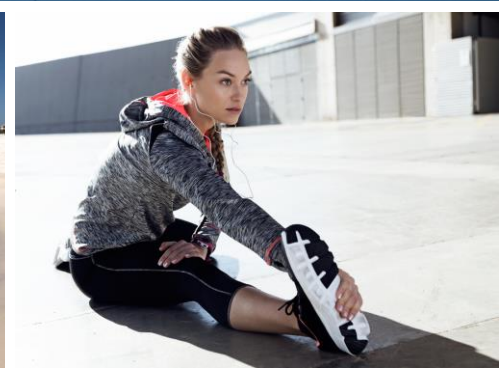




EMPLOYEE BENEFITS SUMMARY

January 1 - December 31, 2024



**Escambia County Board of County Commissioners
Human Resources Department**

221 Palafox Place, Suite 200
Pensacola, FL 32502
850-595-3000
myescambia.com



WELCOME TO ESCAMBIA COUNTY

The Board of County Commissioners provides its employees with a salary and benefits package that allows us to attract and retain the best-qualified employees available. You are a most valued member of the BCC team, and we will continue to strive to improve your benefits so we may provide our citizens with the best customer service in the state. This Employee Benefits Summary is a quick reference resource that provides an overview of our benefit programs. Please take a few minutes to review the booklet.

For more detailed information on these programs, please review the policies or Plan Documents, which can be located in the Human Resources Division, Benefits Section. If you have any questions or need assistance, please contact the Benefits Office at Benefits@myescambia.com or call 850-595-3161. The Benefits staff is available from 8 a.m. to 5 p.m. Monday - Friday, located on the second floor of the Escambia County Governmental Center Building. Please call and make an appointment. You may also visit myescambia.com/employee-resources or the PlanSource site for current benefits information and other useful Human Resources information. Please log into PlanSource for your current elections and to make changes at <https://benefits.plansource.com>

Your Board of County Commissioners

This county is governed by the Escambia County Board of County Commissioners. Escambia County is divided into five districts with one county commissioner elected from each district to serve a four-year term as the legislative and policy-setting body of Escambia County as established under Section 125 of the Florida Statutes. Commissioners are chosen in partisan elections by voters from the districts in which they live.



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This guide provides a brief overview of the benefits for eligible Escambia County employees. It is not a contract, promise, offer or guarantee of any kind. Escambia County makes efforts to ensure the benefit summary guide is accurate and current; however, benefit programs are established by state and federal laws and regulations, plan contracts and the policies of Escambia County. The County reserves the right to change, amend or terminate benefit programs in its sole discretion at any time. In the event of a conflict between this benefit summary guide, the benefits portal, and sources listed in this guide, Plan documents govern. In addition, benefits may vary among locations and/or type of employment with Escambia County. Refer to your contract or benefits statement for further clarification.

WHAT'S NEW IN 2024?

Medical

- ⇒No Change to Plans
- ⇒No Change to Cost
- ⇒See page 8 for more information

Dental

- ⇒No Change to Plans
- ⇒No Change to Cost
- ⇒See page 12 for more information

Disability

- ⇒No Change to Plans
- ⇒No Change to Cost
- ⇒If you elect both Voluntary Short-Term Disability and Voluntary Long-Term Disability, you must elect the same Option Number
- ⇒See page 19 for more information

Flexible Spending Accounts (FSA and Dependent Care FSA)

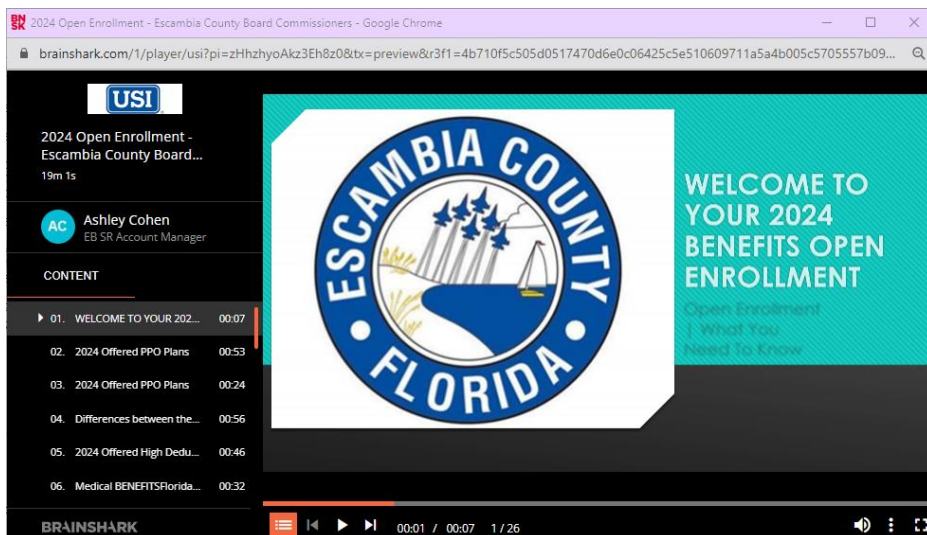
- ⇒See page 14 for more information

OPEN ENROLLMENT PRESENTATION

You can view the Open Enrollment presentation on any electronic device (smart phone, tablet, computer, laptop, etc.)

Navigate to any internet browser and enter the URL below:

https://www.brainshark.com/usi/2024_OE_Escambia



BENEFITS ELIGIBILITY AND ENROLLMENT

Who is Eligible?

Employees who are full time or part time with Escambia County and work at least 30 hours per week are eligible for our benefits once they have completed the waiting period. Benefits are effective on the first day of the month following 30 days of full-time employment.

Dependents

You may choose to cover your eligible family members under some plans. Eligible family members include:

- Your spouse under legally valid existing marriage (ex-spouses are not eligible dependents even if coverage is court ordered).
- For medical, dental and vision plans - Your natural, newborn, adopted, foster or step-child(ren), or a child for whom you have been court-appointed as legal guardian or legal custodian, until the end of the calendar year in which the child reaches age 26.
- A handicapped dependent child is eligible to continue coverage beyond the limiting age of 26 as a covered dependent if the child is incapable of self-sustaining employment and chiefly dependent upon you for support and maintenance provided the symptoms or causes of the child's handicap existed prior to the child's 26th birthday.
- For life insurance - Your unmarried child(ren) from 14 days through age 26. Eligibility will terminate on the child's birthday. If a dependent serves in the Armed Forces for more than 30 days, they are not eligible.
- The newborn child of a covered dependent child. Coverage for such newborn will automatically terminate 18 months after the birth of the newborn child unless the eligible employee becomes the legal guardian of the child.

NOTE: It is your sole responsibility as the covered employee to establish that a child meets the applicable requirements for eligibility.

When you add a new dependent to your coverage, you must provide proof of your relationship as indicated below.

Eligibility Category	Documentation Required
Spouse Individual to whom you are legally married. Both opposite-sex and same-sex marriages are included.	<ul style="list-style-type: none">• Copy of your state/church-issued marriage certificate or the first page of your most recent tax return (1040 form) indicating married filing status (financial data should be concealed).
Children Dependent child under the age of 26, including: <ul style="list-style-type: none">• Biological child• Adopted/foster child• Step-child• Court-awarded guardianship• Disabled child	<ul style="list-style-type: none">• Copy of the child's state-issued birth certificate showing the employee's name as parent or the first page of your most recent tax return (1040 form). If your child is under six months old, you may provide the proof of birth provided by the hospital.• Final Court Order with presiding judges' signature and seal or Adoption Final Decree with presiding judge's signature and seal.• Copy of the child's state-issued birth certificate showing the employee's spouse's name as parent or the first page of your most recent tax return and a copy of the marriage certificate showing the employee's and parent's name.• Copy of a final court order.• Appropriate documentation as listed above for birth, adoption, stepchild or legal guardianship and Notice of Award Letter from Social Security (SSI) of Supplemental Security (SSDI) of child being found disabled.

NOTES

- Spouses who are both employees of Escambia County cannot double cover each other on any plan.
- If you are an active employee with a dependent on our plan who has Medicare, this plan will typically be primary to Medicare. You should inform your health care provider of all plans you or your dependents have coverage through.
- The Affordable Care Act (ACA) requires your employer to provide you and the IRS with a report regarding your and your dependents' health plan participation for each tax year. Forms will be mailed in accordance with IRS renewal each year. Please keep your address updated in PlanSource to ensure all benefit information is sent to your most current address.

BENEFITS ELIGIBILITY AND ENROLLMENT

When Can I Enroll?

You can enroll in benefits during your initial new hire period and each year during Open Enrollment. Open Enrollment generally occurs in the Fall. Open Enrollment is your once-a-year opportunity to enroll in benefits for the following year or make changes to your current elections unless you experience a Life Status Change Event.

Life Status Change Events

You can change your benefits during the year only if you experience a QLE such as:

- Marriage or divorce
- Death
- Birth or adoption of a dependent
- Change in employment status
- Dependent satisfying or ceasing to satisfy the plan's eligibility requirements
 - Loss of or significant change to your current coverage
- Enrolling in or terminating Medicare or Medicaid coverage
- Termination of Children's Health Insurance Program (CHIP) coverage

IMPORTANT

If you have a life status change event during the year, you must contact Human Resources within 30 DAYS OF THE EVENT. If you miss the deadline, you will not be able to make a change until the next Open Enrollment period. If you were not affected by any of the changes above, you will not be able to change your elections until the next Open Enrollment period for benefits that begin January 1 of the following year.

THE COST OF YOUR BENEFITS

Escambia County pays the full cost for basic life and shares the cost for many others. You pay the full cost for any voluntary benefits you elect.

	Who Pays	Tax Treatment
Medical Coverage	Escambia County & You	Pre-Tax
Dental Coverage	Escambia County & You	Pre-Tax
Vision Coverage	You	Pre-Tax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	Escambia County	NA
Supplemental Life and AD&D Insurance	You	Post-Tax
Disability Coverage	You	Post-Tax
Flexible Spending Accounts	You	Pre-Tax
Deferred Compensation Plan	You	Pre-Tax
Florida Retirement System	Escambia County & You	Pre-Tax
Voluntary Insurance Plans	You	Pre- or Post-Tax

ESCAMBIA COUNTY CLINIC INFORMATION

The Escambia County Employee & Family Health Clinic provides health care solutions for all county employees, retirees and their families*. The clinic provides a range of health and wellness services, such as treatment for illnesses and wellness education programs. The clinic is FREE for active employees and their family members who are enrolled in county-sponsored Blue Options 3359 or 3559. Employees and family members who have provided proof of having health insurance through another source (by completing a current insurance validation form or providing a copy of a health care card) and those who participate in the county's Health Savings Account (HSA) can access the clinic with a \$30 copay.

*Relatives and their dependents enrolled in Medicare Part B or Medicaid are not eligible for the clinic.



Health Clinic Location: 2257 N. Baylen St., Pensacola

Appointments: Call 850-595-1949 or 850- 595-0328

Call or visit: my.Marathon-health.com

Hours: Monday and Tuesday: 7 a.m. to 5 p.m.

Wednesday: 8 a.m. to 5 p.m.

Thursday: 8 a.m. to 1 p.m.

Friday: 8 a.m. to 5 p.m.

Saturday: 8 a.m. to 1 p.m.

Sunday: Closed

Health Clinic Services

The Employee Health Clinic is fully dedicated to providing episodic, acute, and preventive health care for eligible employees, dependents, and retirees not enrolled in Medicare Part B or Medicaid.

- **Virtual appointments available**
- **Common illnesses** - including sore throat, sinus infections, colds, allergies, asthma, flu, earaches, headaches, minor gastrointestinal complaints, and more
- **Injuries** - including back pain, sprains, arthritic symptoms, and strains (non-work related)
- **Minor wound care** - including cleaning, dressing, splinter removal, simple sutures and suture removal, and tetanus vaccine as needed
- **Skin complaints** - including rashes, lumps, minor burns, minor sunburn, wart removal, insect bites, and fungal infections
- **Minor infections** - including urinary tract infections and conjunctivitis
- **Routine Immunizations and lab tests**
- **Blood pressure, glucose, and cholesterol screening**
- **Health education** - including coaching and fitness programming, weight management, and smoking cessation

WELLNESS CENTERS

The county has established Wellness Centers (gyms) for employees to use. These centers are available during various times of the day and require employees to sign in. The centers are unmanned, so please be safe and help us maintain the cleanliness of the centers. There are Wellness Centers in the following locations:

- Central Office Complex: 3363 West Park Place, second floor
- Ernie Lee Magaha Government Building: 221 Palafox Place, second floor
- Public Safety Building: 6575 N. W St.
- Road Department: 601 Highway 297A
- M.C. Blanchard Judicial Building: 190 W. Government St., Room 23014

**YOU MUST PRESENT YOUR
COUNTY BADGE
TO USE THE WELLNESS CENTERS.**

MEDICAL/PRESCRIPTION DRUG BENEFITS

The county offers a choice of medical plan options through **Florida Blue**. You can choose the plan that best suits the needs of you and your family. For additional plan information, please refer to your official plan documents. Keep in mind, that while you can choose to see any provider, you will pay less when you stay in the BlueOptions network. To find a list of in-network providers, visit www.floridablue.com or call 800-664-5295.

	BlueOptions Plan 3559		BlueOptions Plan 3359		BlueOptions Plan 5168/5169	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Per Person/Per Family)	\$1,250/\$3,750		\$1,500/\$4,500		\$2,100/\$4,200	\$4,200/\$8,400
Out-of-Pocket Maximum* (Per Person/Per Family)	\$4,000/\$12,000		\$5,000/\$15,000		\$2,500/\$5,000	\$10,000 / 20,000
Coinsurance (Member Responsibility)	20%	40%	20%	40%	10%	30%
Preventive Care	\$0	40%; no deductible	\$0	40%; no deductible	\$0	30%; no deductible
Family Physician	\$15	Deductible + 40%	\$20	Deductible + 40%	Deductible + 10%	Deductible
Specialist	\$50	Deductible + 40%	Deductible + 20%	Deductible + 40%	Deductible + 10%	Deductible + 30%
Telehealth	\$0 copay	Not covered	\$0 copay	Not covered	\$42	Not covered
Radiology, Pathology, and Anesthesiology Provider Services at Ambulatory Surgical Center (Specialist)	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%	Deductible + 10%	Deductible + 30%
Advanced Imaging Services	\$100	Deductible + 40%	\$100	Deductible + 40%	Deductible + 10%	Deductible + 30%
Provider Services at Hospital and ER	Deductible + 20%	In-network Deductible + 40%	Deductible + 20%	In-network deductible + 20%	Deductible + 10%	In-network deductible; no coinsurance
Inpatient Hospital	Opt. 1: \$500 Opt. 2: \$1,000	Opt. 1&2: Deductible + 40%	Opt. 1: \$750 Opt. 2: \$1,250	Deductible + 40%	Opt. 1 & 2: Deductible + 10%	Deductible + 30%
Outpatient Hospital (per visit)	Opt. 1: \$150 Opt. 2: \$250	\$350 copay	Opt. 1: \$150 Opt. 2: \$250	\$350 copay	Opt. 1 & 2: Deductible + 10%	Opt. 1 & 2: Deductible + 30%
Convenient Care Center	\$15	Deductible + 40%	\$20	Deductible + 40%	Deductible + 10%	Deductible + 30%
Emergency Room Facility Services	\$300 + 20%	\$300 + 20%	\$300 + 20%	\$300 + 20%	Deductible + 10%	Deductible + 10%
Urgent Care Center	\$30	Deductible + 40%	\$50	Deductible + 40%	Deductible + 10%	Deductible + 30%

MEDICAL/PRESCRIPTION DRUG BENEFITS

	BlueOptions Plan 3559		BlueOptions Plan 3359		BlueOptions Plan 5168/5169	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health and Substance Abuse						
Inpatient Hospitalization	Opt. 1 & 2: \$0	40%, no deductible	Opt. 1 & 2: \$0	40%, no deductible	Opt. 1 & 2: Deductible, then 10%	30%, no deductible (no coinsurance)
Outpatient Hospitalization	Opt. 1 & 2: \$0	40%, no deductible	Opt. 1 & 2: \$0	40%, no deductible	Opt. 1 & 2: Deductible + 10%	Opt. 1 & 2: deductible + 30%
Provider Services at Hospital and ER	\$0	\$0	\$0	\$0	Deductible + 10%	Opt. 1 & 2: deductible (no coinsurance)
Physician Office Visit	\$0	40%, no deductible	\$0	40%, no deductible	Deductible + 10%	Deductible
ER Services	\$0	\$0	\$0	\$0	Deductible + 10%	In-network deductible (no coinsurance)
Prescription Drugs						
Retail Prescription (30-day supply) Generic/Preferred Brand/Non-Preferred Brand	\$15/\$30/\$50	50%	\$15/\$30/\$50	50%	Deductible + 10%	Deductible + 50%
Mail-Order Prescription (90-day supply) Generic/Preferred Brand/Non-Preferred Brand	\$40/\$75/\$125	50%	\$40/\$75/\$125	50%	Deductible + 10%	Deductible + 50%

HEALTH INSURANCE OPT-OUT PROGRAM

If employees have health insurance coverage elsewhere, they may opt-out of health insurance through the BCC and receive a payment of \$300/month. To receive the payments, employees must provide proof of coverage and complete an opt-out agreement. Note: Employees who are TRICARE participants, on government funded plans, and employees eligible for Medicare are not eligible for the opt-out benefit due to prohibitions of such payments by the Department of Defense and the Centers for Medicare and Medicaid Services, respectively.

You may only enroll into the plan during an annual open enrollment period as determined by the Escambia County Board of County Commissioners or during a “special enrollment period” within 30 days of a qualifying event.

You may also be eligible for an additional \$10,000 of life insurance for a total of \$50,000 basic life insurance.

If you are covered under the county’s group health plan in any manner, such as a spouse or dependent of a current employee or retiree, you are not eligible to receive the subsidy.

For complete program details and conditions, please see the opt-out agreement. Employees considering or participating in the opt-out program must provide proof of other health insurance and sign the opt-out agreement each year.

YOUR MEDICAL/PRESCRIPTION DRUG PREMIUMS PER PAY PERIOD

BlueOptions Plan 3559		
	EE Cost Wellness Discount	EE Cost
Employee Only	\$37.83	\$62.83
Employee + Spouse	\$196.71	\$221.71
Employee + Children	\$191.35	\$216.35
Employee + Family	\$283.15	\$308.15

BlueOptions Plan 3359		
	EE Cost Wellness Discount	EE Cost
Employee Only	\$4.04	\$29.04
Employee + Spouse	\$97.26	\$122.26
Employee + Children	\$85.67	\$110.67
Employee + Family	\$123.26	\$148.26

BlueOptions Plan 5168/5169		
	EE Cost Wellness Discount	EE Cost
Employee Only	\$0.00	\$25.00
Employee + Spouse	\$39.80	\$64.80
Employee + Children	\$34.91	\$59.91
Employee + Family	\$54.49	\$79.49

HEALTH SAVINGS ACCOUNT (HSA)

For employees electing the HSA, the county deposits \$1,000 into their HSA Bank account. The county or the appointing authority pays the \$500 on 1st pay in January and \$500 on 1st pay in July.



WHICH MEDICAL PLAN IS RIGHT FOR YOU?

When deciding which medical plan is the best fit for you and your family, it's important to consider the total cost of coverage. This includes what you pay in premiums and what you pay for services. The ideal medical plan should cover most of your healthcare needs at a reasonable cost. Let's look at three fictional employees as they explore their medical plan usage and decide which plan is best for them. **Employees on the HDHP (5168/5169) receive \$1,000 annually deposited in your HSA. \$500 on 1st pay in January and 1st pay in July.**



Kyle Age: 25

Plan Usage: Low

Overall Health: Healthy. No medical conditions.

Coverage: Employee Only

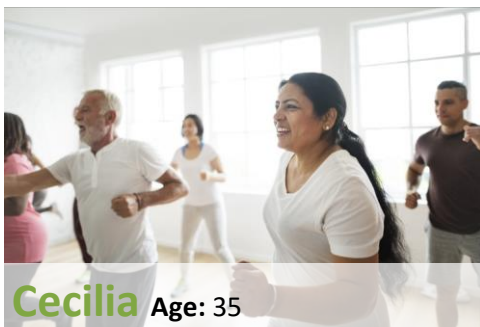
Description: Kyle is healthy and active and does not visit the doctor outside of regular preventive visits.

What Kyle wants most in a plan: Low premiums

Plan Selection: Kyle chooses the 3359 Plan. Here's why:

- Lower deductible than the HDHP and lower premiums than the 3559 Plan.

	HDHP 5168/5169	3359	3559
In-Network Deductible	\$2,100	\$1,500	\$1,250
In-Network Out-of-Pocket Maximum	\$2,500	\$5,000	\$4,000
2024 Annual Premium (Wellness Rate)	\$0	\$97	\$908



Cecilia Age: 35

Plan Usage: Moderate

Overall Health: Somewhat healthy. Cecilia has diabetes and her husband has high blood pressure.

Coverage: Employee + Spouse

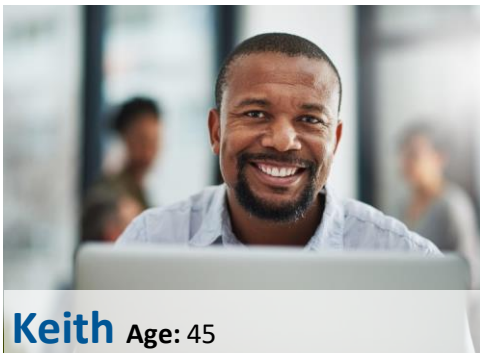
Description: Cecilia goes to the doctor multiple times a year and fills prescriptions regularly.

What Cecilia wants most in a plan: Affordable out-of-pocket costs

Plan Selection: Cecilia chooses the 3559 Plan. Here's why:

- Low deductible and out-of-pocket maximum.
- Low specialist visit copays, with no deductible to satisfy first helps keep out-of-pocket costs lower.

	HDHP 5168/5169	3359	3559
In-Network Deductible	\$4,200	\$3,000	\$2,500
In-Network Out-of-Pocket Maximum	\$5,000	\$8,000	\$10,000
2024 Annual Premium (Wellness Rate)	\$955	\$2334	\$4,721



Keith Age: 45

Plan Usage: High

Overall Health: Healthy with two active children.

Coverage: Employee + Family

Description: Keith values the ability to set aside pre-tax money in his HSA for healthcare expenses now and into retirement.

What Keith wants most in a plan: Plan for now—save for the future

Plan Selection: Keith chooses the HDHP with HSA. Here's why:

- Lower premiums per paycheck
- Keith funds his HSA up to the IRS annual maximum to pay for his and his family's immediate and future healthcare expenses.

	HDHP 5168/5169	3359	3559
In-Network Deductible	\$4,200	\$4,500	\$3,750
In-Network Out-of-Pocket Maximum	\$5,000	\$15,000	\$12,000
2024 Annual Premium (Wellness Rate)	\$838	\$2,056	\$4,592

DENTAL BENEFITS

Regular dental exams can help you and your dentist detect problems in their early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your health.

Dental benefits are offered through **Metlife**. Employees can choose from either the high option or the low option. Both plans offer two diagnostic and preventive care visits at no cost to you each year when you visit an in-network provider. If you receive care from a dentist who does not participate in the **PDP Plus network**, benefits are paid at the Usual, Customary, and Reasonable (UCR) rate, and you may be responsible for any fees above the UCR.

To learn more or to find an in-network provider, visit www.metlife.com.

	High Option	Low Option
	In- and Out-of-Network	In- and Out-of-Network
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Annual Maximum Benefit (Per Person)	\$2,000	\$1,500
Diagnostic and Preventive Care* Includes oral evaluations, cleanings, and bitewing x-rays	0%	0%
Basic Services Includes fillings, periodontics, scaling and root planing, and oral surgery	20%	20%
Major Services Includes crowns, bridges, and full and partial dentures	40%	50%
Orthodontia Adults and Children	50% Lifetime maximum up to \$750	50% Lifetime maximum up to \$500

Per Pay Period Dental Contributions		
	High Option	Low Option
Employee Only	\$7.06	\$3.08
Employee + Spouse	\$16.39	\$11.94
Employee + Children	\$16.15	\$11.53
Employee + Family	\$23.85	\$16.99

*No deductible applies to these services and these services are not part of the annual maximum benefit.

VISION BENEFITS

The county offers vision benefits through **Humana**. These benefits cover routine eye exams and pay for all or a portion of the cost of glasses and contact lenses. Humana also provides a Lasik discount. For additional plan information, please review the official documents. To find an in-network provider visit www.humana.com.

	In-Network	Out-of-Network
Eye Exam (Once every 12 months)	\$10 copay	Up to \$30 allowance
Eyeglass Lenses (Once every 12 months*)		
Single vision	\$15 copay	Up to \$25 allowance
Bifocal	\$15 copay	Up to 40 allowance
Trifocal	\$15 copay	Up to \$60 allowance
Eyeglass Frames (Once every 24 months)	Covered at 100% within the \$130 wholesale allowance; 20% off balance over \$130	Up to \$65 allowance
Contact Lenses (Once every 12 months*)		
Medically necessary	Covered at 100%	Up to \$200 allowance
Elective in lieu of glasses	Up to \$130 allowance; 15% off balance over \$130	Up to \$104 allowance
LASIK Vision Correction	Discounts apply	
Diabetic Eye Care	Additional exams and services at no cost in-network	
	Monthly	Semi-Monthly
Employee Only	\$4.94	\$2.47
Employee + Spouse	\$9.88	\$4.94
Employee + Children	\$9.38	\$4.69
Employee + Family	\$14.78	\$7.39

*Either eyeglass lenses or contact lenses every 12 months



FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSAs) let you save on taxes for certain health care and dependent care expenses. When you enroll, you decide how much you want to contribute for the year. Deductions are taken pre-tax from each paycheck and deposited into your account(s). Then, when you incur expenses and submit claims, you are reimbursed with pre-tax dollars from your account. Two types of accounts are offered.

Health Care FSA

The Health Care FSA is for eligible expenses not covered by any medical, prescription drug, dental or vision plan, including copays, deductibles, and coinsurance. This account is available only to those who are not enrolled in an HSA.



***Remember you must re-enroll each year**

Dependent Care FSA

The Dependent Care FSA is used to set aside pre-tax dollars that are used to pay for daycare expenses for a dependent child under age 13 or the care of a disabled spouse or dependent of any age. You and your spouse must both work or be full-time students to qualify.

Use-it-or-Lose-it

The IRS has a “use-it-or-lose-it” rule. If you do not use the full amount set aside in your Health Care FSA, in excess of \$610, for expenses incurred during 2023, you will lose any remaining funds. All funds left in the Dependent Care FSA at the end of the year will be forfeited. Expenses occurred between January 1 and December 31 are eligible for reimbursement. Claims must be filed by March 1. Keep all receipts for your debit card purchases as you may be required to substantiate expenses.

	Why Would I Use It?	Maximum Contribution Amounts
Health Care FSA 	<ul style="list-style-type: none"> You're not enrolled in an HSA, but still want a tax-saving option. Pays the uncovered portions of medical, dental, and vision expenses (including copays and deductible). Contributions are pre-tax, so it increases your non-taxable take-home pay. Covers expenses incurred by you or an eligible dependent. 	<p>\$3,050 per plan year</p> <ul style="list-style-type: none"> Any money left in your account (above \$610) at the end of the plan year will be forfeited, so be sure to estimate your needs conservatively. The account is pre-funded, meaning you can access your total annual contribution amount (less any monies already spent) at any time, even before the money is deposited.
Dependent Care FSA 	<ul style="list-style-type: none"> You (and your spouse, if married) work outside the home and require dependent care to allow you to work full-time. Pays for daycare for eligible dependents your child or children under age 13, your disabled spouse, an elderly parent or other dependent who is physically or mentally incapable of self-care. You claim the dependent on your income tax return. Contributions are pre-tax, so it increases your non taxable take-home pay. 	<p>\$5,000 per plan year (\$2,500 if married and filing separately)</p> <ul style="list-style-type: none"> This is also a “use-it-or-lose-it” account, so estimate your needs conservatively. The account is NOT pre-funded, meaning that after you file a claim, you may only receive reimbursement for amounts that are currently in the account.

WHAT IS THE DIFFERENCE BETWEEN THE FEDERAL CHILD AND DEPENDENT CARE TAX CREDIT AND DEPENDENT CARE FSA?

The amount of benefits received through the Dependent Care FSA must be subtracted from the child and dependent care expenses used to calculate the tax credit. The choice between taking the federal child and dependent care tax credit or using the Dependent Care FSA depends largely on your income level and your amount of work-related dependent care. Talk with your tax advisor for more details.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Tax Savings With The FSA

The chart below shows how you save money by contributing to an FSA.

Account Type	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pre-tax contribution to healthcare	\$2,000	\$0
Federal and Social Security taxes	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses and taxes	\$36,299	\$35,645
Tax savings with Medical and/or Dependent Care FSA	\$654	N/A

What if my Situation Changes During The Year?

The election you make at the beginning of each plan year is binding until the next enrollment period. It is always better to underestimate than to overestimate with an FSA plan. For those who resign or are terminated during the plan year: any amounts payroll deducted for your FSA are non-refundable, but you can elect COBRA to use up any existing funds. Once you authorize a payroll deduction to your FSA, you may not cancel or change that election until next enrollment period unless you experience a qualifying event as defined in this booklet. When one of these changes occurs, employees must request a reallocation of their spending account within 30 days of the change in status.



LIFE AND AD&D INSURANCE BENEFITS

Basic Life and Accidental Death and Dismemberment (AD&D) - Employer Paid

The county provides eligible associates with basic term life and AD&D insurance at no cost to you. The plan offers basic life coverage of **\$40,000**. Your coverage amount is paid to your beneficiary in the event of your death while you are employed by the County. **Employees (except Medicare, Tricare, Government funded plans and a covered dependent on the County insurance) that do not elect health care coverage may be eligible for an additional \$10,000 of life insurance coverage for no additional cost.**

Supplemental Life Insurance & AD&D- Employee Paid

Employees have an option to purchase Supplemental Life Insurance & AD&D and must purchase a minimum of \$20,000. Then may purchase in \$10,000 increments up to \$300,000. Evidence of Insurability is required for combined Life and AD&D amounts exceeding \$100,000 or 200% of salary whichever is less, at initial enrollment.

Employees also have the option to purchase Supplemental Spouse Life and AD&D Insurance, up to \$150,000. (subject to a maximum of 50% of your life insurance benefit rounded to the next higher \$10,000). Any election over \$30,000 requires Evidence of Insurability.

Employee can elect \$20,000 of Supplemental Child Life Insurance for \$2.00 per month.

Important Things to Consider Regarding Your Life Insurance

- In order to purchase Supplemental Life for your dependents, you must purchase Supplemental Life for yourself.
- Two employees working for the county are ineligible to cover each other on Dependent Life Insurance.
- One parent can only cover children of the dual county employees.
- Children may remain on Supplemental Dependent Life Insurance until the day of their 26th birthday.
- Employees have the option to continue or convert their life insurance at termination or retirement.
- Coverage is reduced by 50% when employees reach age 70. Premiums on the life insurance matrix for age 70+ reflect this reduction. *Please see the next page for premiums.*
- You have the option to purchase \$5,000 Supplemental Spouse Life and \$10,000 Supplemental Child Life for \$2.00 per month.

LIFE INSURANCE RATES

Age	Employee Rates per Month										
	\$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	\$0.148	\$1.48	\$2.96	\$4.44	\$5.92	\$7.40	\$8.88	\$10.36	\$11.84	\$13.32	\$14.80
30-34	\$0.158	\$1.58	\$3.16	\$4.74	\$6.32	\$7.90	\$9.48	\$11.06	\$12.64	\$14.22	\$15.80
35-39	\$0.178	\$1.78	\$3.56	\$5.34	\$7.12	\$8.90	\$10.68	\$12.46	\$14.24	\$16.02	\$17.80
40-44	\$0.248	\$2.48	\$4.96	\$7.44	\$9.92	\$12.40	\$14.88	\$17.36	\$19.84	\$22.32	\$24.80
45-49	\$0.338	\$3.38	\$6.76	\$10.14	\$13.52	\$16.90	\$20.28	\$23.66	\$27.04	\$30.42	\$33.80
50-54	\$0.488	\$4.88	\$9.76	\$14.64	\$19.52	\$24.40	\$29.28	\$34.16	\$39.04	\$43.92	\$48.80
55-59	\$0.778	\$7.78	\$15.56	\$23.34	\$31.12	\$38.90	\$46.68	\$54.46	\$62.24	\$70.02	\$77.80
60-64	\$1.128	\$11.28	\$22.56	\$33.84	\$45.12	\$56.40	\$67.68	\$78.96	\$90.24	\$101.52	\$112.80
65-69	\$1.788	\$17.88	\$35.76	\$53.64	\$71.52	\$89.40	\$107.28	\$125.16	\$143.04	\$160.92	\$178.80
70+	\$6.288	\$31.44	\$62.88	\$94.32	\$125.76	\$157.20	\$188.64	\$220.08	\$251.52	\$282.96	\$314.40

Age	Employee Rates per Month									
	\$110,000	\$130,000	\$150,000	\$170,000	\$190,000	\$200,000	\$230,000	\$250,000	\$270,000	\$300,000
<30	\$16.28	\$19.24	\$22.20	\$25.16	\$28.12	\$29.60	\$34.04	\$37.00	\$39.96	\$44.40
30-34	\$17.38	\$20.54	\$23.70	\$26.86	\$30.02	\$31.60	\$36.34	\$39.50	\$42.66	\$47.70
35-39	\$19.58	\$23.14	\$26.70	\$30.26	\$33.82	\$35.60	\$40.94	\$44.50	\$48.06	\$53.40
40-44	\$27.28	\$32.24	\$37.20	\$42.16	\$47.12	\$49.60	\$57.04	\$62.00	\$66.96	\$74.40
45-49	\$37.18	\$43.94	\$50.70	\$57.46	\$64.22	\$67.60	\$77.74	\$84.50	\$91.26	\$101.40
50-54	\$53.68	\$63.44	\$73.20	\$82.96	\$92.72	\$97.60	\$112.24	\$122.00	\$131.76	\$146.40
55-59	\$85.58	\$101.14	\$116.70	\$132.26	\$147.82	\$155.60	\$178.94	\$194.50	\$210.06	\$233.40
60-64	\$124.08	\$146.64	\$169.20	\$191.76	\$214.32	\$225.60	\$259.44	\$282.00	\$304.56	\$338.40
65-69	\$196.68	\$232.44	\$268.20	\$303.96	\$339.72	\$357.60	\$411.24	\$447.00	\$482.76	\$536.40
70+	\$345.84	\$408.72	\$471.60	\$534.48	\$597.36	\$628.00	\$723.12	\$786.00	\$848.88	\$943.20

LIFE INSURANCE RATES (continued)

Age	Spouse Rates per Month						
	\$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
<30	\$0.146	\$1.46	\$2.92	\$4.38	\$5.84	\$7.30	\$8.76
30-34	\$0.156	\$1.56	\$3.12	\$4.68	\$6.24	\$7.80	\$9.36
35-39	\$0.176	\$1.76	\$3.52	\$5.28	\$7.04	\$8.80	\$10.56
40-44	\$0.246	\$2.46	\$4.92	\$7.38	\$9.84	\$12.30	\$14.76
45-49	\$0.336	\$3.36	\$6.72	\$10.08	\$13.44	\$16.80	\$20.16
50-54	\$0.486	\$4.86	\$9.72	\$14.58	\$19.44	\$24.30	\$29.16
55-59	\$0.776	\$7.76	\$15.52	\$23.28	\$31.04	\$38.80	\$46.56
60-64	\$1.126	\$11.26	\$22.52	\$33.78	\$45.04	\$56.30	\$67.56
65-69	\$1.786	\$17.86	\$35.72	\$53.58	\$71.44	\$89.30	\$107.16
70+	\$6.286	\$31.43	\$62.86	\$92.49	\$125.72	\$157.15	\$188.58
Age	Spouse Rates per Month						
	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$130,000	\$150,000
<30	\$10.22	\$11.68	\$13.14	\$14.60	\$16.06	\$18.98	\$21.90
30-34	\$10.92	\$12.48	\$14.04	\$15.60	\$17.16	\$20.28	\$23.40
35-39	\$12.32	\$14.08	\$15.84	\$17.60	\$19.36	\$22.88	\$26.40
40-44	\$17.22	\$19.68	\$22.14	\$24.60	\$27.06	\$31.98	\$36.90
45-49	\$23.52	\$26.88	\$30.24	\$33.60	\$36.96	\$43.68	\$50.40
50-54	\$34.02	\$38.88	\$43.74	\$48.60	\$53.46	\$63.18	\$72.90
55-59	\$54.32	\$62.08	\$69.84	\$77.60	\$85.36	\$100.88	\$116.40
60-64	\$78.82	\$90.08	\$101.34	\$112.60	\$123.86	\$146.38	\$168.90
65-69	\$125.02	\$142.88	\$160.74	\$178.60	\$196.46	\$232.18	\$267.90
70+	\$220.01	\$251.44	\$282.87	\$314.30	\$345.73	\$408.59	\$471.45

DISABILITY BENEFITS

Voluntary Short-Term Disability

All eligible employees are able to elect employee paid Voluntary Short Term Disability (STD) through Lincoln, which provides temporary income protection through salary continuation in the event you are unable to work due to a non-work-related illness or injury. You have two options. Certain exclusions, along with pre-existing condition limitations, may apply. **If you decline Voluntary Short Term Disability as a new hire and later decide to enroll, your election will be subject to Medical Questions (EOI) and underwriting approval.** See your plan documents for details.

Short Term Disability	Option 1	Option 2
Day Benefits Begin	15th day	15th day
Benefit Percentage	60% of weekly earnings	60% of weekly earnings
Weekly Maximum Benefit	\$1,250	\$1,250
Maximum Benefit Duration	24 weeks	11 weeks

Short Term Disability Cost Calculator	
Step 1. Enter your Annual Basic Pay	1. _____
Step 2. Divide Step 1 by 52	2. _____
Step 3. Multiply the amount in Step 2 by 60%. This is your Weekly Benefit (do not enter more than \$1,250)	3. _____
Step 3. Divide the amount in Step 3 by 10	4. _____
Enter the rate	
Step 4. Option 1: \$0.546 Option 2: \$0.421	5. _____
Step 5. Multiply the amount from Step 3 by the amount in step 4. This is your approx. monthly premium	6. _____

IF YOU ELECT BOTH SHORT AND LONG TERM DISABILITY, YOU MUST ELECT THE SAME OPTION NUMBER

Example:
Employee's annual basic earnings is \$37,440 / 52 = \$720
\$720 x 60% = \$432 This is your weekly Benefit
\$432 / 10 = \$43.2 x \$0.546 (option 1 rate) = \$23.59 This is your approx. monthly premium.

Voluntary Long-Term Disability (LTD)

All eligible employees may elect employee paid Voluntary Long Term Disability (LTD) through Lincoln. LTD replaces a portion of your income after an extended period of disabling illness or accident. In the event you become disabled due to non-work injury or illness, you may be eligible to receive 60% of your regular monthly earnings up to \$5,000, beginning after your elimination period. Certain exclusions, along with pre-existing condition limitations, may apply. **If you have previously declined Voluntary Long Term Disability and would like to enroll as a late entrant, you must submit Medical Questions (EOI). Your election will be reviewed and may or may not be approved.** See your plan documents for details.

Long Term Disability	Option 1	Option 2
Day Benefits Begin	181st day	91st day
Benefit Percentage	60% of monthly earnings	60% of monthly earnings
Monthly Maximum Benefit	\$5,000*	\$5,000*
Maximum Benefit Duration	Later of age 65 or SSNRA	Later of age 65 or SSNRA

Long Term Disability Cost Calculator	
Step 1. Enter your Base monthly earnings (do not enter more than \$8,333)	1. _____
Step 2. Divide Step 1 by 100	2. _____
Step 3. Multiply Step 2 by your age banded rate on the table below. This is your estimated monthly premium	3. _____

Voluntary Long Term Disability Rates per \$100 payroll

Employee Age	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
Option 1:	\$0.08	\$0.13	\$0.21	\$0.32	\$0.45	\$0.57	\$0.73	\$0.64	\$0.48	\$0.41
Option 2:	\$0.09	\$0.15	\$0.25	\$0.39	\$0.54	\$0.70	\$0.89	\$0.74	\$0.58	\$0.50

How to Calculate
Example: Employee is 42 years old and earns \$37,440 per year
\$37,440 annual earnings ÷ 12 months = \$3,120 monthly earnings
\$3,120 / 100 = \$31.20
\$31.20 x \$0.32 (age banded rate on table above) = \$9.98

*Should you qualify for Social Security or State Retirement Disability, the amount you would receive from these government plans acts as an offset against the amount you receive from the Long Term Disability plan. This plan provides a minimum benefit of \$100 per month, regardless of other income you may receive during disability (Social Security or State Retirement Disability) until age 65. Should you never qualify for these government plans, then your Long Term Disability would pay to age 65.

DEFERRED COMPENSATION

Employees are eligible to enroll in voluntary Deferred Compensation Plan(s) (457). Deferred Compensation is an arrangement which permits you to authorize a portion of your salary to be withheld and invested in group variable annuity contracts for payment to you at a later date. State Retirement and Social Security may not be enough to cover all your needs, depending on when you plan to retire. Deferred Compensation is a voluntary contribution made by you to supplement retirement planning needs. Neither the contributed amount nor any investment earnings are subject to current federal and (in most cases) state income taxes until the deferred income plus earnings are distributed to you. These distributions are generally taken at retirement when you may be in a lower tax bracket. Per IRS guidelines, retired special risk personnel may be able to elect a withdrawal of up to \$3,000 once per calendar year, tax free, to pay for their health insurance premiums. Please contact your plan provider for more information.

EMPLOYEE ASSISTANCE PROGRAM

The county provides an Employee Assistance Program (EAP) where employee and their family members are eligible to receive up to three confidential face-to-face counseling sessions a year, at no cost, from Behavioral Health Systems for each distinct issue. You and your family members are also eligible for unlimited telephonic sessions.

The EAP professionals at Behavioral Health Systems (BHS) provide confidential evaluations, short-term counseling, and referrals for any employee or eligible family member.

When you use your EAP benefits, there are never any claims to file and EAP visits are covered at 100%. Your use of the EAP is completely confidential. In addition to referral for counseling or medication management, your Care Coordinator can assist you with the availability of community resources, such as support groups, that may be beneficial. Telehealth resources are also available.

Should you need more than three sessions, the cost will be coordinated through your health insurance.



BHS can help with the following issues:

- **Stress Management**
- **Personal Relationships**
- **Marital/Family Issues**
- **Parent-Child Conflict**
- **Grief & Loss**
- **Coping After a Tragedy**
- **Depression & Anxiety**
- **Work-Related Problems**
- **Alcohol & Drug Abuse**
- **ADD/ADHD**
- **Life Transitions**
- **Eating Disorders**
- **Financial/Legal**
- **And much more**

VOLUNTARY INSURANCE

The county provides employees the opportunity to buy, payroll deduct, and flex other types of insurance through Colonial Life, AFLAC or Allstate. If you have any questions, please contact the representative for the respective company.



PRE-PAID LEGAL

The county provides employees the opportunity to buy legal and identity theft protection through convenient payroll deductions.

This coverage is provided by LegalShield. For additional information, please contact Rebecca Smith or Ken Terry at 800-729-7998 or rjsmith@smitherry.com.



FLORIDA RETIREMENT SYSTEM

This information is provided for informational purposes only. Please visit Myfrs.com for details.

County employees are members of the Florida Retirement System (FRS). As of July 1, 2011, the county and employees share in the contribution toward retirement. Presently, the employee must pay 3 percent toward the contribution unless you are participating in DROP or if you are a re-employed retiree who is not eligible for renewed membership. The 3% is required and cannot be adjusted. Currently, FRS offers two retirement programs: (1) a traditional pension plan and (2) an investment plan. An employee who has any FRS service credit prior to July 1, 2011 and is not considered a reemployed retiree is vested in the Pension Plan upon completion of six years of FRS service. If you start work in the FRS system after July 1, 2011, you are vested upon completion of eight years of FRS service in the Pension Plan. In the Investment Plan, you are vested upon completion of one year of FRS service.

Initial Election

Senate Bill 7022, enacted during the 2017 regular legislative session, extended the initial election period and changed the default membership for most FRS members whose initial election period is effective on or after January 1, 2018.

- The initial election period is eight calendar months.
- Members in the Special Risk Class will default to the Pension Plan. Members in all other membership classes will default to the Investment Plan when no active election is made.
- Default membership resulting from no active election being made is based on the membership class covering the position at the end of the eight months after the month of hire.
- Rehired employees that were in the FRS Investment Plan and have taken a distribution will be enrolled in the FRS Investment Plan upon rehire.

Choosing Your FRS Plan

The FRS has made it easy to enroll, no matter which plan you choose.

NEW EMPLOYEES

- Visit www.MYFRS.com to access and print the EZ FRS Enrollment Form or call the toll-free MyFRS Financial Guidance Line at 1-866-446-9377, option 4.
- You may also view the FRS's 15-minute "New Hire Video" available on the website or through the Human Resources Office. This video showcases the differences between the two plans and is designed to help you better understand your choices.
- Ernst & Young Financial Planners or Division of Retirement counselors are available to explain the plans and answer your questions. To speak to a planner or counselor, call the toll-free MyFRS Financial Guidance Line at 1-866-446-9377 (TTY 1-888-429-2160 for hearing impaired).
- Access is also available to the online Choice Service at www.MyFRS.com where you can compare an estimate of projected benefits under both plans using various scenarios. Please use these free resources and make an informed choice for your future.

FLORIDA RETIREMENT SYSTEM

RETIREMENT INCENTIVE PROGRAM

The Retirement Incentive Program allows BCC employees to retire upon their first, second or third year of eligibility. An employee would receive a one-time payment of 15% of their annual gross salary if they retire in their first eligible year, 10% if they retire in their second eligible year, and 5% if they retire in their third eligible year. Employees in DROP are not eligible for the Retirement Incentive Program.



IMPORTANT CONTACTS

Benefit	Carrier/Group #	Phone	Website / Email / Contact Info.
Medical/Prescription Drug	Florida Blue 97035	800-664-5295	www.floridablue.com
Florida Blue Retail Center	Florida Blue	850-202-4150	Cordova Commons 1680 Airport Blvd. Pensacola, FL
Dental	MetLife	888-309-5526	www.metlife.com
Vision	Humana 748596	800-865-3676	www.humana.com
Escambia County Health Clinic	Marathon	850-595-0328 850-595-1949	2257 N. Baylen St. Pensacola, FL
Flexible Spending Accounts (FSA)	Ameriflex	888-868-3539	www.myameriflex.com
Health Savings Account (HSA)	HSA Bank	800-357-6246	www.hsabank.com
Florida Retirement System (FRS)	FRS	844-377-1888	www.Myfrs.com
FRS Pension	FRS	866-446-9577	www.Myfrs.com
FRS Investment	FRS Financial Planners	866-446-9577	www.Myfrs.com
Life and Disability Insurance	Lincoln Financial Life:400246039-0000 Disability:10246383-0000	800-423-2765	www.lincolnfinancial.com
Employee Assistance Program (EAP)	Behavioral Health Systems	800-245-1150	www.behavioralhealthsystems.com
Voluntary Insurance	AFLAC	850-473-9400 Ext. 5	Holly Butcher holly_butcher@us.aflac.com www.aflac.com
Voluntary Insurance	Allstate	850-453-0088	Milton McNease mclinease@mclineaseassociates.gccoxmail.com
Voluntary Insurance	Colonial	800-245-1150	Wayne Rimmer wayne.rimmer@coloniallife.com www.coloniallife.com
Deferred Compensation	MissionSquare Retirement Services	866-328-4672	Adam Ferguson AFerguson@missionsq.org www.icmarc.org
Deferred Compensation	Nationwide	850-867-8586	Gene Weaver Weaverg4@nationwide.com www.nrsforc.com
Deferred Compensation	Trans America	800-755-5801	www.transamerica.com
Deferred Compensation	Corebridge Financial	800-445-7862	Tim Schossow Timothy.Schossow@corebridgefinancial.com
Legal and Legal Shield	Pre-Paid Legal	800-725-7988	Rebecca Smith rjsmith@smithterry.com

my escambia

A decorative graphic element consisting of a solid blue wave shape with a dotted line following its upper curve, positioned below the text.