



## 2020 Open Enrollment

### Guide for **Employees**

November 4, 2019 – November 15, 2019

**\*\*ALL** required forms must be completed and returned by 5 p.m. Friday, November 15, 2019 \*\*

#### **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 2020 benefit elections, you must:

- Complete enrollment through the Vista HRMS on-line Wizard
- Return forms in person or by mail to: Human Resources, Benefits, 1825 Hendry Street, Suite 200
- **ALL** required forms must be completed and returned by 5 p.m. Friday, November 15, 2019

# 2020 Benefit Updates & 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, 2020.**

- **Employees must enroll in Flexible Spending Accounts every year there is no automatic roll over from the prior plan year.** The Medical 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.

**See PayFlex flyer for new and improved mobile app functions.**

- LabCorp and Quest Diagnostics, nationally preferred lab for Aetna. Members will have in-network access to LabCorp and Quest's full range of services.
- To change or update beneficiaries, please obtain a form by visiting our website <https://www.leegov.com/hr/employees/forms>. **Please send your original signed forms to Human Resources.**
- Short Term Disability Coverage can ONLY be dropped during open enrollment each year.
- Employees 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.

# 2020 Benefit Updates & Highlights-cont'd

## **Adding Spouse and Dependents to coverages?** **The Human Resource Benefits Team will need to add them to the Vista HRMS before the on-line wizard can be completed.**

- 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.

➤ **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.

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

**NO LATER THAN 5 p.m. on Friday, November 15, 2019**

## 2020 BENEFIT PREMIUMS – BoCC

	<u>COVERAGE LEVEL</u>	<u>EMPLOYEE PAYS</u>	<u>EMPLOYER PAYS</u>
<b>Medical</b>	Employee Only	\$ 15.00 / month	\$ 965.00 / month
	Employee & Dependents	\$ 115.00 / month	\$1,630.00 / month
	Employee & Spouse	\$ 145.00 / month	\$1,630.00 / month
	Employee & Family	\$ 160.00 / month	\$1,630.00 / month
	26 – 30 Year Old Dependent	\$ 980.00 / month	-0-
<b>Dental</b>	Employee Only	\$ 5.00 / month	\$ 37.00 / month
	Employee & Family	\$ 40.00 / month	\$ 37.00 / month
<b>Vision</b>	Employee Only	\$ 9.43 / month	\$0.00
	Employee & Family	\$ 18.38 / month	\$0.00
	Employee Only – High	\$ 16.42 / month	\$0.00
	Employee & Family – High	\$ 31.36 / month	\$0.00
<b>Basic Life</b>	One Times Annual Salary	FREE	\$0.166 / \$1,000 coverage
<b>Long-term Disability</b>	60% of pre-disability salary	FREE	\$0.48 / \$100 of monthly salary (pending approval)

<b>Short-Term Disability Insurance GWS (Gross Weekly Salary)</b>	
<b>Employee Age Range</b>	<b>Premium Rate – Employee Paid</b>
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.

<b>Optional Life Insurance (Per \$1,000 of Plan Value) – Employee Paid</b>	
<b>Age Range</b>	<b>Premium Rate</b>
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 Up to Age 25	\$ .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.

# 2020 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, applicable co-pay and 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](http://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**

Over-Age Dependent Affidavits (Age 26-30), if you are currently receiving this benefit, the required form must be updated annually. Contact Human Resources 239-533-2245

### **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 2020, that rate is \$980.00 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 – Vision Service Plan \*VSP\***

### **Low Plan:**

Members are eligible to receive coverage for routine eye exams and lenses every calendar year and frames every other calendar year through the VSP network of participating providers. The co-payment for an eye exam is \$10 and the co-payment for frames and lenses is only \$15. In addition to the standard \$120 frame allowance, VSP offers featured frame brand allowance of \$170. There is a Costco Frame allowance of \$65. And a 20% savings on the amount over your frame allowance. This coverage, if elected, is paid for entirely by the employee.

### **High Plan:**

Members are eligible to receive coverage for routine eye exams and lenses every calendar year and frames every other calendar year through the VSP network of participating providers. The co-payment for an eye exam is \$10 and the co-payment for frames and lenses is only \$15. In addition to the standard \$150 frame allowance, VSP offers featured frame brand allowance of \$200. There is a Costco Frame allowance of \$80. And a 20% savings on the amount over your frame allowance. This coverage, if elected, is paid for entirely by the employee.

## **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.**

To change or update beneficiaries any time during the year,  
Please obtain a form by visiting our website <https://www.leegov.com/hr/employees/forms>.  
**Please send your original signed forms to Human Resources.**

## **Short-term Disability – The Hartford**

The carrier for **Short Term Disability (employee purchased)**, 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.

**Short Term Disability Coverage can ONLY be dropped during open enrollment each year.**

Employees can elect Short Term Disability coverage if not already elected. Employees must submit an EOI (Evidence of Insurability) form to the Hartford, carrier will accept or deny coverage according to the information received.

## **Long-term Disability – The Hartford**

The carrier for **Long Term Disability (fully paid for you by your employer)** is 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 2020, you may contribute as little as \$600 annually to each account or as much as \$2,700 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

<b>Benefit</b>	<b>Carrier</b>	<b>Website</b>	<b>Telephone</b>
Medical	Aetna Select Aetna Choice POS II	<a href="http://www.aetna.com">www.aetna.com</a>	888-266-5519
Dental	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	877-238-6200
Vision	VSP	<a href="http://www.vsp.com">www.vsp.com</a>	800-877-7195
Life	The Standard	<a href="http://www.standard.com">www.standard.com</a>	888-787-2129
Short-Term Disability	Hartford	<a href="http://www.thehartfordwork.com">www.thehartfordwork.com</a>	800-523-2233
Long-Term Disability	Hartford	<a href="http://www.thehartfordwork.com">www.thehartfordwork.com</a>	800-523-2233
Flexible Spending Accounts (FSA)	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	888-678-8242
Lee County Human Resources	<a href="http://www.leegov.com">www.leegov.com</a>		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 the preprinted 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 Pool Enrollment**

To qualify for enrollment, you need to have accumulated two (2) weeks of unused Sick Leave by December 31<sup>st</sup> of the current plan year (as reflected on your 1<sup>st</sup> 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.

### **Sick Pool Requests**

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.
- 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.

### **Sick Pool Maximum**

A total of twelve (12) weeks may be used in any 10-year period. 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.

