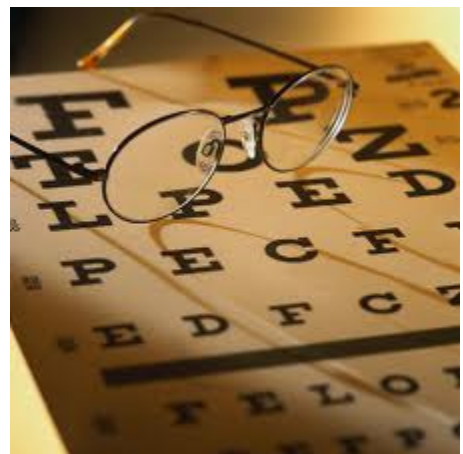


DeSoto County Clerk of Courts

2012/2013

Benefits at a Glance Booklet



Introduction

The DeSoto County Clerk of Courts is committed to providing its employees with a comprehensive benefits program to help you stay healthy and feel secure. This booklet will describe those benefits which include medical, dental, vision, life and A&D insurance.

For a detailed description of these benefits please refer to the applicable Certificates of Coverage.

The Clerk's group insurance plan year is October 1st through September 30th. Full time employees are eligible for benefits on the 1st day of the month following date of hire. The Clerk's Office pays 100% of the employee premium and 50% of the dependent premium for medical coverage. The Clerk's Office also pays 100% of the premium for basic life and AD&D insurance. Employees may purchase dental and vision insurance for themselves and their dependents through payroll deduction.

In order to get the most out of your plans you should seek care at an in network provider. These providers have agreed to discount their prices, so you will pay less out of pocket. You can locate an in network provider by accessing the carrier's website listed in the back of this booklet.



Dependent Eligibility

- Medical
 - To age 26 with no eligibility requirements
 - 26 to the end of the calendar year they turn 30 if they are:
 - Unmarried with no dependents
 - Not enrolled in any other health plan
 - Florida resident or a full time student
- Dental
 - Through the end of the calendar year in which they turn 25
- Vision
 - Through the end of the month in which they turn 26
- Life
 - To age 19 (25 if a full time student)



Qualifying Events

The premiums you pay toward yours and your dependents' coverage will be deducted from your pay check pre-tax through an IRS Section 125 Plan. 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 your benefit elections within 30 days of the Event.

Examples of Qualifying Events include:

- Marriage
- Birth, adoption, or legal custody of a dependent child
- Divorce or legal separation
- Involuntary loss of other group coverage
- Death

*****If you experience a Qualifying Event, you must contact Human Resources within 30 days to change your benefit elections.**



2012/2013 Rates



Medical

| | Monthly Cost | Employer Cost Per Month | Employee Cost Per Month | Employee Cost Per Pay Period |
|-----------------------|--------------|-------------------------|-------------------------|------------------------------|
| Employee Only | \$667.90 | \$667.90 | \$0 | \$0 |
| Employee + Spouse | \$1,238.28 | \$953.09 | \$285.19 | \$71.30 |
| Employee + Child(ren) | \$1,184.18 | \$926.04 | \$258.14 | \$64.54 |
| Family | \$1,351.15 | \$1,009.53 | \$341.63 | \$85.41 |

Dental—High Plan

| | Monthly Cost | Employee Cost Per Pay Period |
|-----------------------|--------------|------------------------------|
| Employee Only | \$29.44 | \$7.36 |
| Employee + Spouse | \$60.84 | \$15.21 |
| Employee + Child(ren) | \$82.60 | \$20.65 |
| Family | \$114.00 | \$28.50 |

Dental—Low Plan

| | Monthly Cost | Employee Cost Per Pay Period |
|-----------------------|--------------|------------------------------|
| Employee Only | \$24.00 | \$6 |
| Employee + Spouse | \$49.60 | \$12.40 |
| Employee + Child(ren) | \$65.20 | \$16.30 |
| Family | \$90.76 | \$22.69 |

Vision Plan

| | Monthly Cost | Employee Cost Per Pay Period |
|-----------------------|--------------|------------------------------|
| Employee Only | \$6.20 | \$1.55 |
| Employee + Spouse | \$12.38 | \$3.10 |
| Employee + Child(ren) | \$11.76 | \$2.94 |
| Family | \$18.50 | \$4.63 |

Medical Insurance



| <u>Healthcare Service</u> | <u>Choice Plus Plan 7EH-M</u> | |
|--|-------------------------------|--------------------------|
| | <u>In Network</u> | <u>Out of Network</u> |
| Deductible | \$500 / \$1,500 Family | \$750 / \$2,250 Family |
| Coinsurance (Member Responsibility) | 20% | 40% |
| Out of Pocket Max | \$1,500 / \$4,500 Family | \$3,000 / \$9,000 Family |
| Primary Care Visit | \$15 | 40% after Ded. |
| Specialist Visit | \$15 | 40% after Ded. |
| Wellness Visits | \$0 | 40% |
| Lab work | \$0 | 40% after Ded. |
| X-Ray | \$0 | 40% after Ded. |
| MRI, CAT, PET Scan (at Diagnostic Testing Facility) | \$50 | 40% after Ded. |
| Urgent Care | \$35 | 40% after Ded. |
| Emergency Room | \$100 | \$100 |
| Inpatient Hospital | 20% after Ded. | 40% after Ded. |
| Outpatient Surgery | 20% after Ded. | 40% after Ded. |
| Durable Medical Equipment | 20% after Ded. | 40% after Ded. |
| Prescription—30 day Retail | \$7 / \$25 / \$40 | \$7 / \$25 / \$40 |
| Prescription—90 day Mail Order | \$17.50 / \$62.50 / \$100 | Not Covered |

Dental Insurance



| | <u>High PPO Plan</u> | |
|--|---|------------------------------|
| Deductible | <u>In Network</u> | <u>Out of Network</u> |
| Preventive Services | Waived | Waived |
| Basic & Major Services | \$50 / \$150 Family | |
| Plan Year Maximum (Per Person) | \$1,500 | |
| Out of Network Reimbursement | 90th U&C | |
| <u>Preventive Services:</u> Exams (1 in 6 months) Cleanings (4 in 12 months) Bitewing X-Rays (1 in 12 months) Full Mouth X-Rays (1 in 5 years) Sealants Fluoride Treatments (Children 13 and under, 1 in 12 months) Sealants (age 13 and under) Space Maintainers | Covered 100% | |
| <u>Basic Services:</u> Fillings Endodontics (nonsurgical) Periodontics (nonsurgical) Denture Repair Simple Extractions | Covered 80% after Deductible | |
| <u>Major Services:</u> Crowns Onlays Crown Repair Endodontics (Surgical) Periodontics (Surgical) Complex Extractions Anesthesia Bridges Dentures | Covered 50% after Deductible | |
| <u>Orthodontia</u> (Children up to age 19) | Covered 50% up to \$1,500 Lifetime Max | |
| Late Entrant Provision | If you choose to sign up for dental after your initial enrollment period, you will become a late entrant. Late entrants are only eligible for cleanings, exams, and fluoride for the first 12 months of coverage. | |

Dental Insurance



| | <u>Low PPO Plan</u> | |
|--|---|---------------------------------|
| Deductible | <u>In Network</u> | <u>Out of Network</u> |
| Preventive Services | Waived | Waived |
| Basic & Major Services | \$50 / \$100 Family | \$50 / \$100 Family |
| Plan Year Maximum (Per Person) | \$1,000 | \$1,000 |
| Out of Network Allowance | N/A | 90th U&C |
| <u>Preventive Services:</u> Exams (1 in 6 months) Cleanings (4 in 12 months) Bitewing X-Rays (1 in 12 months) Full Mouth X-Rays (1 in 5 years) Sealants Fluoride Treatments (Children 13 and under, 1 in 12 months) Sealants (age 13 and under) Space Maintainers | Covered 100% | Covered 90% |
| <u>Basic Services:</u> Fillings Endodontics (nonsurgical) Periodontics (nonsurgical) Denture Repair Simple Extractions | Covered 80% after Deductible | Covered 60% after Deductible |
| <u>Major Services:</u> Crowns Onlays Crown Repair Endodontics (Surgical) Periodontics (Surgical) Complex Extractions Anesthesia Bridges Dentures | Covered 50% after Deductible | Covered 40% after Deductible |
| <u>Orthodontia</u> (Children up to age 19) | Covered 50% up to \$1,000 Lifetime Max | |
| Late Entrant Provision | If you choose to sign up for dental after your initial enrollment period, you will become a late entrant. Late entrants are only eligible for cleanings, exams, and fluoride for the first 12 months of coverage. | |

Vision Insurance



| | <u>In Network</u> |
|---|--|
| <u>Exams</u> | |
| Frequency | 12 Months |
| Benefit | \$10 Copay |
| <u>Lenses</u> | |
| Frequency | 12 Months |
| Single | \$15 Copay |
| Bifocal | \$15 Copay |
| Trifocal | \$15 Copay |
| <u>Frames</u> | |
| Frequency | 12 Months |
| Benefit | \$50 Wholesale Allowance |
| <u>Contact Lenses</u> | |
| Frequency | Instead of Frames |
| Elective | \$120 Allowance |
| Medically Necessary (Requires Prior Authorization) | Covered 100% |
| Notes | 20% discount on second pair of glasses 15% discount on contact lense fitting fee LASIK surgery discounts |

Life and AD&D



Basic Life and AD&D

The DeSoto County Clerk's Office pays 100% of the premium for \$5,000 in life and accidental death and dismemberment coverage for its eligible employees.

Contact Human Resources to update your beneficiary Information.

Voluntary Additional Life Insurance

You may purchase additional life insurance in increments of \$10,000 up to a maximum of \$300,000 through payroll deduction. The guarantee issue limit is \$100,000 (up to age 70) which means you do not have to provide evidence of good health and cannot be turned down for any reason during your initial enrollment period. For age banded rates, please contact Human Resources.

Reduction Schedule:

- At age 65, benefits will reduce by 35% of the original amount
- At age 70, benefits will reduce by an additional 25% of the original amount
- At age 75, benefits will reduce an additional 15% of the original amount
-

Voluntary Dependent Life Insurance

You may purchase life insurance for your spouse in increments of \$5,000 up to a maximum of \$150,000 through payroll deduction. The guarantee issue limit is \$50,000 (up to age 60) which means your spouse does not have to provide evidence of good health and cannot be turned down for any reason during your initial enrollment period. For age banded rates, please contact Human Resources.

You may purchase life insurance for children in the amount of \$250 for ages 14 days to 6 months and in the amount of \$10,000 for ages 6 months to age 19. The monthly premium for coverage for children is \$2 per month regardless of the number of children you cover.

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

Key Contact Information

Please refer to this list when you need to contact one of your benefits vendors. For general information, contact your Human Resources Department.

| <u>Company Name</u> | <u>Customer Service</u> | <u>Website Address</u> |
|---|-------------------------|--|
|  UnitedHealthcare® <small>A UnitedHealth Group Company</small> | 1-866-633-2446 | www.myuhc.com |
|  TheStandard® | 1-800-547-9515 | www.standard.com |
|  Humana® | 1-800-865-3676 | www.humanavisioncare.com |
|  Lincoln Financial Group® | 1-800-444-2363 | www.lfg.com |

This Benefits at a Glance handbook is designed to provide basic information to employees on employee benefit plans and programs available October 1, 2012—September 30, 2013 for the employees of DeSoto County Clerk of Courts Office. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute a SPD or Plan Document as defined by the Employee Retirement Income Security Act.