

2008 Leon County Benefit Booklet



**Board of County Commissioners
Clerk of Courts
Supervisor of Elections**

Welcome to your Employee Benefits!

This Benefit Booklet describes the many benefits that are available to you as an eligible Leon County employee. These benefits are an important part of your compensation package. You are encouraged to read this booklet, which provides a brief summary of your benefits. Keep this Benefits Booklet for reference throughout the year. Should you have any questions concerning the benefits or eligibility described in this booklet, refer to the insurance certificates, policies, or other benefit brochures provided to you.

**If you have further questions, please contact your
Human Resources office:
Board of County Commissioners at 606-2400
Supervisor of Elections at 606-8613
Clerk of Courts at 577-4230**

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Benefits Summary

The following is a brief summary of the Benefits that are available at Leon County:

Eligibility:

- All regular full- time employees
- Leon County Board of County Commissioners and Supervisor of Elections regular part-time employees who have been employed for at least two years are eligible only for health insurance and participation in the Colonial Insurance programs.
- Part time employees with less than 2 years of service & OPS employees are not eligible to participate

Pre-Tax Advantage:

Medical, dental & vision premiums deducted from your pay can be made from pre-tax dollars. This means that the premiums deducted from your paycheck are before Federal taxes and Social Security taxes are withheld. That's a tax savings for you. Pre-tax payments allowed under the IRS regulations do not allow you to change your coverage during the year except for certain change in status events.

Benefit Options

Medical

- You can choose to participate in Capital Health Plan or United Healthcare.
- If you are a regular full time or eligible part time employee, you can also choose to Opt-Out of medical insurance coverage if you can provide proof that you have medical insurance coverage elsewhere. You can receive \$300 per month in a payment for opting out of coverage. This is taxable income to you. If a husband & wife both work for Leon County, they are not eligible for the Opt-Out Program.

Dental

- You can choose to participate in one of 2 Managed Care Plans (DHMO) which requires you to use a dentist from a Network of Participating Dentists or you can choose to participate in 2 Preferred Provider Plan (PPO) which allows you to obtain services from a Network of Participating Dentists or from any Dentist.

Vision

- This plan provides for coverage for eye exams, glasses, lenses & frames. You can choose to have your eye care provided by a Network Doctor (which provides you the least out-of-pocket expenses) or a Non-Network Doctor.

Group Term Life Insurance

Basic Life

- Leon County pays for basic term life insurance coverage in an amount equal to your annual salary if you are a Career Service or Executive Support Employee or an amount of two times your annual salary if you are in Executive or Senior Management.

Supplemental Life

- You can purchase additional life insurance in the amount of two times your annual earnings if you are a Career Service or Executive Support Employee or one times your annual salary if you are in Executive or Senior Management.
- You will need to complete an “Evidence of Insurability” form & approval is subject to the underwriting requirements of the insurance company. You could be declined coverage.

Dependent Life

- You can apply for coverage for your spouse and/or dependent children
- You can choose from the following coverage amounts:
Spouse: \$20,000 \$10,000 \$5,000
Children: \$ 5,000 \$ 2,500 \$1,500
- You will need to complete an “Evidence of Insurability” form & approval is subject to the underwriting requirements of the insurance company. Your spouse & or children could be declined coverage.

Long Term Disability Insurance (Leon County Board and Supervisor of Elections)

- You can apply for coverage that could pay you 60% of pay up to age 65 after you have been disabled for 90 days.
- You will need to complete an “Evidence of Insurability” form & approval is subject to the underwriting requirements of the insurance company. You could be declined coverage.

Flexible Reimbursement Accounts

- You can choose to participate in this program which allows you to pay for certain health care & dependent care expenses through payroll deduction with pre-tax dollars.
- You can contribute a maximum of \$5,000 to the health care account and \$5,000 to the dependent care account.
- Careful planning of expenses is essential because IRS regulations require that participants forfeit any money left in the account at the end of the year.

Voluntary Plans

- Opportunity to participate in ARAG-Legal Plan which provides coverage for legal services that you may need.
- Opportunity to apply for coverage with Colonial Life which provides insurance coverage for: Cancer, Intensive Care, Accident & Disability & Hospital Indemnity; or for Long Term Care Insurance with Blue Cross/Blue Shield. You may need to provide “Evidence of Insurability” & approval of your application is subject to the underwriting requirements of the Insurance Company. You could be declined coverage.
- Opportunity to enroll in limited additional Life Insurance with Reliance Standard Life without Evidence of Insurability.

Retirement (Contact Human Resources for information)

- Automatic participation in the Florida Retirement System. No contributions are required. You can choose to participate in the Pension Plan or the Investment Plan
- Opportunity for you to save for retirement through payroll deduction with pre-tax dollars in Deferred Compensation Plans through VALIC, ICMA or NACO. You can choose to participate any time during the year.

Other Benefits Available (Contact Human Resources for information)

- Sick Leave Pool (BOCC)
- Tuition Assistance
- Employee Assistance Program (EAP) and Mediation Program (BOCC & Clerk)
- Florida PrePaid College Savings Program
- Annual & Sick Leave Accruals
- Volunteer Service-Project Lead (BOCC)
- Parking (Cost deducted Pre-Tax)

**LEON COUNTY BOARD OF COUNTY COMMISSIONERS,
CLERK OF COURTS AND THE SUPERVISOR OF ELECTIONS**

Notice of Privacy Practices (NPP)

LEON COUNTY FLEXIBLE BENEFITS PLAN
NOTICE OF PRIVACY PRACTICES

This Notice is effective January 1, 2005

This notice will describe how medical information about you may be used and disclosed
and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY

If you have any questions about this Notice, or you would like to make a request concerning your rights, please contact the Privacy Officer through the Leon County Human Resources Division. This Notice applies to all records about your health care that we complete or have access to and relate to your eligibility or method of payment for such care.

OUR RESPONSIBILITIES

This privacy notice will tell you about the lawful ways in which we may use and disclose your Protected Health Information (PHI). It also describes your rights and the responsibilities we have regarding the use and disclosure of your PHI. PHI is information that may identify you (including your name, address, and social security number), that relates to your past, present, or future physical or mental health condition, your health care services, and payment for your health care services.

Leon County Human Resources Division is required by law to maintain the security and privacy of your PHI and to provide you with this Notice of our Privacy Practices and legal duties. We are required to follow the terms of this Notice. We reserve the right to change the terms of this notice and to make any new provisions effective to the entire PHI that we maintain about you. If we revise this notice, we will provide you with a revised notice upon request. We will also make any revised Notice available in our reception area and on our website at <http://www.co.leon.fl.us/> .

USES and DISCLOSURES of PHI

To comply with the law only the individual's "Minimum and Necessary" PHI will be used or disclosed to accomplish the intended purpose of the use, disclosure, or request. It is the Leon County Human Resources Division policy to limit the use or disclosure of an individual's PHI on a "need to know" basis. The following categories describe some of the different ways we may use and disclose your PHI.

Payment:

We may use and disclose your PHI for payment activities. For example, we may use and disclose your PHI to process and pay your bill for health care services, when your health care provider requests information regarding your eligibility for coverage under our health plan, or in reviewing the medical necessity of the treatment you received, or in coordinating payment with other insurance carriers or facilities, or in coordinating reimbursement under our Flexible Benefits Plan.

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Business Associates:

We may disclose your PHI to third party "business associates" that perform various services for us.

Individuals Involved in Your Care:

We may use and disclose your PHI to a family member or other person's you identify involved in your care. We will disclose only PHI relevant to that person's involvement in your care or payment for your care. We may use and disclose your PHI for locating and notifying a family member, a personal representative, or another person responsible for your care. If you are unable to agree or object to this disclosure, we may disclose such information as we deem is in your best interest based on our professional judgment.

State of Florida Monitors and Other Auditors:

We may disclose your PHI to State of Florida monitors and other auditors determining our compliance with the law, other state and federal regulations, and Generally Accepted Accounting Procedures.

Research:

We may use and disclose your PHI for research purposes in certain limited circumstances.

Required By Law: We will disclose your PHI as required by federal or state law including:

Military and National Security. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities who have appropriate authorization in writing citing the relevant Law, U.S. Code, Code of Federal Regulations, Florida Statute, and / or Florida Administrative Code. We may also be required to disclose your PHI to authorized members of the Armed Forces for activities deemed necessary, and described and justified in writing by appropriate military authorities.

Public Health. We may disclose your PHI for public health activities. For example, we may disclose your PHI when necessary to prevent a serious threat to you or others health and safety. Public health activities generally include: (1) to prevent or control disease, injury or disability; (2) to report births and deaths; (3) to report child abuse or neglect; (4) to report reactions to medications or problems with products; (5) to notify people of recalls of products they may be using; (6) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (7) to notify the appropriate government authority if we believe the individual has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. Government oversight agencies include those agencies that oversee government benefit programs, government regulatory programs, and civil rights laws.

Legal Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding to the extent expressly authorized by a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you or your attorney representative about the request or to obtain an order protecting the information requested.

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Law Enforcement. We may disclose your PHI to law enforcement officials for law enforcement, including: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) pertaining to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct that occurs on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors. We may disclose your PHI to a coroner or medical examiner for purposes of identifying a deceased person or determine cause of death. We may also disclose your PHI to a funeral director, as authorized by law, in order for the director to carry out assigned duties.

Inmates. If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or law enforcement official holding you in custody in order for: (1) the institution to provide you with health care; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

OTHER USES and DISCLOSURE OF YOUR PHI

Other disclosures of your PHI not covered by this notice or laws that apply to our use and disclosure will be made only with your written authorization. You may revoke your authorization, in writing, at anytime. If you revoke your authorization we will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any use or disclosure that has already been made with your authorization or that has been made as described in this notice.

YOUR RIGHTS

The following is a description of your rights with respect to your Protected Health Information.

Right to a Request A Restriction. You have the right to request a restriction on certain uses and disclosures of your PHI, including that for treatment, payment, or health care operations. You also have the right to request a restriction on the disclosure of your information to individuals involved in your care or payment for your care. Leon County Human Resources Division will give serious consideration to your request but is not required to agree to any such restrictions. If we do agree, we will comply with the restriction unless the information is needed under exceptional circumstances. If we are unable to notify you of these exceptional circumstances prior to the fact, we will notify you of those circumstances as soon as reasonably possible. To request a restriction please contact the Privacy Officer. Your request must specify (1) the information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to Access, Inspect, And Copy. You have the right to access, inspect, and obtain a copy of your PHI that may be used to make decisions about your health care benefits. This includes your medical and billing records, but may not include information that is subject to laws that prohibit access. We may deny your request to access, inspect, and copy in certain limited circumstances. If you are denied access, you may request that the

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denial be reviewed. A licensed health care provider chosen by us will review your request and denial. The person performing this request will not be the person who denied your initial request. We will comply with the outcome of that review. To inspect and copy your PHI, please contact the Privacy Officer. A fee may be charged for the cost of copying, mailing, or other supplies associated with your request.

Right to Amend - If you believe any of your information in our possession is inaccurate you may request, in writing, that we amend or correct the information that you believe to be erroneous. To request an amendment, contact the Privacy Officer. You will be required to provide a reason that supports your request. We may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the Protected Health Information kept by or for us; (3) is not part of the information which you would be permitted to inspect or copy; or (4) is accurate and complete. If we deny your request you may submit a short statement of dispute, which will be included in any future disclosure of your information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of disclosures of your PHI. This is a list of the disclosures of your PHI that we made to others. The list does not include disclosures made: (1) for treatment, payment and any other health plan operations; (2) to you; (3) that are incidental disclosures; (4) in accordance with an authorization; (5) for national security or intelligence purposes; and (6) to correctional institutions or law enforcement officials for the provision of health care, safety of individual, other inmates, and officers and employees. To request an accounting contact the Privacy Officer. You may request an accounting for disclosure made up to 6 years before the date of your request but not for disclosures made before January 1, 2005. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you the cost of providing the list. We will notify you of the fee before any costs are incurred.

Right to Confidential Communications. You have the right to request that you receive communication of your Protected Health Information in a certain time or manner (for example, by e-mail rather than by regular mail, or never by telephone). For example, you may ask that we only contact you at work or by U.S. Mail. We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may request a paper copy by contacting the Privacy Officer. In addition, you may obtain a copy of this notice on the Leon County website: <http://www.co.leon.fl.us/>

COMPLAINTS

If you believe your privacy rights have been violated, please send your complaint, in writing, to the Privacy Officer. All complaints will be resolved in a timely manner. If we cannot resolve your concern, you have the right to file a written complaint with the Secretary of the United States Department of Health and Human Services. You will not be retaliated against in any way for filing a complaint.

If you would like to discuss the privacy of your Protected Health Information in detail, or if you have any concerns, please feel free to contact the Privacy Officer. For additional information please visit the Leon County website at: <http://www.co.leon.fl.us/> or the Leon County Human

**LEON COUNTY BOARD OF COUNTY COMMISSIONERS,
CLERK OF COURTS AND THE SUPERVISOR OF ELECTIONS**

Human Resources Division contact person at:

315 South Calhoun Street, Tallahassee, Florida 32301

Leon County Board of County Commissioners

Suite 502

850-487-2220

Clerk of Courts

Suite 450

850-577-4230

Supervisor of Elections

Suite 110

850-606-8613

Service Directory

For all service related issues please call:

Brown & Brown, Inc
3520 Thomasville Rd. Suite 500
Tallahassee, FL 32309
850.656.3747

Fringe Benefits Management Company
3101 Sessions Road
Tallahassee, FL 32303
800.342.8017

LEON COUNTY BOARD OF COUNTY COMMISSIONERS	LEON COUNTY CLERK OF COURTS
MEDICAL	MEDICAL
Capital Health Plan 850.383.3311	Capital Health Plan 850.383.3311
United Healthcare 1.800.411.1147	United Healthcare 1.800.411.1147
DENTAL	DENTAL
CompBenefits 1.800.342.5209	CompBenefits 1800.342.5209
United Healthcare 1.877.816.3596	United Healthcare 1.877.816.3596
VISION	VISION
Vision Care 1.800.865.3676	Vision Care 1.800.865.3676
TERM LIFE INSURANCE	TERM LIFE INSURANCE
Florida Combined Life 1.800.333.3256	Florida Combined Life 1800.333.3256
Reliance Standard Life 1.800.644.1103	Reliance Standard Life 1.800.644.1103
LONG TERM DISABILITY	LONG TERM DISABILITY
Michael J. Milton North Florida Insurance Service, Inc. 4356 Lafayette St. Marianna, FL 32446 1.800.652.5032	Michael J. Milton North Florida Insurance Service, Inc. 4356 Lafayette St. Marianna, FL 32446 1.800.652.5032
LONG TERM CARE	LONG TERM CARE
Blue Cross/Blue Shield 1.888.202.3393	Blue Cross/Blue Shield 1.888.202.3393
LEGAL	LEGAL
ARAG Group 1.800.523.5299	ARAG Group 1.800.523.5299
Supplemental Products	Supplemental Products
Colonial Supplemental Insurance 850.962.2600 850.962.2500	Colonial Supplemental Insurance 850.962.2600 850.962.2500
AFLAC (Brown & Brown, Inc.) 850.656.3747	
Flexible Spending Account, Medical Reimbursement Account, Dependent Daycare	Flexible Spending Account, Medical Reimbursement Account, Dependent Daycare
Fringe Benefits Management Company 3101 Sessions Road Tallahassee, FL 32303 Customer Service: 800.342.8017	Fringe Benefits Management Company 3101 Sessions Road Tallahassee, FL 32303 Customer Service: 800.342.8017

2008 EMPLOYEE CONTRIBUTIONS PER PAY CHECK

Your employee contributions are deducted from your paycheck 24 times per year. The rates below reflect what you would pay for your benefits each paycheck.

	Coverage Type		
	Employee Only	Employee + 1 Dependent	Family
<u>MEDICAL PLANS</u>			
Capital Health Plan	\$15.56	\$32.21	\$41.23
United	\$20.31	\$42.04	\$53.82
Full Time Employees	(If both spouses employed by LCBCC or by LCBCC and a Constitutional Office, then no employee contribution required for Family coverage)		
Part Time Employees			
Capital Health Plan	\$15.56	\$237.36	\$357.81
United	\$20.31	\$310.07	\$467.14
<u>DENTAL PLANS</u>			
CompBenefits			
DHMO (Managed Care)	\$10.55	\$17.86	\$28.15
Advantage	\$7.62	\$14.78	\$24.50
PPO (Preferred Provider)	\$12.67	\$24.21	\$40.18
United			
PPO Plan	\$15.42	\$30.57	\$54.23
<u>VISIONCARE PLAN</u>	\$2.99		\$8.55
<u>SUPPLEMENTAL TERM</u>			
<u>LIFE INSURANCE</u>	\$0.43 cents per thousand dollars of coverage		
<u>DEPENDENT LIFE</u>			
<u>INSURANCE</u>	Coverage Type		
	Spouse	Children	Premium
	\$20,000	\$5,000	\$3.12
	\$10,000	\$2,500	\$1.58
	\$ 5,000	\$1,500	\$0.86
<u>LONG TERM</u>			
<u>DISABILITY</u>	Monthly rates are based on age and \$100 of pay.		
	Age Band	Rate	
	29 or less	\$0.46	
	30-34	\$0.60	
	35-39	\$0.67	
	40-44	\$0.97	
	45-49	\$1.20	
	50-54	\$1.73	
	55-59	\$2.56	
	60-64	\$3.31	
	65 or over	\$3.38	
<u>ARAG LEGAL PLAN</u>	\$8.75		

Colonial Voluntary Plans Rates are based on the type of Plan. Contact Colonial Representative for plans and rates.

*Please contact a Brown & Brown Representative for information on Reliance Standard Life Voluntary Group Life and Blue Cross Blue Shield Long Term Care plan and rates.

MEDICAL INSURANCE



Capital Health
P L A N



UnitedHealthcare[®]

A UnitedHealth Group Company

**LEON COUNTY BOARD OF COUNTY COMMISSIONERS
2008**

MEDICAL PLAN COVERAGE COMPARISON CHART

The following chart is a brief outline/summary of benefits of the HMO medical plans offered at Leon County. This summary is intended to just highlight the Plan benefits and does not constitute a contract. Complete benefit plan provisions are available in master policies, contracts or agreements. If there are discrepancies between this summary and the policies, contracts or agreements, then the provisions of the policies, contracts and agreements will take precedence.

<u>Member Services Phone Number</u>	<u>CAPITAL HEALTH PLAN</u>	<u>UNITED HEALTH CARE</u>
383-3311		1-800-411-1147
<u>Medical Plan Website</u>	www.capitalhealth.com	www.uhc.com
<u>Type of Plan</u>	HMO	HMO
<u>Network Coverage Area</u>	Tallahassee Region	United States Choice/ChoicePlus Network
<u>Coverage outside Tallahassee area</u>	Condition must be life threatening	Coverage is the same as current plan anywhere in US with ChoicePlus Network
<u>Primary Care Physician (PCP) Access</u>	CHP members must choose PCP at time of enrollment for the management/coordination of health care needs. If a PCP is not chosen at the time of enrollment, one will be assigned by CHP.	No selection of PCP at time of enrollment needed. Freedom to see any in-network PCP
<u>Specialist Access</u>	CHP PCPs will arrange for referrals for specialty care.	Freedom to see any in-network specialist without a referral
<u>National Centers of Excellence Access</u>	Patient's case and facility subject to Medical Director review	Physician refers patient's case to the United Resource Network. Nurse is assigned as a point of contact and to coordinate care. Patient is sent to the center for an evaluation to determine if treatment is needed.

UNITED HEALTH CARE

CAPITAL HEALTH PLAN

PLAN COVERAGES

OUT-OF-POCKET MAXIMUM

Individual
Family
(excluding copayments for prescription drugs)

\$1,500
\$3,000

**LIFE TIME MAXIMUM
COVERAGE**

None
MEMBER COPAY

PHYSICIAN SERVICES

Inpatient Medical Visits

No Charge

Office Visits

\$10/visit

Surgery

\$10 Copay in physicians office
No Charge when in Hospital

\$10 Copay in physicians office
No Charge when in Hospital

Anesthesia

No Charge

No Charge

Allergy Testing/Treatments

\$10 Copay

\$10 Copay

Allergy Injections

\$10 Copay in physicians office

\$10 Copay in physicians office

Maternity (Pre & Post Care)

\$10/visit

\$10/visit

Lab Work

No Charge

No Charge

PREVENTIVE SERVICES

Routine Physicals

\$10/visit

\$10/visit

Immunizations/Screenings

\$10/visit

\$10/visit

Well Child Care

\$10/visit

\$10/visit

Hearing Screening

\$10/visit up to age 17

\$10/visit up to age 17

DIRECT ACCESS SERVICES

Dermatology

OB/GYN Exam

Vision Screening
(glasses & contact lenses not covered)

Podiatry

Spine & Back Disorder Treatment

DIABETES TREATMENT

In Physician Office

IN-HOSPITAL SERVICES

Semi-Private Room & Board

Ancillary & Professional Services

Medical Services

Anesthesia

Maternity (Pre & Post Care)

Diagnostic Services

Intensive Coronary Care

Surgical Procedures

CAPITAL HEALTH PLAN

\$10/visit; limit of 5 visits/year

\$10/visit for well woman exam

\$10/visit for routine eye exams

\$10/visit;
when medically necessary

\$10/visit;
for acute & diagnostic conditions

\$10/visit;
see member handbook for details

No Charge

No Charge

No Charge

No Charge

No Charge

No Charge

No Charge;
when medically necessary

No Charge;
subject to approval

UNITED HEALTH CARE

No limits; this only applies to
HMO's where referrals are required

\$10/visit for well woman exam

\$10/visit for routine eye exams

\$10/visit;
when medically necessary

\$10/visit;
for acute & diagnostic conditions

\$10/visit;
see member handbook for details

No Charge

UNITED HEALTH CARE

No Charge	No Charge
No Charge	No Charge; \$10 copay for allergy testing
No Charge;	No Charge; may require prior authorization
No Charge	No Charge
No Charge	No Charge
No Charge	No Charge
\$10/visit; for conditions subject to significant improvement in 62 days	\$10/visit; for conditions subject to significant improvement in 62 days

CAPITAL HEALTH PLAN

No Charge	No Charge
No Charge	No Charge
No Charge	No Charge
No Charge; when medically necessary	No Charge; when medically necessary
No Charge; when medically necessary	No Charge; when medically necessary
No Charge	No Charge
No Charge	No Charge
No Charge	No Charge
No Charge; \$10 copay for allergy testing	No Charge; \$10 copay for allergy testing
No Charge; may require prior authorization	No Charge; may require prior authorization
No Charge	No Charge
No Charge	No Charge
No Charge	No Charge
\$10/visit; for conditions subject to significant improvement in 62 days	\$10/visit; for conditions subject to significant improvement in 62 days

OUTPATIENT HOSPITAL SERVICES

Operating & Recovery Room	
Acute & Chronic Dialysis	
Drugs, Medications & Radiotherapy	
Specialty Care & Consultants	
Special Duty Nursing	
Outpatient Surgery	
Radiology & Diagnostic Testing	
Mammogram	
Routine: Chest x-ray, EKG, etc	
Specialized: Ultrasound, EEG, allergy testing, etc.	
Extensive: Cat scan, MRI, etc.	
Lab Work	
Chemotherapy	
Dialysis Services	
Short Term Therapy	
Occupational, Physical, Speech, Inhalation	

CAPITAL HEALTH PLAN

UNITED HEALTH CARE

EMERGENCY CARE SERVICES

Hospital ER Room

\$100/episode, waived if admitted

\$100/episode, waived if admitted

Physician Charges

Included in above \$100 copay

Included in above \$100 copay

Ugent Care Facility

\$15/visit

\$15/visit

EXTENDED CARE SERVICES

Skilled Nursing Facility

No Charge;
up to 60 days per admission

No Charge;
up to 60 days per admission

Hospice Care

No Charge

No Charge

Home Health Care

No Charge

No Charge

MENTAL HEALTH

Inpatient Facility

No Charge; up to 31 days/year

No Charge; up to 30 days/year

Outpatient Facility & Physician Office

\$20/visit; up to 20 visits/year

\$20/visit; up to 20 visits/year

Day Treatment Facility

Not Covered

Not Covered

Partial Hospitalization

No Charge; 2 days of partial
hospitalization counts as 1 day
towards mental/nervous benefit

No Charge; 2 days of partial
hospitalization counts as 1 day
towards mental/nervous benefit

SUBSTANCE ABUSE

Inpatient Facility

No Charge; detoxification only

No Charge; detoxification only

Outpatient Facility

\$20/visit; up to 20 visits/year
(Combined with mental health
outpatient visits)

\$20/visit; up to 20 visits/year
(Combined with mental health
outpatient visits)

No Charge for diagnostic medical
treatment for drugs and
alcohol detoxification

No Charge for diagnostic medical
treatment for drugs and
alcohol detoxification

CAPITAL HEALTH PLAN

UNITED HEALTH CARE

OTHER SERVICES

DME	No Charge; up to \$2,500 per member per year	No Charge; up to \$2,500 per member per calendar year
Prosthetics	No Charge	No Charge; \$2500 per calendar year
Orthotics	Not Covered	Not Covered
TMJ/Orthognatic	No Charge; when medically necessary	Not Covered
Organ Transplants	No Charge; subject to limitations	No Charge; subject to limitations
Ambulance	No Charge; when medically necessary	No Charge
Medical Supplies	No Charge; when part of medical treatment	No Charge; when part of medical treatment
Sterilization Services	No Charge; surgical sterilization including tubal ligations and vasectomies	No Charge; surgical sterilization including tubal ligations and vasectomies
Fertility Services	\$10/visit; \$2,000 Lifetime Max other than those services specifically described in the Covered Services section of the Member Handbook are excluded	\$10/visit; family planning services other than those services specifically described in the Covered Services section of the Member Handbook are excluded
Infertility Services	\$10 for endometrial biopsy, sperm count & hysterosalpingography	\$10 for endometrial biopsy, sperm count & hysterosalpingography

UNITED HEALTH CARE

CAPITAL HEALTH PLAN

PRESCRIPTION DRUGS (for 30 day supply)

Generic	\$7	\$7
Preferred Brand	\$20	\$20
Non-Preferred Brand	\$35	\$35
Mail Order		Co-pays in booklet

New employees wishing to enroll in medical insurance must submit an enrollment application within 30 days of employment. It may be necessary to contact the physician's office before making your selection in CHP to determine if the physician is accepting new patients.

Employees who have medical insurance through another plan outside of LCBCC may elect to participate in the Medical Insurance Opt-Out Program and receive \$300/month. Employees must provide written proof of other medical coverage, within 30 days of employment, in order to participate.

SPECIAL NOTICES:

DECLINING ENROLLMENT IN THE MEDICAL PLAN

If you are declining enrollment for yourself or your dependents because of other medical insurance coverage, you may in the future be able to enroll yourself of your dependents in one of the medical plans, provided that you request enrollment within 31 days after your coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption/placement for adoption, you may be able to enroll yourself & your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption/placement for adoption.

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

Mastectomies & related reconstructive surgery are covered benefits for members in the medical plans. This includes both reconstruction of the breast on which surgery was performed as well as surgery & reconstruction of the other breast to produce a symmetrical appearance. Coverage is also available for breast prosthesis & for the physical complications of mastectomy, including lymphedemas.

Important Notice from Leon 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 Leon 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.

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. Leon County has determined that the prescription drug coverage offered by the Leon County medical insurance vendors (Capital Health Plan and United) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. *In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.* 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.

If you decide to join a Medicare drug plan, your Leon County coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

If you enroll in a Medicare prescription drug plan, you and your dependents will no longer be eligible for Leon County's retiree medical or prescription drug coverage and you will not be able to have that coverage reinstated if you later disenroll from the Medicare prescription drug plan. Before you decide to enroll in a Medicare prescription drug plan, you should compare your Leon County medical plan options—including which drugs are covered—with the coverage and cost of the plans offering Medicare medical and prescription drug coverage in your area.

If you do decide to join a Medicare drug plan and drop your Leon County prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop or lose your coverage with Leon 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 prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the 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 November to join.

For more information about this notice or your current prescription drug coverage...

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

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 whether or not you are required to pay a higher premium (a penalty).

Date:	11/01/07
Name of Entity/Sender:	Leon County
Contact--Position/Office:	Ernie Poirier(BOCC)/Sharon Ferrell(Clerk of Courts)/Cindy Kelly (Supervisor of Elections)
Address:	315 S. Calhoun St., Tallahassee, FL 32301 Suite 502 (BOCC), Suite 450 (Clerk of Courts), Suite 110(Supervisor of Elections) (850) - 606-2417 (BOCC), 577-4230 (Clerk of Courts), 606-8613 (Supervisor of Elections)
Phone Numbers:	

2008 SUMMARY OF COMPBENEFITS DENTAL OPTIONS

DHMO Plan **Advantage Plan** **PPO EP700 Plan**
CS150 **AVNI** **In Network** **Out of Network**
Copayment **Reimbursement** **Reimbursement**

Partial Listing of Covered Services

	Type I - Diagnostic & Preventive Services	Copayment	In Network Reimbursement	Out of Network Reimbursement
9430	Office Visit (Normal Hours)	\$5.00	\$0.00	
120	Periodic oral evaluation	No Charge	No Charge	
140	Limited oral evaluation	No Charge	No Charge	
150	Comprehensive oral evaluation	No Charge	No Charge	
210	Intraoral-complete series (including bitewings)	No Charge	No Charge	
220	Intraoral-periapical-first film	No Charge	No Charge	
274	Bitewings-four films	No Charge	No Charge	
330	Panoramic film	No Charge	No Charge	
1110	Prophylaxis-adult (once every six months)	No Charge	No Charge	
1120	Prophylaxis-child (once every six months)	No Charge	No Charge	
1203	Topical application of fluoride (up to 16 years of age)	No Charge	No Charge	100% of PPO Schedule; balance billing applicable

Type II - Basic Services

1351	Sealant-per tooth	\$10.00	No Charge	80% of PPO Schedule; balance billing applicable
2140	Amalgam-one surface, primary or permanent	No Charge	\$24.00	
2150	Amalgam-two surfaces, primary or permanent	No Charge	\$31.00	
2330	Resin-based composite-one surface, anterior	\$35.00	\$24.00	
2331	Resin-based composite-two surfaces, anterior	\$40.00	\$31.00	
2391	Resin-based composite-one surface, posterior	\$60.00	\$28.00	

Type III - Major Services (12 month waiting period. Time served on the employer's immediate/preceding group dental plan may be credited towards this waiting period.)

2750	Crown-porcelain fused to high noble metal	\$280.00+up to \$125 per unit for high noble metal	\$466.00	50% of PPO Schedule; balance billing applicable
3330	Molar Root Canal	\$250.00	\$497.00	
4341	Periodontal scaling and root planning- per quadrant	\$50.00	\$39.00	
4910	Periodontal maintenance	\$50.00	\$23.00	
7140	Extraction, erupted tooth or exposed root	No Charge	\$26.00	

Type IV - Orthodontics

8070/8080	Comprehensive orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age; up to 24 months of routine orthodontic treatment for Class I & Class II cases. Consultation Evaluation Records/Treatment Planning Orthodontic Treatment	No Charge \$35.00 \$250.00 \$1,800.00	No Charge \$35.00 \$250.00 \$2,100.00	Participating Providers will reduce their fees by 25%. Not Covered.
8090	Comprehensive orthodontic treatment of the adult dentition. Adults 19 years of age and over; up to 24 months of routine orthodontic treatment for Class I & Class II cases. Consultation Evaluation Records/Treatment Planning Orthodontic Treatment	No Charge \$35.00 \$250.00 \$2,000.00	No Charge \$35.00 \$250.00 \$2,300.00	

Maximum Benefits

Lifetime Maximum - Type I, II, III	Unlimited	Unlimited	Unlimited
Calendar Year Maximum - Type I, II, III	\$1,000	\$1,000	\$1,000
Deductible (three times per family maximum) - Type I	Waived	Waived	Waived
Type II, III	\$50	\$50	\$50

With the CS150 plan, in order to receive benefits you must contact the dental office you have selected. With the Advantage plan, no preselection of dentist is required, you may be treated by any dentist within the network. With both the CS150 and Advantage Plans, copayments and benefits are available with network providers only.

This schedule shows only a few of the covered procedures. This schedule is intended for comparison purposes only. The benefits for each plan will be determined by the contract. For a complete listing of benefits and exclusions and limitations, please reference the certificate of coverage.

SUMMARY OF UNITED HEALTHCARE'S DENTAL OPTIONS

In and Out of Network

In and Out of Network

	Non-Orthodontics	Orthodontics
Individual Annual Deductible	\$50	
Family Annual Deductible	\$150	
Maximum (combined for both In-Network and Out-of-Network services)	\$1500 per person per calendar year	\$1000 per person per lifetime

	In-Network	Out-of-Network
Annual deductible applies to preventative and diagnostic services	No	No
For new enrollees, there will be a waiting period of: Employees already enrolled in dental will be given prior credit	12 months for Major	12 Months for Major
Orthodontic eligibility requirement	12 months for Ortho Child up to age 19	12 months for Ortho Child up to age 19

	In-Network	Out-of-Network
Covered Services		
Preventive and Diagnostic Dental Services		
Periodic Oral Examinations	100%	100%
Bitewing X-rays	100%	100%
Complete Series or Panorex X-rays	100%	100%
Dental Prophylaxis (Cleanings)	100%	100%
Fluoride Treatments	100%	100%
Sealants	100%	100%
Basic Dental Services		
Amalgam Restorations (Fillings)	80%	80%
Composite Resin (Fillings)	80%	80%
Space Maintainers	80%	80%
Simple Extraction	80%	80%
Surgical Extraction including impacted Wisdom Teeth	80%	80%
General Anesthesia	80%	80%
Palliative Treatment (Relief of Pain)	80%	80%
Root Canal Treatment	80%	80%
Root Planning	80%	80%
Periodontal Surgery	80%	80%
Major Dental Services		
Crowns	50%	50%
Fixed Bridges	50%	50%
Full Dentures	50%	50%
Inlays and Onlays	50%	50%
Partial Dentures	50%	50%
Recent Bridges, Crowns, Inlays	50%	50%
Relining Dentures	50%	50%
Repairs to Full Dentures, Partial Dentures, Bridges	50%	50%
Orthodontic Services		
Diagnose or correct misalignment of the teeth or bite including Phase I and Phase II	50%	50%

*The in-network percentage of benefits is based on the discounted fee negotiated with the provider.

**The out-of-network percentage of benefits is paid at 85th percentile of the usual and customary rates prevailing in the geographic area in which the expenses are incurred.

	NETWORK DOCTOR	NON-NETWORK DOCTOR	BENEFITS
Eye Exams	\$10 copay; then paid in full	\$35 allowance	Exam every 12 months
Lenses (per pair)	\$15 copay; then paid in full	See below	Lenses every 12 months
Single		\$25 allowance	
Bifocal		\$40 allowance	
Trifocal		\$60 allowance	
Lentical		\$100 allowance	
Contact Lenses			
Elective (exam + lenses)	\$10 copay for exam and \$105 allowance for lenses (including fitting, follow up exam and lenses)	\$35 allowance for exam and \$105 allowance for lenses (including fitting, follow up exam, and lenses)	This allowance is paid with the same frequency as lenses. The plan provides an allowance for contacts instead of lenses and frames.
Medically Necessary	\$15 copay; then paid in full	\$210 allowance	Prior authorization is required for Medically Necessary contact lenses as indicated in the Certificate of Coverage.
Frame	\$15 copay; then paid in full	\$40 allowance	Every 24 months. The plan covers frames based on the manufacturers wholesale price. Price of covered frames may vary among plan doctors, though the value of your covered frame stays the same. You may be required to pay extra only if you choose a frame that exceeds the covered wholesale price.
LASIK Procedures	The plan has contracted with many of the finest LASIK facilities and eye doctors to offer this procedure at substantially reduced fees. The network of LASIK centers features all TLC Laser Center (TLC Vision) facilities as well as many of the leading independent centers in the country.	No benefit available	To receive \$1800 reduced fee, member must use the Laser Center's facilities. Member receives a 10% discount for using out of network doctors, with the maximum allowable amount \$1800.
Out of State Services	Through Nationwide network	Same benefits	In-network services are available through a nationwide network of participating doctors. If plan members travel or move to another state, their plan goes with them. They can simply request a list of Member Doctors for that area along with a benefit form, and as long as they are eligible, they will receive the same benefits as they would in their home state.

The amounts shown are maximum benefits. The actual benefit amount the plan will reimburse to a plan member for non-network doctors will be the least of: the maximum shown in the schedule; the amount actually charged; or the amount a doctor usually charges a private patient. The availability of services under the non-network reimbursement schedule is subject to the same time limits and copayments as those for network services. The plan pays non-network benefits in place of services from a network doctor.



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association. Serving Residents and Businesses of Florida.

**TERM LIFE INSURANCE
FLORIDA COMBINED LIFE**

DEPENDENT LIFE

SUPPLEMENTAL LIFE

BASIC LIFE

ELIGIBILITY

Full Time Employee

Full Time Employee

Full Time Employee

**WAITING PERIOD
FOR NEW HIRES**

1st Day of the Month Following Date of Hire

1st Day of the Month Following Receipt of Application (Must submit Application within 30 days of Date of hire)

1st Day of the Month Following Receipt of Application (Must submit Application within 30 days of date of hire)

**WAITING PERIOD
FOR CURRENT
EMPLOYEES**

1st Day of the Month Following Evidence of Insurability Approval by Insurance Company

1st Day of the Month Following Evidence of Insurability Approval by Insurance Company

**WHO PAYS FOR
THE PLAN**

Leon County

Employee

Employee

**COVERAGE AMOUNT
EXECUTIVE &
SR. MANAGEMENT**

2 x Basic Annual Salary

1 x Basic Annual Salary

Options:
Spouse and Dependents \$20,000 and \$5,000
\$10,000 and \$2,500
\$ 5,000 and \$1,500

Applies to Board and Supervisor of Election only

**EXECUTIVE SUPPT.
& CAREER SERVICE**

1 x Basic Annual Salary

1 or 2 x Basic Annual Salary

Options:
Spouse and Dependents \$20,000 and \$5,000
\$10,000 and \$2,500
\$ 5,000 and \$1,500

ADDITIONAL INFORMATION

- Maximum coverage amount is \$250,000 for Basic and Supplemental Life Insurance
- Coverage amount reduces to 65% at Age 65
- Dependent Life Insurance amount cannot exceed 50% of the employee's Basic and Supplemental life combined amounts
- Insurance provided by Florida Combined Life Insurance Company
- Complete benefit provisions are available in the master contract and certificate of life insurance coverage.

RELIANCE STANDARD

Life Insurance Company

TERM LIFE INSURANCE RELIANCE STANDARD LIFE

SUPPLEMENTAL LIFE

Any employee working 30
Or more hours

1st Day of the Month
Following Date of Hire

1st day of the month following
receipt of application

Employee

Employee

Option of \$10, 000 to \$500, 000 in increments of \$10,000
Guarantee Issue amount under Age 60- \$100,000
Guarantee Issue Amount Age 60 to 70 - \$10,000

DEPENDENT LIFE

Any employee working 30
Or more hours

1st Day of the Month

1st day of the month following
receipt of application

Employee

Spouse

Option of \$10, 000 to \$500, 000 in increments of \$10,000
Guarantee Issue Amount under Age 60 - \$40,000
subject to employee coverage of at least \$50,000

Children

Coverage options

1	2	3	4
\$1000	\$1000	\$1000	\$1000
\$2500	\$5000	\$7500	\$10,000

14 days up to 6 months
6 months up to age 20*
* 26 if Full-Time Student

ADDITIONAL INFORMATION

- Choices of life insurance in increments of \$10,000 to \$500,000
- Dependent Coverage Available
- Guaranteed Acceptance Amounts for Employee, Spouse and Dependent Children
- Guarantee Issue for Employees under age 60 is \$100,000
- Guarantee Issue for Employees age 60 to 70 is \$10,000
- Guarantee Issue for Spouse under age 60 is \$40,000, provided the employee applies for at least \$50,000
- No Medical Evidence is required on dependent children
- Liberal Conversion and Portability Provisions
- Living Benefit



LONG TERM DISABILITY
UNUM PROVIDENT

ELIGIBILITY

All full time employees working 30 hours or more per week

WAITING PERIOD
FOR NEW HIRES

1st of the month coinciding with or next following 30 consecutive days of employment

WHO PAYS FOR

Employee

THE PLAN

BENEFIT PERCENTAGE

60% to a maximum of \$6000 a month

MAXIMUM BENEFIT PERIOD

TO AGE 65

DEFINITION OF BME

Current base monthly salary

DEFINITION OF DISABILITY

Your own occupation for two years, any occupation thereafter

ELIMINATION PERIOD

3 Months

PRE-EXISTING CONDITION PERIOD

The 3 months prior to your coverage effective date

PRE-EXISTING CONDITION EXCLUSION PERIOD

The first 12 months as a covered person

ADDITIONAL INFORMATION

- Individual Guaranteed Renewability Policy
- Earnings means base monthly salary but excludes bonuses, overtime pay, and any other extra compensation received from the Employer.



UltimateAdvisor – Full-Time Legal Protection At Your Fingertips

For only \$17.50, UltimateAdvisor provides legal protection and financial services on most covered matters without receiving an invoice for attorney's fees. UltimateAdvisor offers a full network of legal and financial services providing you with the support you need, regardless of the size of your matter.

Online Legal Services

- Law Guide – Helps you learn about your legal situation and become a better-informed legal consumer
- Do-It-Yourself Legal Documents™ – Allows you to create your own legal documents

Telephone Legal Services

- Unlimited advice about personal legal matters
- Follow-up calls and letters

- Specific document preparation
- Specific document review (*up to four pages*)
- Standard will preparation including testamentary support trusts for minor children, durable powers of attorney, health care powers of attorney, living wills, advanced health care directives

In-Office Legal Benefits

For situations like your underage child getting in trouble with the law or uncontested divorce, sometimes only face-to-face counsel from an attorney will do. UltimateAdvisor can protect your world by providing attorney representation to help resolve a number of legal issues. Benefits include:

- Standard will preparation
- Complex will reimbursement (partial)
- Codicil (amendment to a will)
- Living will
- Power of attorney
- IRS audit protection reimbursements (partial)
- IRS collection defense reimbursements
- ***Court adoption proceedings***
- Divorce, legal separation or annulment (Uncontested)

- Divorce, legal separation or annulment (Contested – up to 15 hours paid) Plus ARAG contract rate for any additional hours needed
- Guardianship or conservatorship – Uncontested and contested
- Name change proceedings
- Juvenile court proceedings
- Loss of driving privilege (except DWI)
- Review of documents
- Preparation of final contract
- Attendance at closing
- Preparation and review of deeds and mortgages
- Preparation and review of promissory notes and affidavits
- Preparation and review of a lease contract (lessee only)
- Enforcement of tenants rights for primary residence (lessee only)
- Enforcement of personal property rights
- Representation in disputes regarding the transfer of personal property
- Tenant eviction defense for primary residence (lessee only)
- Consumer protection
- Consumer debt collection
- Criminal misdemeanor

Reduced Fee Benefit

- **Reduced Fee Attorney Network - If you have a legal issue that is not covered by your plan, a Reduced Fee Network Attorney will provide a rate of 25% off for personal legal needs such as representation and other legal issues for most non-covered, non-excluded matters.**
- **Reduced Contingency Fees – A Network Attorney will represent you under a contingent fee arrangement. The fee paid to the attorney is based on the success of your case and is a percentage of the amount of money rewarded. The contingent fee cannot exceed 25% of the amount awarded before or after trial, or cannot exceed 30% of the amount successfully resolved only after an appeal.**

Value-Added Services

▪ **Financial Planning To Enrich Your Life**

- Unlimited toll-free confidential telephone access to an experienced and objective financial planner for advice and personal planning reports
- Unlimited access to an interactive financial planning Web site that includes calculators, a library of content, planning resources and more
- Online financial information record keeper and financial modeling tools

▪ **Identity Theft Protection**

- Explain what identity theft is and how to prevent it
- Provide you assistance from our Identity Theft Case Managers who will walk you through the recovery process
- Assist you in finding available legal assistance from our network of attorneys
- Provide an identity theft victim action kit

▪ **Immigration Assistance**

If you are required to utilize the United States Immigration Process, UltimateAdvisor will help you by:

- Providing toll-free access to an Immigration Case Manager who can give information on the immigration process
- Providing access to In-Office Network Attorneys at a reduced fee for covered matters

How To Enroll

Enrolling in UltimateAdvisor is easy. Just fill out an enrollment form in your HR office and your premium is payroll deducted!

For more information on UltimateAdvisor:

- Visit <http://members.ARAGgroup.com/sglcp> to view detailed information on plan benefits, how to use the plan and FAQs.
- Talk to an ARAG Customer Care Counselor toll-free from 7 a.m. to 7 p.m. Central time, Monday through Friday at **800-247-4184**.
- E-mail an ARAG Customer Care Counselor at **service@ARAGgroup.com**.

Insurance products are underwritten by ARAG® Insurance Company of Des Moines, Iowa or GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Of West Des Moines Iowa. Additional services may be provided by ARAG LLC, ARAG Services LLC, or Advisory Communication Systems Inc. Some products are only available through membership in the ARAG Association LC.

This document is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, visit our web site or call our toll-free number.

BlueSecure

Long-Term Care Insurance Policy For Individuals

Freedom Plan

Product at a Glance



Product Features

Who is eligible	Individuals 18 to 85 years of age may apply.
Daily Benefit Amount (DBA)	Coverage starting at \$50.00 a day to unlimited (available in \$10 increments).
Benefit Period Options	Benefit periods available: 3 years (1,095 days), 4 years (1,460 days), 5 years (1,825 days) or Lifetime.
Lifetime Benefit Amount (Maximum)	A Lifetime Benefit Amount (with the exception of Lifetime coverage) consists of a pool of money that is equal to the DBA multiplied by the Benefit Period. Example: 1095 days (3 years) x \$100.00 DBA = \$109,500
Elimination Period Options	The number of calendar days you must wait before benefits are available: 0, 20, 60, 90 or 180 days. You are responsible for payment (personally, with Medicare, or other insurance policies) during this time. The Elimination Period need only be satisfied once during the life of the Policy.
Qualification for Benefits (Triggers)	You are eligible for benefits when you have been certified as Chronically Ill by a Licensed Health Care Practitioner and require: <ul style="list-style-type: none">> Substantial Assistance with two or more Activities of Daily Living (ADLs) - Bathing, Dressing, Eating, Toileting, Continence and Transferring for a period expected to last at least 90 days; or> Substantial Supervision due to severe Cognitive Impairment.
Pre-Existing Conditions	There are no pre-existing condition limitations.
Waiver Of Premium	The premium is waived for the period of time benefits are paid for Nursing Facility, Assisted Living Facility, Alzheimer's Facility and Hospice Facility. We will also waive the premium due while receiving Home Health Care, Adult Day Care, or At-Home Hospice Care a minimum of 3 days per calendar week on a regular basis.
Tax-Qualified	BlueSecure Freedom Long-Term Care Insurance is intended to be tax-qualified under Section 7702B(b) of the Internal Revenue Code of 1986 as amended.
Discounts	Available savings on your premium with the following discounts: <ul style="list-style-type: none">> 25% discount when both spouses/domestic partners apply for coverage> 10% discount for members of an employer, association, or affinity group> 10% discount if living with a qualified Caregiver at the time of application
Spouse/ Domestic Partner Sponsorship Caregiver	
Premium Payment Terms	Your premiums can be paid with a payment plan that fits your budget: 10 years, 20 years, 10 pay to age 65 (minimum payment term 10 years) or Lifetime. Payments can be made using a Credit Card or Preauthorized Checking (PAC). Payroll Deduction and List Bill options may be available for members of an employer, association or affinity group.

Standard Benefits and Covered Services

Long-Term Care Facilities	Pays the actual charges, up to the Daily Benefit Amount, for care received in a Nursing Facility, Assisted Living Facility, Alzheimer's Facility, and Hospice Facility.
Home Health Care	Pays the actual charges, up to the Home Health Care Maximum Monthly Benefit, for Home Health Care, Adult Day Care, At-Home Hospice Care and Homemaker Services. This includes incidental household tasks that do not require the services of a trained aide or attendant.
Supportive Equipment	Covers equipment that is able to withstand repeated use and is used in the home to assist you in performing Activities of Daily Living. Lifetime Benefit Amount of \$5,000.
Respite Care	Provides a member of your immediate family, or any other person who is your unpaid primary caregiver, a break from the daily routine of providing care to you. Pays the actual charges, up to the Home Health Care Maximum Monthly Benefit, for one calendar month per calendar year.
Bed Reservation	Covers fees charged by a Long-Term Care Facility to reserve a bed while you are temporarily absent for any reason. Bed Reservation pays the actual charges, up to the Daily Benefit Amount, for 30 days per calendar year.
Family Member Assistance	Covers up to 70% of the Home Health Care Maximum Monthly Benefit for qualified services provided by family members not living with you in your home. The maximum benefit is six times (6x) the Home Health Care Maximum Monthly Benefit. This benefit is not subject to your Policy Elimination Period, and it will not count toward that requirement.
Caregiver Training	Covers the training of a designated individual to properly care for you at home. Provides \$500.00 per calendar year with a maximum Lifetime Benefit Amount of \$1,000.
Alternative Care Benefits	Covers treatments or services, agreed upon in advance by you and BCBSF, which are not covered by the Policy but are considered to be appropriate, cost-effective alternatives.
Personal Care Advisor and Services	Health Care Professionals, with expertise in managing and arranging long-term care services, are available to help you and your caregivers with care plans. This service is optional and without cost to you.

Standard Benefits - Riders

Guaranteed Purchase Option	This rider provides you with an annual option to purchase additional amounts of insurance in the form of increases to the Daily Benefit Amount and Home Health Care Maximum Monthly Benefit. These increases are called Inflation Additions and will be based on the Consumer Price Index (CPI). This rider is provided at no extra charge to any policyholder not electing an Inflation Protection Rider Option.
Contingent Nonforfeiture Benefits On Lapse	This rider provides for limited, reduced and paid-up contingent nonforfeiture coverage should the Policy terminate because of non-payment of premiums or a written cancellation request due to a substantial premium increase. The benefits of this rider are available when you elect not to purchase the Shortened Benefit Period Nonforfeiture Rider. There is no charge for this rider.

Optional Benefits - Elected Riders

Inflation Protection Riders *The Freedom to Not Worry About Future Cost.*

Eligibility: Anyone

If inflation and the rising costs of health care are of concern to you, choose one of our Inflation Protection Riders. Designed to ensure that your benefits meet your needs many years down the road, these riders allow your Daily and Monthly Benefits to grow over time.

3% Compound Inflation for Life

This rider increases your benefit amount every year for the life of the Policy. Your Daily Benefit Amount and Home Health Care Maximum Monthly Benefit increases by 3% each year compounded annually.

5% Compound Inflation for Life

This rider increases your benefit amount every year for the life of the Policy. Your Daily Benefit Amount and Home Health Care Maximum Monthly Benefit increases by 5% each year compounded annually.

5% Compound Inflation for 10 Years

This rider increases your Daily Benefit Amount and Home Health Care Maximum Monthly Benefit by 5% each year compounded annually for ten years.

5% Simple Inflation for 20 Years

This rider increases your Daily Benefit Amount and Home Health Care Maximum Monthly Benefit by 5% each year for twenty years.

All benefits will increase on the anniversary of your Policy Effective Date.

Shortened Benefit Period Nonforfeiture *The Freedom to Protect Your Benefits*

Eligibility: Anyone

If you want to protect the benefits you've paid for, even if your Policy lapses due to non-payment of premiums, choose this rider. If you have paid your premiums for at least three years, and then are unable or unwilling to make further payments, this rider will ensure that your Policy still provides limited benefits for your lifetime. Your Daily Benefit Amount and Home Health Care Maximum Monthly Benefit will be the same as the amount in effect at the time of your payment lapse. Your reduced Lifetime Benefit Amount will be the greater of either 30 times your Daily Benefit Amount or the sum of all premiums paid. This limited benefit will be considered to be paid in full.

Restoration of Benefits *The Freedom to Use Your Benefits Again and Again*

Eligibility: Anyone (if the Lifetime Benefit Period Option is not purchased)

If you're concerned about running out of coverage, choose our Restoration of Benefits Rider. Designed to provide you with complete peace of mind, this rider will fully restore your Lifetime Benefit Amount to its original maximum.

If there are 180 consecutive days when you do not require benefits, the original Lifetime Benefit Amount of your Policy is fully restored.

There is no limit to the number of times you can use this benefit.

Caregiver Rider *The Freedom to Receive Care From Someone You Trust*

Eligibility: Anyone 70 years and younger

This rider extends the Home Health Care benefits offered under the Family Member Assistance Benefit in your Policy. If you are eligible for Home Health Care benefits, you can receive paid assistance from an Informal Caregiver (not living with you). Services provided by an Informal Caregiver will be paid up to 70% of the Home Health Care Maximum Monthly Benefit. The Lifetime Benefit for this coverage is 18 times the Home Health Care Maximum Monthly Benefit.

COLONIAL

SUPPLEMENTAL PRODUCTS

ACCIDENT

CANCER SECURITY COVERAGE

DISABILITY INCOME COVERAGE

CRITICAL ILLNESS

HOSPITAL CONFINEMENT

LIFE INSURANCE



Accidents ARE UNEXPECTED. HOW YOU CARE FOR THEM SHOULDN'T BE.

What's a part of your everyday life? Little League...weekend sports...leisure hobbies...exercising...gardening...chores...fix-up projects around the house? Going to work every day? These are just a few of the routine, everyday activities we all enjoy.

Unfortunately, accidents are also a part of everyday life. And we often don't think about the accidental injuries, or even the accidental deaths, which may happen during the course of a day.

Colonial's accident insurance can help. This composite rated, guaranteed renewable product pays specific benefit amounts for injuries received in a covered accident occurring **on or off the job**.

Plus, your Colonial accident policy is designed for you:

- Benefits are paid directly to you, unless you specify otherwise.
- Benefits are paid regardless of any other insurance you may have with other insurance companies.
- The coverage is portable; you can take it with you if you change jobs or retire.
- Family Coverage available.
- Worldwide Coverage.
- 4 Levels of Rates

Named Insured for Employee, Spouse or Child	\$ 9.00 per pay period
Employee & Spouse	\$12.00 per pay period
1 Parent Family	\$15.00 per pay period
2-Parent Family	\$18.00 per pay period

- Offers Rider Options At An Additional Cost:
 - Off-Job Only Accident/Sickness Disability Income for Employee or Spouse
 - Sickness Hospital Confinement Rider
 - Health Screening Rider

HELP PREPARE YOURSELF FOR THE UNEXPECTED WITH COLONIAL'S ACCIDENT INSURANCE.

*Policies have exclusions and limitations that may affect benefits payable.
For cost and complete details, please see your sales representative.
Policies or provisions may vary or be unavailable in some states.*



for what happens next

CANCER INSURANCE — *Focus on the care, not the cost.*

The need for cancer insurance is very real. According to statistics, in the U.S., men have a one-in-two lifetime risk of developing cancer, and for women the risk is one in three.* Everybody knows somebody who has had cancer, and this disease affects all age groups.

As serious as the threat of cancer may be, new and improved treatments are being introduced, and studies are showing that regular screening tests can detect some cancers in the early stages. But with high technology come high costs. The American Cancer Society reports that cancer costs Americans more than \$107 billion.* And much of that amount is considered indirect or hidden costs not covered by major medical plans.

Colonial's cancer insurance can help. It helps you deal with the financial problems that may be associated with cancer detection and treatment.

Plus, your Colonial cancer policy is designed for you:

- 4 Levels of Coverage
- 3 Optional Riders
 - Initial Diagnosis Rider – Pays \$1,000 to \$5,000
 - Progressive Payment Rider – Builds \$50 Per Month & Pays At Time of Diagnosis
 - Specified Disease Rider – Pays Up To \$125,000 During Lifetime
- Benefits are paid directly to you, unless you specify otherwise.
- Benefits are paid regardless of any other insurance you may have with other insurance companies.
- The coverage is portable; you can take it with you if you change jobs or retire. Guaranteed Renewable.



for what happens next

COULD YOU SURVIVE FINANCIALLY IF YOU BECAME *critically ill*?

Chances are you know someone who has faced a critical illness, so you know the physical and emotional drain such an illness can impose. But have you thought about the financial problems a critical illness can bring?

Fortunately, the odds of surviving a critical illness are in your favor, but would you be prepared for the many expenses that can accompany a critical illness, such as coinsurance, deductibles, caregivers, special medical equipment, household renovations and extra living expenses?

Colonial's Critical Illness insurance can help. It pays a lump-sum benefit upon diagnosis of a covered critical illness for you to use where it's needed most. Face amount for Employee up to \$50,000 and up to \$30,000 for Spouse. Colonial pays 100 percent of the policy's face amount for the following conditions, unless otherwise specified:

- Cancer (if purchased)
- Heart attack (myocardial infarction)
- Stroke
- Major organ transplant (surgery required)
- End stage renal (kidney) failure
- Coronary artery bypass surgery (payable once at 25 percent of face amount)
- Carcinoma in situ (payable if cancer coverage is purchased at 25 percent of policy's face amount)

Plus, your Colonial Critical Illness policy is designed for you:

- Benefits are paid directly to you, unless you specify otherwise.
- Benefits are paid regardless of any other insurance you may have with other insurance companies.
- The coverage is portable; you can take it with you if you change jobs or retire.
- Compliments Major Medical coverage, pays deductibles and coinsurance; replaces lost income; benefits can be used for travel to any treatment center or for childcare and unexpected household expenses, etc. No survival period required.



for what happens next

Protect YOUR MOST VALUABLE ASSET — YOUR INCOME.

Your income is the financial security that helps protect your family and lifestyle. But if a serious accident or illness suddenly stopped your income, how would you get by? Do you have other sources of income? If you were unable to work, would you be able to continue covering everyday living expenses?

Colonial's Short-Term Disability Insurance can help. It replaces a portion of your income if you become disabled because of a covered illness or injury.

Elimination Period (accident/sickness)

0/7, 7/7, 0/14, 14/14

0/30, 30/30

60/60, 90/90

180/180

Benefit Periods

3, 6, 12 and 24 months

6, 12, and 24 months

12 and 24 months

24 months

Plus, your Colonial Short-Term Disability policy is designed for you:

- Benefits are paid directly to you, unless you specify otherwise.
- Benefits are paid regardless of any other insurance you may have with other insurance companies.
- You may choose the amount of disability benefits to meet your needs, subject to income.
- The coverage is portable; you can take it with you if you change jobs or retire.

The Colonial Advantage

- **“Your Job”** definition for Total Disability.
- **Partial Disability** available if insured returns to his job or any other job working less than 20 hours per week, after being paid disability for at least one month. Partial disability pays up to 3 months at 50% of Total Disability benefit.
- **Worldwide Coverage**
- **Waiver of Premium** after 90 continuous days of disability.
- Guaranteed Renewable to age 70.
- **Up to \$5,000** in monthly benefits.
- An optional Health Screening Rider that pays \$50/calendar year is available at an additional cost.

HELP PROTECT YOUR INCOME WITH COLONIAL'S SHORT-TERM DISABILITY INSURANCE.

FIND OUT MORE WITH YOUR COLONIAL REPRESENTATIVE:



for what happens next

The materials contained in this booklet do not constitute an insurance certificate or policy. The information provided is intended only as a summary to assist in the selection of benefits. Final determination of benefits, exact terms, and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies. Leon County Board of County Commissioners, Clerk of Courts, and Supervisor of Elections reserve the right to amend, reduce, or terminate the plans described in this booklet at any time.

