

Charlotte County Sheriff's Office Benefits Overview



INTEGRITY, PROFESSIONALISM, TRUST

PARTNER CONTACT LIST - For general information contact the Risk Management Division at (941) 575-5254.

IMPORTANT CONTACT INFORMATION			
Service	Carrier	Phone Number	Website
Medical	Florida Blue	800-664-5295	www.floridablue.com
Prescription Drug	Envision Rx Options	800-361-4542	www.envisionrx.com
Dental	Florida Blue	800-664-5295	www.floridablue.com
Vision	CCSO	941-575-5254	RiskMangement@ccsofl.net
Life/AD & D	Cigna	800-732-1603	www.cigna.com
Employee Assistance Program (EAP)	Cigna	888-371-1125	www.cignabehavioral.com
Medical Advocate Program (MAP)	Delphi	888-289-0700	www.delphiMAP.com
Health & Wellness Center	MyHealth Onsite	888-644-1448	https://myhealthonsite.com/patient-access/

Medical Benefits

Plan Features	In-Network	Out-of-Network
Deductible, Per Calendar Year	\$300.00 Individual	\$1,000.00 Individual
	\$600.00 Family	\$2,000.00 Family
<i>Calendar year deductible is waived for the following: *Routine Well Care *Well Child Care *Mammograms</i>		
Coinsurance	85%	50%
Maximum Out-of-Pocket	\$1,500.00 Individual	\$4,500.00 Individual
	\$3,000.00 Family	\$9,000.00 Family

The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.

The following charges do not apply toward the out-of-pockets maximum and are never paid at 100%:

*Routine Well Care *Deductible *Co-payments.

Physician Visit	85% (after deductible)	50% (after deductible)
X-Ray and Laboratory Services	85% (after deductible)	50% (after deductible)
Emergency Room	\$100 Co-Pay & 85% (after deductible)	50% (after deductible)
Skilled Nursing Facility	85% (after deductible)	50% (after deductible)
Durable Medical Equipment	85% (after deductible)	50% (after deductible)
Mental Health & Substance Abuse Services	85% (after deductible)	50% (after deductible)
Routine Well Child Care	100% after \$15.00 Co-Pay)	Not Covered
Routine Well Adult Care	100% after \$15.00 Co-Pay	Not Covered

FLEXIBLE SPENDING ACCOUNTS

Reimbursement FSA and DCA Enrollment must take place during Open Enrollment)

The health care reimbursement Flexible Spending Account and Dependent Care Account lets you pay for certain IRS-approved medical care expenses and dependent care expenses not covered by your insurance plan with pretax dollars. For example, cash that you now spend on deductibles, copayments or other out-of-pocket medical expenses or dependent care expenses can instead be placed in the health care reimbursement FSA pretax. The annual maximum contribution to the health care reimbursement FSA is **\$2,550.00**. The annual maximum to the Dependent Care Account is **\$5,000**.

DENTAL INSURANCE

	Florida Blue		Florida Blue	
Benefit Summary	OPTION #1 CHOICE		OPTION #2 CHOICE PLUS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible <i>(Individual/Family), Waived for Preventative</i>	\$50.00		\$50.00	
Plan Year Max	\$1,000.00		\$2,000.00	
Preventative Services	100%	80%	100%	
Basic Services	90%	50%	90%	
Major Services	60%	30%	60%	
Orthodontia Adult & Child(ren)	50%	50%	50%	
Ortho Lifetime Maximum	\$1,500.00		\$1,500.00	
Monthly Tier Structure	Sheriff Pays	Employee Pays	Sheriff Pays	Employee Pays
Employee	\$22.24	\$0.00	\$22.24	\$18.04
Employee & Spouse	\$48.06	\$0.00	\$48.06	\$38.98
Employee & Child(ren)	\$59.35	\$0.00	\$59.35	\$48.12
Employee & Family	\$85.17	\$0.00	\$85.17	\$69.06
	Per Pay Period		Per Pay Period	
Employee	\$0.00		\$9.02	
Employee & Spouse	\$0.00		\$19.49	
Employee & Child(ren)	\$0.00		\$24.06	
Employee & Family	\$0.00		\$34.53	

VISION REIMBURSEMENT

Routine Vision Benefits Reimbursement Fee Schedule:

Exam.....	\$ 75.00
Frames.....	\$ 75.00
Lenses OR	
Contacts.....	\$100.00

**This is the maximum reimbursement amounts per calendar year (January 1 through December 31).*

PRESCRIPTION DRUG PROGRAM

30-Day Retail Copayment			90-Day Retail Copayment/ 90-Day Orchard Mail Order Copayment			
	Tier 1 <i>Generic</i>	Tier 2 <i>Preferred Brand</i>	Tier 3 <i>Non-Preferred Brand</i>	Tier 1 <i>Generic</i>	Tier 2 <i>Preferred Brand</i>	Tier 3 <i>Non-Preferred Brand</i>
Copay	\$7.00	\$25.00	\$50.00	\$14.00	\$50.00	\$100.00

A participating network pharmacy can be found online at www.envisionrx.com or you may also contact the EnvisionRxOptions Help Desk at 1-800-361-4542 to see if your pharmacy is in the network.

Orchard Pharmaceutical Services

As a valued client of EnvisionRxOptions, we are pleased to provide mail order services through our affiliate company, Orchard Pharmaceutical Services, located in North Canton, Ohio. Mail order is an excellent way to receive prescriptions you will be taking for a long time with no worries about availability of supply at the local pharmacy. **You will need to obtain NEW 90 Day supply prescriptions from your physician. You also must REGISTER your member information with Orchard Mail Order Pharmacy.**

LIFE AND AD & D INSURANCE

Charlotte County Sheriff's Office provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance at no cost to the employee.

Life 2 x employee salary to a maximum of \$50,000.

Guarantee Issue: Full Benefit

Accelerated Benefit: If you become terminally ill with a life expectancy of 12 months or less, you may receive 75% of your life benefit before you die.

AD & D Benefit: Your AD&D Insurance Benefit is equal to the amount of your Life Insurance Benefit; with a maximum of \$50,000.

Reduction Schedule: 65% at age 65, 50% at age 70, and 35% at age 75.

Voluntary Life Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions. Employee coverage available in units of \$10,000 to maximum of \$250,000. Coverage in excess of \$180,000 will require medical underwriting approval.

Spouse Coverage available in units of \$5,000 to maximum of \$50,000, not to exceed employee's combined additional life coverage. Coverage in excess of \$25,000 will require medical underwriting approval.

Children Coverage coverage is available in units of \$2,000 to a maximum of \$10,000.

AD & D INSURANCE CERTIFIED ONLY

Additional Accidental Death and Dismemberment coverage is available to all certified employees ONLY. This is through Charlotte County and Hartford.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) - Provides **6 face-to-face sessions per issue** with a mental health or substance abuse professional. **ALL dependents** have access to this benefit as well.

**** Additional FREE services provided through Cigna to our members and dependents****

1. **Healthy Rewards Program Health & Wellness product discounts.**
2. **Education materials on life or work issue** (webinars, printed materials and more).
 - a. *Topics include but are not limited to - Adoption, Child Care, Education, Financial Services, Legal, Parenting, Pet Care, Prenatal Care, Senior Care, Specials Needs and Summer Care*
3. **Savings Center** – a free program for everyday savings of up to 25% on name brands & luxury items.
4. **Will Preparation Program**
 - a. *Last Will & Testament, Living Will, Health Care Power of Attorney, Financial Power of Attorney, Medical Authorization for Minors, Funeral Planning, Disability Planning*
5. **Identity Theft Program**
6. **Cigna Secure Travel** – provides emergency changes to travel plans, emergency cash advances, assistance with lost or stolen items (luggage, prescriptions & other personal items), 24-hour multilingual assistance, legal referrals, and more.

SHORT-TERM DISABILITY INSURANCE

Charlotte County Sheriff's Office provides full-time employees with short-term disability income benefits, and pays the full cost of this coverage. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits. Illness or impairment verified by a certified doctor statement for thirty (30) or more continuous days, qualifies for consideration of STD. Benefits are payable for a period of twenty-four (24) weeks subject to a waiting period of thirty (30) calendar days.

Short-term Disability	
Weekly Benefits	60% of covered weekly earnings (\$1,000 max)
Waiting Period	Injury & Sickness – following a 30-day waiting period
Duration of Benefits	24 Weeks

LONG-TERM DISABILITY

If you suffer a covered disability while insured by this plan, you'll receive monetary benefits to help you maintain your normal lifestyle. This program covers disabling injuries or sickness that last beyond the elimination period, whether they occur on or off the job. This plan pays a benefit up to 60% of your monthly covered earnings – to a maximum of \$3,500 per month. **Covered Earnings** means your wages or salary, excluding overtime pay, bonuses, commissions and other extra compensation.

EMPLOYEE HEALTH & WELLNESS CENTER



2 CONVENIENT LOCATIONS

1050 Loveland Blvd
Port Charlotte, FL 33980

514 E. Grace Street
Punta Gorda, FL 33982

No Copays, Deductible or Co-insurance

Dedicated appointments

Over 100 top prescribed medications dispensed onsite at no cost to our members

Primary Care: MyHealth Onsite provides all the services of a primary healthcare physician, but at a lower cost and greater convenience. In addition to treating minor illnesses and injuries, they offer ongoing treatment and management of chronic conditions.

Chronic Disease Management: Diabetes, Asthma, Hypertension, Heart Failure, Obesity.

Health Maintenance: Weight & Nutrition, Cholesterol, Stress, Tobacco Cessation, Pre-Diabetes, Pre-Hypertension, Lifestyle & Risk Coaching.

All services rendered at MyHealth Onsite Employee Health & Wellness Center are provided at **NO COST** to our employees and their dependents.