



2018 Open Enrollment

Guide for **Employees**

November 6, 2017 – November 17, 2017

****ALL forms must be completed and returned by 5 p.m. Friday, November 17, 2017 ****

IMPORTANT BENEFIT INFORMATION INSIDE

Open Enrollment is your only opportunity to make changes to your coverage, unless you experience a qualified change in status (Qualifying Event). You may need to submit additional documentation with your Open Enrollment Change form to ensure you and your family members are covered.

It is the responsibility of each individual employee to read the information contained in this packet. Questions regarding this packet should be directed to Human Resources at (239) 533-2245. Failure to read or understand the information contained within this packet will not constitute an event that would allow changing or dropping elected coverage.

Please review the details in this Guide to determine what benefit plans are best for you and your family.

To submit your 2018 benefit elections, you must:

- Complete **on-line** enrollment through the Wizard (Vista HRMS on-line)
- Return forms in person or by mail to: Human Resources, Benefits, County Administration Building, 2115 Second Street, First Floor, Fort Myers, FL, 33901.
- **NO FAX/SCANNED copies will be accepted**

2018 Benefit Highlights

We have included the Summary Benefits of Coverage for each benefit. This will allow you to compare the different benefit plans and make the best selection for you and your family.

All benefit changes will be effective on January 1, 2018.

➤ **Great News! There are no premium increases for 2018.**

➤ The Hartford is the vendor for Short-term Disability and Long-term Disability. Check your benefit summary for more information regarding this plan.

If you are not enrolled in this benefit, you will need to complete the EOI (Evidence of Insurability), the STD (Short-term Disability) enrollment form, and be approved by The Hartford. **STD can only be cancelled during Open Enrollment.**

➤ Flexible Spending Account (FSA) comes with the availability of a Debit MasterCard for your medical reimbursement convenience. PayFlex offers a mobile app for your convenience and it can be downloaded in the iTunes store or Android Google Play.

➤ Life Insurance beneficiaries can be changed anytime during the year. To obtain a form, please visit our website at <https://www.leegov.com/hr/employees/forms>. Please send your original signed forms to Human Resources.

➤ **What you MAY CHANGE:** You may DROP or ADD qualified dependents to any plans in which you are currently enrolled. If you are adding dependents to any of your benefit plans (medical, dental, or vision), be sure to provide ALL requested information for the dependents you want to cover in that plan on the pre-printed change form.

➤ Legal documents are required for any dependent(s) that have not previously been enrolled in the plan(s) you elect: marriage certificate (spouse only), birth certificate, social security cards, and driver's license (spouse only) for ALL family members enrolled in any of your plans. Failure to provide the necessary documentation for dependents will result in the dependents not being added to the plan.

➤ **Qualifying Events:** A personal change in status which may allow you to change your benefit elections any time during the year, include but not limited to:

- Marriage, divorce, or annulment;
- The birth or adoption of a child;
- The death of your spouse or child;
- A change in the number of your dependents;
- A change in employment status for you, your spouse, or your dependent that results in a change of insurance eligibility.

A qualifying event must be reported within **60 days** of the date of the event. Due to Health Care Reform policy changes, the above-mentioned status changes for dependent children may be subject to revision based on future amendments to regulations that govern "changes in status" for cafeteria benefits plans. Failure to report the qualifying event timely may result in a reversal of claims, which will become your financial responsibility.

2018 Benefit Highlights-cont'd

➤ Submit or complete if applicable:

- Open Enrollment/Change form (does not apply to Court Admin, Airport, Clerk of Court and BoCC employees)
- Over-Age Dependent Affidavits (Age 26-30), if you are currently receiving this benefit, make sure to update the required form which is done annually
- Flexible Spending Account form (does not apply to Court Admin, Airport, Clerk of Court and BoCC employees)
- Documents needed:

To Add Spouse:

- Birth Certificate, driver's license, or passport
- Social security card
- Marriage license
- Spouse COBRA acknowledgement form

To Add Dependent:

- Birth Certificate
- Social security card
- Legal documentation for adoption, fostering, or court appointed guardianship
- Stepchildren: marriage license, birth certificate and social security card.

 **Spouse and Dependents must be added to PDS by the Human Resources Benefits Team before online enrollment can take place.**

Open Enrollment forms must be received back in Lee County Human Resources:

NO LATER THAN 5 p.m. on Friday, November 17, 2017

2018 BENEFIT PREMIUMS – BoCC

	<u>COVERAGE LEVEL</u>	<u>EMPLOYEE PAYS</u>	<u>EMPLOYER PAYS</u>
Medical	Employee Only	\$ 15.00 / month	\$ 765.00 / month
	Employee & Dependents	\$ 115.00 / month	\$1,430.00 / month
	Employee & Spouse	\$ 145.00 / month	\$1,430.00 / month
	Employee & Family	\$ 160.00 / month	\$1,430.00 / month
	26 – 30 Year Old Dependent	\$ 780.00 / month	-0-
Dental	Employee Only	\$ 5.00 / month	\$ 37.00 / month
	Employee & Family	\$ 40.00 / month	\$ 37.00 / month
Vision	Employee Only	\$ 7.92 / month	\$0.00
	Employee & Family	\$ 16.68 / month	\$0.00
	Employee Only – High	\$ 10.58 / month	\$0.00
	Employee & Family – High	\$ 22.28 / month	\$0.00
Basic Life	One Times Annual Salary	FREE	\$0.203 / \$1,000 coverage
Long-term Disability	60% of pre-disability salary	FREE	\$0.48 / \$100 of monthly salary (pending approval)

Short-Term Disability Insurance GWS (Gross Weekly Salary)	
Employee Age Range	Premium Rate – Employee Paid
Under Age 29	\$0.702 / \$10 of GWS
30 – 39	\$0.358 / \$10 of GWS
40 – 49	\$0.388 / \$10 of GWS
50 – 59	\$0.494 / \$10 of GWS
60 – 64	\$0.702 / \$10 of GWS
65 +	\$1.18 / \$10 of GWS

Premium Adjustments: Your premium rate will be computed based upon your age and salary, and will be adjusted anytime there is a salary or range change.

Optional Life Insurance (Per \$1,000 of Plan Value) – Employee Paid	
Age Range	Premium Rate
Under Age 30	\$.06 / \$1,000
30 – 34	\$.08 / \$1,000
35 – 39	\$.09 / \$1,000
40 – 44	\$.10 / \$1,000
45 – 49	\$.16 / \$1,000
50 – 54	\$.24 / \$1,000
55 – 59	\$.45 / \$1,000
60 – 64	\$.67 / \$1,000
65 – 69	\$1.31 / \$1,000
70+	\$2.14 / \$1,000
All Eligible Children	\$.65 / \$5,000

*Amounts of coverage for an active employee reduce to 67% of face amount at age 65; 50% at age 70; and 35% at age 75. Your rate increases on January 1st of the year following your birth date.

Premiums are deducted as follows for BOCC Employees: Medical- half from the first check and half from the second check of the month, Dental- first check of the month, Optional Life, Vision and Short-Term Disability- second check of the month.

Notice of Availability of HIPAA Privacy Practices

Lee County BoCC would like to communicate the availability of its Notice of Privacy Practices.

A copy of the current Notice of Privacy Practices is posted on Human Resources website at:

<http://www.leegov.com/hr/employees/hipaa>

At any time, a copy of the current Notice of Privacy Practices may be obtained by contacting the following:

Privacy Officer Contact Information:

Privacy Officer

Lee County BoCC Health Plan

P. O. Box 398, Fort Myers, FL

Phone: **(239) 533-2230**

Email: privacyofficer@leegov.com

2018 Benefit Coverage Overview

MEDICAL

Two medical plans are available – Aetna Select and Aetna Choice POS II. Both are comprehensive plans with services that include, but are not limited to routine, preventive, mental health, hospitalization, and prescription drug benefits.

Aetna Select Open Access

- Does not require a Primary Care Physician (PCP)
- No referrals are required
- No out-of-network benefits available, unless incurred as the result of a life- or limb-threatening emergency
- \$10 co-pay for PCP office visits
- \$25 co-pay for Specialist office visits

Aetna Choice POS II (Open Access)

- Does not require a Primary Care Physician (PCP)
- Provides an out-of-network benefit should you choose to use it (\$500/\$1,000 annual deductible and 70%/30% co-insurance apply)
- No referrals are required
- \$10 co-pay for PCP office visits
- \$35 co-pay for Specialist office visits

Medical Office Co-Pays:

Select Plan	PCP: \$10	Specialist: \$25	Urgent Care: \$50	Lab: \$25
POSII Plan	PCP: \$10	Specialist: \$35	Urgent Care: \$50	Lab: \$35

Hospital Services: (these are the same for both plans, except for Out-of-Network use by POSII members, which reverts to the \$500/\$1,000 Deductible + 30% coinsurance, no change to Out-Of-Network fees):

Emergency Room	\$150
Hospital Admission (overnight stay)	\$500
Outpatient Services (surgery, some tests)	\$200

Preventive Services: The following preventive services will be offered at no cost to the member: Routine Adult Physical Exams, Routine Well Child Physical Exams (includes audiometric exam), Routine GYN, Routine Cancer Screenings (Mammography/Colon Screening/DRE/PSA), Routine Vision Exam.

Complex Imaging Services: \$50 co-pay for either plan. These services include but are not limited to MRI, PET Scan, CAT Scan, and Nuclear Stress Test. Pre-authorization for these services must be obtained by your physician's office. Please visit Aetna's website at www.aetna.com for additional services.

Aetna Vision Discounts: Covers one routine eye exam annually and provides discounts on eyeglasses, sunglasses, contact lenses and solutions, LASIK surgery, and more. This coverage is included with your Aetna health benefits plan at no additional cost for the program.

Opt-Out of Medical Benefit Plan

The Opt-Out incentive option is available to employees who have coverage other than the Lee County Health Plan and wish to "opt-out" of our medical plan. **If you are covered as a spouse or dependent in the Lee County Health Plan, or another entity covered by our insurance plans, you are not eligible to elect this option.**

- This BoCC benefit is \$50 per month, and eligible employees must qualify at initial enrollment by providing proof of other coverage.
- Once enrolled, this benefit will "roll over" into each new plan year.
- An employee may "opt back in" to the medical plan at the next annual open enrollment period; or, with a qualifying event reported within 60 days of the date of the event.
- To enroll in or to drop this plan, complete the Opt Out form and provide proof of other coverage.

Overage Dependent Eligibility & Affidavits

Eligibility for Coverage from Age 26-30 and Affidavit of Dependent Eligibility

At the end of the month in which a covered dependent attains the age of 26, he/she will be dropped from all insurance plans.

The employee may elect to continue their dependent(s) coverage in the medical plan only and pay an additional premium for each dependent covered in the 26-30 age group. For the plan year 2018, that rate is \$780.00 per month in addition to any other applicable tier of medical premiums.

The dependent(s) must meet the eligibility requirements, and an Affidavit of Dependent Eligibility (26-30 years old) must be completed for each dependent in order to continue coverage for that dependent. **For employees who currently access this benefit, you must complete and verify dependent's eligibility each year during open enrollment.**

DENTAL

The dental plan provides four types of services: preventive, basic, major and orthodontic services. Orthodontic services are provided to children only. The PPO dental plan allows you to use an Aetna provider dentist where your coinsurance is based on a negotiated fee schedule; or you can choose to go out of network where the provider may charge more than the fee schedule, and you will be responsible for the balance. A \$50/individual and \$100/family deductible applies to basic and major services.

VISION - *Davis Vision*

Low Plan:

Members are eligible to receive coverage for routine eye exams and lenses every calendar year and frames every other calendar year through one of Davis Vision's 58,000 points of in-network access. The co-payment for an eye exam is only \$10 and the co-payment for the spectacle lenses is only \$15. There is no co-payment for your frame benefit. In addition to the standard \$120 frame allowance, we offer an additional \$50 enhanced allowance at Visionworks for a total of \$170. Or members may choose from Davis Vision's Exclusive Collection available at participating providers with little to no out-of-pocket cost.

High Plan:

Members are eligible to receive coverage for routine eye exams and lenses every calendar year and frames every other calendar year through one of Davis Vision's 58,000 points of in-network access. The co-payment for an eye exam is only \$10 and the co-payment for the spectacle lenses is only \$15. There is no co-payment for your frame benefit. In addition to the standard \$150 frame allowance, we offer an additional \$50 enhanced allowance at Visionworks for a total of \$200. Or members may choose from Davis Vision's Exclusive Collection available at participating providers with no out-of-pocket cost.

Optional Term Life Insurance

Group Optional Life is a voluntary, payroll-deducted benefit designed for employees who desire to purchase additional life insurance coverage for themselves, spouse, and/or children. Group Optional Life allows you to select the amount of additional life insurance which best fits your needs. **Married employees of Lee County BoCC cannot cover each other for Optional Life and they cannot cover their dependents who are employees.**

Optional life may be applied for at any time by submitting the **Evidence Of Insurability (EOI)** application to Liberty Mutual Insurance for underwriting. You may request the application by contacting the Benefits Department at (239) 533-2245; or, by downloading the form from the Lee County Human Resources/Benefits website at: <http://www.leegov.com/hr/employees/forms>. The Liberty Mutual Opt life Enrollment form is required to send to Human Resources.

You may also submit EOI online at any time by visiting www.MyLibertyConnection.com. First time users of MyLibertyConnection will have to register using the code **LEECOBCC**.

Short-term Disability – **The Hartford**

The carrier for both Short Term Disability (employee purchased), and Long Term Disability (fully paid for you by your employer) is The Hartford. Premiums for Short Term Disability are based on your age and annual salary. The premium will change when there is a change in your age range or salary occurs.

Short-term disability is a voluntary, payroll deducted benefit that enables employees to receive disability income to offset financial losses that result from a non-work related injury, illness, disease, or pregnancy. Approved disability claims provide 60% of your pre-disability income, reduced by any other taxable income you receive. Your short-term disability income is not taxable.

“Drop Coverage” Rule Change: As of December 31, 2011, participants will no longer be permitted to drop this plan at any time throughout the plan year. **Participants will be permitted to drop ONLY during the open enrollment period of each year.**

“Late Enrollments”: If you have not already elected participation in this plan, you may submit an EOI (Evidence of Insurability) to the carrier, and the carrier will accept or deny your enrollment at their own discretion.

Long-term Disability – **The Hartford**

Monthly income amount for a total or partial disability resulting in an extended absence from non-work related illness or injury.

90 day waiting period before benefits begin, pays 60% pre-disability base salary, reduced by any other taxable income, you receive up to a maximum monthly benefit of \$5,000 until you are no longer disabled or until you have met your maximum benefit period. LTD benefits are considered taxable income and premiums are paid 100% by Lee County

Flexible Spending Accounts

Flexible Spending Account (FSA) is an account you set up to pre-fund your anticipated eligible medical expenses and dependent care expenses on a tax-free basis. Your participation in these accounts does not automatically continue from year to year – you must set FSAs up each year by completing the form or enrolling using the Vista HRMS Wizard. Your FSA funds are evenly deducted from your paycheck before taxes are calculated, which lowers your taxable income and saves you tax dollars on money you plan to spend anyway. You may choose from two accounts – Medical Care FSA (for medical, dental, and vision expenses) and a Dependent Care FSA (for daycare expenses for dependent children under age 13 or elder dependents for whom you are responsible).

For 2018, you may contribute as little as \$600 annually to each account or as much as **\$2,650** into the Medical Care FSA and **\$5,000** to the Dependent Care account. When electing either of the Flexible Spending Accounts, please plan your contribution carefully as any unused funds will be forfeited. Expenses may be incurred and reimbursed through March 15 of the *next* plan year. The deadline for submitting all reimbursement requests is April 15 of the *next* plan year. All reimbursement claims must be received (*not just postmarked*) by the plan administrator not later than April 15 of each year.

Benefit Carrier Contacts

Benefit	Carrier	Website	Phone
Medical	Aetna Select Aetna Choice POS II	www.aetna.com	888-266-5519
Dental	Aetna	www.aetna.com	877-238-6200
Vision	Davis Vision	www.davisvision.com	877-714-0178
Life	Liberty Mutual	www.MyLibertyConnection.com	888-787-2129
Short-Term Disability	Hartford	www.thehartfordwork.com	800-523-2233
Long-Term Disability	Hartford	www.thehartfordwork.com	800-523-2233
Flexible Spending Accounts (FSA)	Aetna	www.aetna.com	888-678-8242
Lee County Human Resources	www.leegov.com		239-533-2245

Sick Leave Pool

Lee County's "Employee Sick Leave Pool" enhances your Sick Leave benefit. To enroll for the first time, or decline if you no longer wish to participate, check the appropriate box on your pre-printed form.

Benefits

Enrollment in the Sick Leave Pool entitles you to claim up to six weeks of paid leave for a single event, at 100% of your current salary. Hours will be granted upon approval of the Sick Leave Pool Committee on an as-needed basis each pay period until the maximum has been reached.

Sick Leave Pool Qualification

To qualify for enrollment, you need to have accumulated two (2) weeks of unused Sick Leave by December 31st of the current plan year (as reflected on your 1st pay stub of January). Once enrolled, your status in the pool automatically continues each year after your initial enrollment, unless you decline your participation during annual open enrollment. If you drop your participation in the Sick Leave Pool for any reason, you must re-qualify to re-enroll.

Your participation in the program requires an annual "donation" equivalent to one day's sick leave, *usually* taken from a February paycheck. You must have the required number of hours to be donated available in your sick bank on the date payroll "takes" those hours from participants' sick leave accruals. If you are a new enrollee in the Sick Leave Pool and have the necessary accumulation when your Open Enrollment form is turned in, but use accumulated sick leave prior to year-end, you may not have the required minimum on the final paycheck of the year. If this occurs, you will become ineligible due to an insufficient accumulation of hours to qualify.

Requirements

If you need to use your Sick Leave Pool benefits:

- You must contact Human Resources at (239) 533-2245.
- You must use all accumulated sick leave, vacation time and comp time before sick leave pool hours will be granted.
- The hours claimed from the Sick Leave Pool must be used for your own serious full-time personal illness or injury. Sick Leave Pool hours cannot be claimed due to the illness or injury of a family member.
- You must be an employee in good standing who has not abused sick leave privileges.

Restrictions

Maximum usage in any 10-year period is restricted to a total of twelve (12) weeks. This leave may not be used intermittently, but must be taken consecutively.

Patient Protection and Affordable Care Act Disclosure Notices

The following disclosures are required under the Health Care Reform Act. Lee County's group health plan is already compliant with the following reforms.

The Affordable Care Act Patient Protection Disclosure

The Lee County BoCC health plan allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, or for a list of the participating primary care providers.

Please visit Aetna's website at <http://www.aetna.com>; or contact the Aetna Member Services number on your Aetna medical identification card.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology.

The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, please visit Aetna's website at <http://www.aetna.com> or contact the Aetna Member Services number on your Aetna medical identification card.

Notice of Lifetime Limits No Longer Applies and Enrollment Opportunity

The Lee County BoCC group health plan does not impose annual or lifetime dollar limits on benefits; therefore, it does not offer a special enrollment opportunity based on the elimination of lifetime dollar limits.

