
- ophthalmologist, optometrist services
- orthodontic expenses
- physical examinations
- radial keratotomy (PRK, LASIK)
- smoking cessation programs and prescription medication
- transportation, tolls or parking expense for medical care vaccinations, immunizations

Qualified Expenses

In addition to medical, dental and vision expenses, keep in mind that your savings account can be used on [FSA.com](https://www.fsa.com) and [Amazon](https://www.amazon.com). It can also be used to pay premiums for the following specified plans and situations:

- COBRA
- Qualified Long-Term Care Plans (up to specific limits)
- Premiums for health coverage during a period of unemployment
- Retiree health plan contributions (age 65 or older only under an employer's retiree health plan)
- Medicare Part B, Part D and Medicare Advantage (age 65 and over only)

Employee Assistance Program (EAP)

Administered by ComPsych

From time to time, many of us face problems at work or at home that we are not sure how to handle. These can range from employer problems to marital problems or even substance abuse. Pasco County is pleased to offer its employees a confidential Employee Assistance Program administered by ComPsych.

This program offers you professional assistance in dealing with almost any life issue. From stress or depression to legal or financial issues, the Pasco County [EAP can help!](#)

These services are available to you and your dependents by calling a toll-free phone line open 24 hours a day/7 days a week. All conversations are confidential and private. In addition to support over the telephone, each employee and family member can receive up to 6 sessions with a counselor per issue each calendar year.

Types of issues for which you can obtain support:

- [Confidential Counseling](#) for stress, depression, family issues, substance abuse, child care, work life services, educational resources, marriage counseling, and elder care resources.
- [Financial Information and Resources](#) such as investment plans, estate planning, debt reduction, retirement planning, bankruptcy, tax support, college funding, and budget management.
- [Legal Support and Resources](#) including telephonic counseling, referrals and discounts for services, such as creating or modifying a will, consumer issues, criminal matters, living wills, power of attorney, separation and divorce, and traffic matters. The first 30 minutes is free, then a 25% reduced rate will be charged thereafter.
- [GuidanceResources](#) Online information on work, school, children, wellness, legal and financial issues, and more. Contains timely articles and “ask the expert” for personal responses to your questions.



[Confidential and Here to Help!](#)

Web Address: www.guidanceresources.com

Company Web ID COM589

Employee Services: [800.272.7255](tel:800.272.7255)

Employee Assistance Program (EAP)

Administered by Health Advocate

Pasco County is pleased to offer its employees a confidential Employee Assistance Program administered by Health Advocate. 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, 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 is confidential and information will only be released with your permission or as required by law.

This program offers you professional assistance in dealing with almost any life issue. From stress or depression to legal or financial issues, the Pasco County [EAP can help!](#)

These services are available to you, your spouse, married or unmarried dependent children to age 26 and all other household members by calling a toll-free phone line open 24 hours a day/7 days a week. All conversations are confidential and private.

In addition to support over the telephone, each employee and family member can receive up to 3 sessions with a counselor for each issue that each eligible person wants to address. Sessions can be in person, on the phone, through video or by text.

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 and other legal documents

WorkLife Services are included with the EAP. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources are available at www.healthadvocate.com/standard3.com to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.



[Confidential and Here to Help!](#)

Web Address: www.healthadvocate.com/standard3.com

Employee Services: [888.293.6948](tel:888.293.6948)

[TTY Services 711](tel:711)

Life Insurance

Administered by The Standard

Basic Life Insurance

Pasco County provides for all full-time eligible employees with a Basic Life benefit* in the amount of \$50,000 at no cost to you. Basic Life of \$50,000 is reduced by 50% at age 70, therefore anyone over the age of 70 would be paid \$25,000.

The Plan will also match your Basic Life Insurance benefit for Accidental Death or Dismemberment (AD&D). The AD&D benefit will provide your beneficiary with an additional amount equal to the life insurance in force if death is due to an accident. If the employee is dismembered (such as loss of an eye or limb), benefits will be paid to the employee as a percentage of the AD&D amount.

Beneficiary Information

Please make sure that your beneficiary information is up to date and correct. Please contact the Human Resources department for a beneficiary form if you need to make changes. If you do not specify a beneficiary, benefits will be distributed in accordance with the insurance contract, and/or by law.

Supplemental Life Insurance

You can purchase supplemental life insurance for yourself and your dependents through The Standard. In order to elect coverage for your dependent spouse and/or child(ren), you must elect additional coverage for yourself. Employee & Spouse rates vary depending on age and benefit amount.

- **Employee Coverage:** As an employee, you can apply for additional life insurance in increments of \$10,000 not to exceed \$500,000 or 7 times your annual earnings, whichever is less. The guaranteed issue amount for newly eligible employees is \$100,000.

(Employee coverage amounts over \$100,000 or coverage requested after the new hire enrollment or an increase in coverage will require medical underwriting).

- **Spouse Coverage:** As an employee, you can apply for additional life insurance for your spouse in increments of \$5,000 not to exceed 50% of your elected voluntary insurance amount. You may purchase additional life insurance for your spouse in amounts between \$5,000 to a maximum of \$50,000.

(Adding spouse coverage after new hire enrollment or increase in coverage will require medical Underwriting).

- **Child(ren) Coverage:** As an employee, you can purchase life insurance for your child(ren) up to a maximum of \$25,000. Unmarried children from birth to 25 years are eligible for coverage in increments of \$5,000 up to the maximum of \$25,000. One premium amount covers all children; not just one child.

*The benefit may be different for the Constitutional offices.



Voluntary Accident Insurance and Voluntary Rates

Voluntary Accidental Death & Dismemberment Insurance

You can also elect voluntary Accidental Death & Dismemberment coverage for yourself and your dependents. Benefits are payable if death is due to a covered accident. Benefits are also payable for accidental loss of limb, sight or speech.

Employee— Increments of \$10,000 to a maximum of \$100,000

Spouse— You can elect 40% of the amount you elected for yourself if you also choose to cover your child(ren). You may elect 50% of your benefit amount if you have no children on the plan.

Child(ren)— If you have elected coverage for your spouse you can elect 10% of your benefit amount for your children. If you have no spouse on the plan, you may elect 15% of your benefit amount.

Note: At age 70, Supplemental and Basic Life Insurance coverage is reduced by 50%. Reduction in AD&D for employee at ages 75 it is reduced by 50% and at age 80 it is reduced to 25%.

Employee Supplemental Life Monthly Premium (Post-Tax)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 25	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
25-29	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$7.30	\$7.00
30-34	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
35-39	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
40-44	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
45-49	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80	\$22.00
50-54	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00	\$21.60	\$25.20	\$28.80	\$32.40	\$36.00
55-59	\$6.20	\$12.40	\$18.60	\$24.80	\$31.00	\$37.20	\$43.40	\$49.60	\$55.80	\$62.00
60-64	\$9.70	\$19.40	\$29.10	\$38.80	\$48.50	\$58.20	\$67.90	\$77.60	\$87.30	\$97.00
65-69	\$10.50	\$21.00	\$31.50	\$42.00	\$52.50	\$63.00	\$73.50	\$84.00	\$94.50	\$105.00
70+	\$14.30	\$28.60	\$42.90	\$57.20	\$71.50	\$85.80	\$100.10	\$114.40	\$128.70	\$143.00

Voluntary Accidental Death & Dismemberment (Post-Tax)

Age	Employee Monthly Rates per \$10,000 of Coverage*				Family Monthly Rates per \$10,000 of Coverage*			
All Ages	\$0.30				\$0.50			
Coverage		Increment	=	Units	X	Rate	=	Monthly Premium
\$	÷	\$10,000	=		X	\$	=	

Disability Insurance

Long-Term Disability (LTD)

You are automatically enrolled in the Pasco County Long-Term Disability (LTD) insurance plan provided by The Standard Insurance. There is a 90-day elimination period before LTD will start paying you for lost income. If you are approved for benefits, the plan will provide for lost wages in the event that you are unable to work due to sickness or an off the job injury. LTD will provide 40% of your monthly earnings up to a maximum of \$5,000 per month. You can elect to increase your benefit to 60% at an additional cost to you. **If you elect the buy up option after your initial eligibility date, you will be subject to medical underwriting.**

How to Calculate the Long-Term Disability Buy-UP Premium (Post-Tax)

Divide your annual income by 12 to determine your Covered Monthly Earnings (CME). Use the lesser of your CME or \$8,333, and multiply by the rate below. Divide this amount by 100. The amount equals your monthly rate.

Age	Rate
All Ages	\$0.34

1. Your annual earnings
2. Divide by 12
3. Equals monthly earnings
4. Lesser of monthly earnings or \$8,333
5. Rate from chart
6. Rate x amount on line 4
7. Divide by 100
8. Equals monthly cost

Example : Becky's earnings are \$48,000 per year. Becky's LTD benefit is based on \$48,000/12 or earnings of \$4,000 per month. Becky's monthly cost is $(\$4,000 \times \$0.34)/100 = \$13.60$.

Short-Term Disability (STD)

This important benefit provides a source of income should you become disabled from a non-work related injury or illness. Short-Term Disability provides 66.67% of your weekly earnings to a maximum weekly benefit of \$500. The benefit starts after 14 calendar days due to sickness or injury, the weekly benefit is paid as long as you are to be determined to be disabled, up to a maximum of 13 weeks.

If you elect the buy up option after your initial eligibility date, you will be subject to medical underwriting.

Pre-Existing Conditions: A pre-existing condition is an illness or any related condition for which a member received services, supplies or medication during the 3 months before the enrollment date. Benefits are not payable for a pre-existing condition until you have been enrolled for 12 months.

How to Calculate the Short-Term Disability (Post-Tax)

Divide your annual income by 52. to determine your Covered Weekly Earnings (CWE). Use the lesser of your CWE or \$750 and multiply by the rate for your age. Multiply this amount by .6667 and divide that amount by 10. The amount equals your monthly rate.

Age	Rate
18-49	\$0.214
50-54	\$0.289
55-59	\$0.416
60-64	\$0.497
65+	\$0.612
70+	\$0.612

1. Your annual earnings
2. Divide by 52
3. Equals weekly earnings
4. Lesser of weekly earnings or \$750
5. Age-based rate from chart
6. Rate x amount on line 4
7. Amount from 6 x .6667
8. Divide by 10
9. Equals Monthly cost

Example : Becky's earnings are \$48,000 per year and she is 47 years old. Becky's STD benefit is based on \$48,000/52 or earnings of \$923 per week. Becky's monthly cost is $(\$923 \times \$0.214 \times .6667) \div 10 = \12.70 .

Supplemental Benefits-AFLAC

Accident Indemnity Advantage 3

The Accident Indemnity plan will pay you in the event you are injured in an accident. The plan will provide added financial resources to help you pay for expenses incurred as a result. Flat dollar amounts are payable for wellness visits, x-rays, emergency treatment, hospitalization and more. You can choose to cover yourself and your eligible family members. Contributions are taken on a pre-tax basis. Class A amounts are for employees who spend at least 80% of their working hours in an office environment. Class B is for all others.

Cancer Protection Assurance Plan 1

This plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of benefits payable throughout the cancer treatment. You can use these cash benefit to pay for out-of-pocket medical expenses, the rent or mortgage, groceries or bills. Your choice. A wellness benefit is also payable under the plan. Contributions are taken on a pre-tax basis and coverage is available for you and your eligible dependents. In addition to the base plan you can also choose to add additional riders to your plan.

Critical Care and Recovery

The Critical Care Recovery Plan pays you cash in the event you experience a catastrophic event such as a heart attack or stroke. Benefits payable include a \$7,500 First-Occurrence Benefit, a \$3,500 Reoccurrence Benefit and a \$300 per day Hospital Confinement Benefit. The plan has no lifetime maximum and is completely portable. Contributions are based on your age and you can also cover your spouse.

Contact the Aflac representative for details and rates on each plan.



VOLUNTARY BENEFITS

Retirement Benefits

Deferred Retirement Option Program (DROP)

The Deferred Retirement Option Program (DROP) provides you with an alternative method for payment of your retirement benefits for a specified and limited period if you are an eligible Florida Retirement System (FRS) Pension Plan member. Under this program, you stop earning service credit toward a future benefit and your retirement benefit is calculated at the time your DROP participation begins. While you are in the DROP, your monthly retirement benefits accumulate in the FRS Trust Fund earning interest while you continue to work for an FRS employer. Upon termination, your DROP account is paid to you as a lump sum payment, a rollover to another qualified plan or a combination partial lump sum payment and partial rollover. Monthly benefits are paid to you in the amount calculated at DROP entry, plus any applicable cost-of-living adjustments during DROP participation.

Deferred Compensation

Employees have the option to participate in Deferred Compensation (457) retirement plans. These tax deferred, employee-funded plans allow you to have a set amount deducted each paycheck and invested in select funds.

Our Deferred Compensation participating companies are listed below.....

- [Nationwide Retirement Solutions Plan #37604001 \(877.677.3678, www.nrsforu.com \)](#)
- [CoreBridge Financial Plan #56190 \(Randy Ramos 813.269.3357, www.corebridgefinancial.com \)](#)
- [Missionsquare Retirement Plan #300371 \(866.620.6070 ext. 4938, www.missionsq.org \)](#)
- [Empower Retirement Plan #109158 \(352.428.8902, Empower: Savings; Investing and Advise \)](#)

Florida Retirement System (FRS)

The Florida Retirement System offers you the option of participating in two FRS retirement plans: the FRS Investment Plan and the FRS Pension Plan.

The FRS Investment Plan is a defined contribution plan in which employer and employee contributions are defined by law, but your ultimate benefit depends in part on the performance of your investment funds. The FRS Investment Plan is funded by employer and employee contributions that are based on your salary and FRS membership class. The Investment Plan directs contributions to individual member accounts, and you allocate your contributions and account balance among various investment funds.

The FRS Pension Plan is a defined benefit plan, in which you are promised a benefit at retirement if you meet certain criteria. The amount of your future benefit is determined by a formula, based on your earnings, length of service, and membership class. Your benefit is pre-funded by contributions paid by your employer.

You can get more information at www.myfrs.com. Make sure to register for an account, take advantage of the videos, workshop and other information available to you.



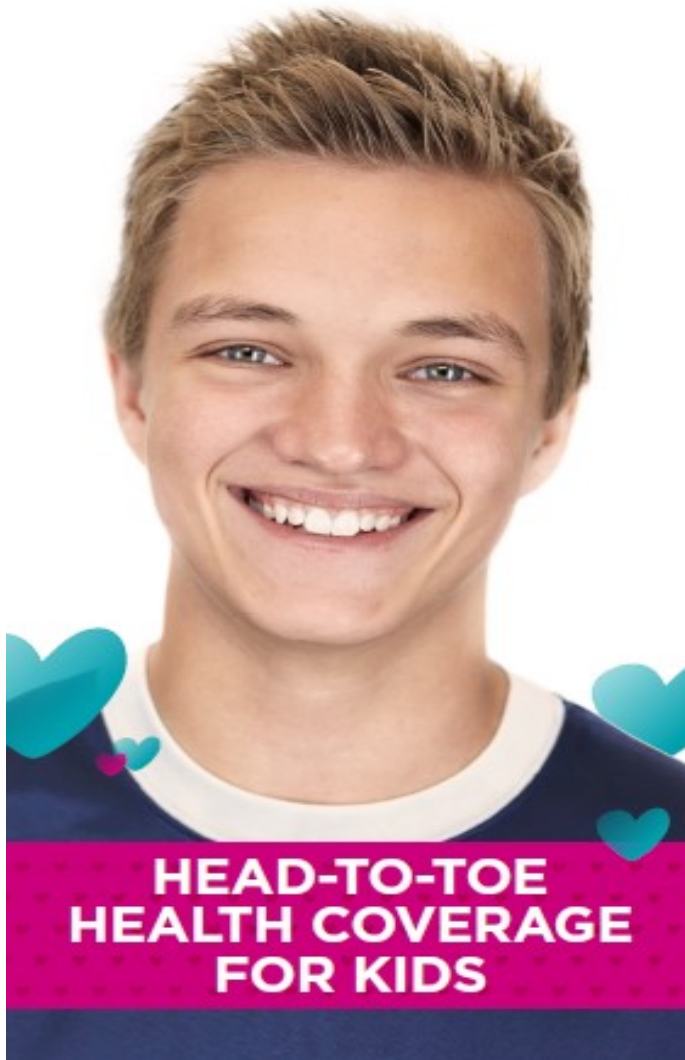
Contact Information

Resource / Service Provider	Contact Source	Details
Florida Blue (Medical Insurance)	Member Services Website	800.352.2583 www.floridablue.com
Pasco County Health/Wellness Center	Dade City, Land O'Lakes and New Port Richey	866.959.9355
Florida Combined Life (Dental Insurance)	Member Services Website	877.325.3979 (DHMO) 888.223.4892 (PPO) www.floridabluedental.com
Dental: Humana/CompBenefits	Member Services Website	800.233.4013 www.humana.com
Vision: Humana	Member Services Website	877.398.2980 www.humana.com
Flexible Spending Account: Health Equity	Claims Services Card Services Employee Portal	877.924.3967 www.myhealthequity.com
SurgeryPlus	Member Services Website	833.700.2280 PascoCountyFL.SurgeryPlus.com
Employee Assistance Program ComPsych	Member Services Website	800.272.7255 www.compsych.com
Life and Disability: The Standard	Member Services Website	888.937.4783 https://www.standard.com/
Florida Retirement Services	Member Services Website	866.446.9377 www.myfrs.com
Voluntary Products: AFLAC	Member Services Website	727.422.2602 www.aflac.com



Fl♥rida KidCare

HEALTH AND DENTAL INSURANCE



COVERAGE FOR CHILDREN

Florida children from birth through age 18 are eligible for coverage. It is free to apply and only one application is needed per family. With year-round enrollment, the time to apply is always now. Apply online at floridakidcare.org or call 1-888-540-KIDS (5437). Florida KidCare does the rest. Based on the age of the child, household size, and family income, we automatically match each child with the best fit of the four Florida KidCare programs – Medicaid, MediKids, Florida Healthy Kids, or the Children's Medical Services Managed Care Plan. It's that easy!

QUALITY BENEFITS

Florida KidCare is designed specifically with kids in mind, providing access to the services they need at each stage of growth and development. Health and dental services are delivered through quality plans that offer a choice of local doctors, dentists, specialists, hospitals, pharmacies and other health care providers.

Benefits include but are not limited to:

- Doctor Visits
- Check-ups
- Vision & Hearing
- Dental Care
- Hospital Stays
- Surgeries
- Immunizations
- Prescriptions
- Emergencies
- Mental Health

Fl♥rida KidCare
HEALTH AND DENTAL INSURANCE

HOW TO APPLY

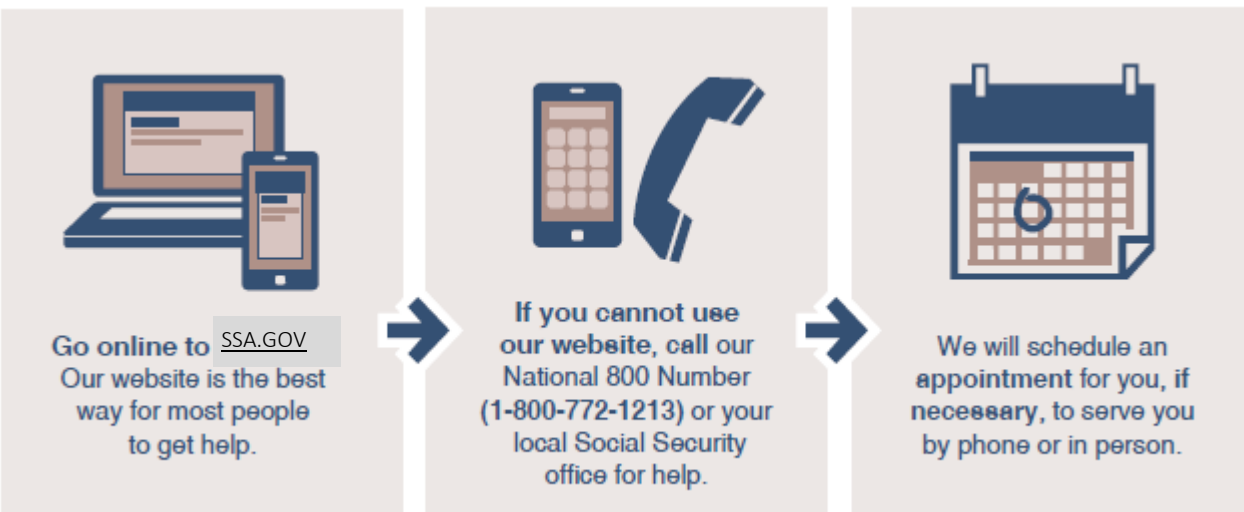
Floridakidcare.org . 1-888-540-KIDS (5437)

COMPREHENSIVE CHILD-CENTERED HEALTH AND DENTAL INSURANCE

Nearly 2.4 million Florida children rely on Florida KidCare for the head-to-toe coverage they need. But for us it's not just about the numbers, it's about the real people whose lives are made better through access to quality, affordable health care. We're Insurance with a lot of heart.

How to Get Help from Social Security

Social Security is here to help. We want you to know how to get the service you need and to be prepared so we can help you as quickly and safely as possible.



In-office appointments are not required but strongly recommended.*

What to Know if You Must Visit an Office:

Masks are only required when the COVID-19 hospital admission level where the office is located is high. Signage will indicate if masks are required. We will provide a mask if you do not have one. Consider physically distancing and avoiding crowding if COVID-19 hospital admission levels are medium or high.

If you must visit an office, you can find out if the hospital admission level is high at the **CDC's COVID-19 by County webpage**.

We appreciate your patience and understanding.

*A small number of offices temporarily may be closed or only able to provide service by appointment due to construction, inability to permit people to wait outside the office, or other reasons. Visit www.ssa.gov/emergency.



Securing today
and tomorrow

[SSA.GOV](https://www.ssa.gov)



Social Security Administration
Publication No. 05-10558
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How to Get Help from Social Security
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Annual Disclosures

HIPAA Special Enrollment Rights

Pasco County Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Pasco County Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Michelle's Law

The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after January 1, 2010.

If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

Your employer will require a written certification from the child's physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

Section 111

Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

Women's Health & 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"). 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Blue Options 3900 (PPO) (Individual: 50% coinsurance and \$1,500 deductible; Family: 50% coinsurance and N/A deductible)

Plan 2: BlueCare 52 (HMO) (Individual: 30% coinsurance and \$1,500 deductible; Family: 30% coinsurance and N/A deductible)

Plan 3: Blue Options 5781 (PPO) (Individual: 30% coinsurance and \$1,500 deductible; Family: 30% coinsurance and \$4,500 deductible)

Plan 4: BlueCare 56 (HMO) (Individual: 0% coinsurance and \$0 deductible; Family: 0% coinsurance and \$0 deductible)

Plan 5: BlueCare 122 –Individual (HMO/HSA Compatible Plan) (Individual: 10% coinsurance and \$5,000 deductible; Family: 10% coinsurance and N/A deductible)

Plan 6: BlueCare 123 – Family (HMO/HSA Compatible Plan) (Individual: 10% coinsurance and \$5,000 deductible; Family: 10% coinsurance and \$10,000 deductible)

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 or 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protections Disclosure

The Pasco County Health Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, one will be designated for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact FloridaBlue.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, please refer to FloridaBlue.



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.

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 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 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, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442

ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	MAINE – Medicaid
A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711
INDIANA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840
IOWA – Medicaid and CHIP (Hawki)	MINNESOTA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
KANSAS – Medicaid	MISSOURI – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KENTUCKY – Medicaid	MONTANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
LOUISIANA – Medicaid	NEBRASKA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPPA program: 1-800-852-3345, ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY – Medicaid and CHIP	TEXAS – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK – Medicaid	UTAH – Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA – Medicaid	VERMONT– Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: Website: https://www.coverva.org/en/famis-selecthttps://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPPA (1-855-699-8447)
PENNSYLVANIA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND – Medicaid and CHIP	WYOMING – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Notice of Creditable Coverage (Plans 52, 56, 5781 and 122/123)

Important Notice from Pasco 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 Pasco 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:

1. 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.
2. Pasco County has determined that the prescription drug coverage offered by the medical plan 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 15th to December 7th. 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 Pasco County coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Pasco County coverage, be aware that you and your dependents may 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 Pasco 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...

Reach out using the contact information 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 Pasco 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
- 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, 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: October 01, 2023

Name of Entity/Sender: Pasco County

Contact: Human Resources

Office Address: 7536 State Street
Suite 111
New Port Richey,
Florida 34654
United States

Phone Number: 727.847.8030

Notice of Non-Creditable Coverage (Plan 3900)

Important Notice from Pasco 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 Pasco 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. 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.
2. Pasco County has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Pasco County Health Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from the Pasco County Health Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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 15th to December 7th.

However, if you decide to drop your current coverage with Pasco County, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Pasco County plan.

Since you are losing creditable prescription drug coverage under the Pasco County plan, you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under the Pasco County plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, Please see pages 9 - 11 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

Reach out using the contact information 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 Pasco 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/
- 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, 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: October 01, 2023

Name of Entity/Sender: Pasco County

Contact: Human Resources

Office Address: 7536 State Street
Suite 111
New Port Richey,
Florida 34654
United States

Phone Number: 727.847.8030



The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Member Certificates or our plan's Summary Plan Descriptions (SPD). This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a fulltime employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail. This Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description.

Pasco County reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.

This Benefits Guide is a
Presentation Prepared by



Insurance | Risk Management | Consulting