

# **Escambia County Employee Benefits Summary 2017**



**Board of County Commissioners Human Resources Division**

**221 Palafox Place, Suite 200, Pensacola, FL 32502**

**850.595.3000**

**Web Site: [www.myescambia.com](http://www.myescambia.com)**

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This 2017 Employee Benefits Summary does not guarantee benefits and is intended only to provide general information. This not a contract. A complete description can be reviewed in the Plan Documents detailing coverage available in the HR Benefits Office. Please keep this booklet to reference 2017 benefits

## **MEMORANDUM**

To: All Escambia County Active Employees

From: Tom Turner, HR Director

Subject: 2017 Employee Benefits Summary

Date: December 1, 2016

The Board of County Commissioners is dedicated to providing 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 and working conditions so we may all provide our citizens with the best customer service in the state.

The 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. The booklet provides you with current information on the County programs such as policy overview, telephone numbers, contact information, policy numbers, and premiums for the current year, as well as comparisons between similar benefits. 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 call the Benefits Office at 850.595.4767, 4682, or 4681. The Benefits Staff is available from 8:00 am –5:00 pm, Monday through Friday, located on the second floor of the Escambia County Governmental Center Building. Please call and make an appointment and we will be happy to help you with any question you may have.

You may also go to the BCC-intranet website [http://home1.escambia/newsite/departments/human\\_resources](http://home1.escambia/newsite/departments/human_resources) or [www.selfservice.myescambia.com](http://www.selfservice.myescambia.com) for current information about your benefits.

This 2017 Employee Benefits Summary does not guarantee benefits and is intended to provide only general information. This document is not a contract. A complete description can be reviewed in the Plan Documents detailing coverage in the Board of County Commissioners Human Resources Benefits Office.

**Please contact Jenny @ 850.595.4767, Tina @ 850.595.4682 or  
John @ 850.595.4681.**

**Please keep this booklet to reference 2017 benefits.**



# Employee Information Sheet For Benefits

## Benefits Contacts

### Name & Contact Information

John Weber, HR Supervisor  
595.4681 JAWEBER@myescambia.com

### Duties

Manages Benefits Section, Wellness Program, Health Clinic

Tina Martin, HR Associate II  
595.4682  
TDMARTIN@myescambia.com

Health and Dental Insurance, COBRA, Employee Assistance Program (EAP)

Jenny Echols, HR Associate II  
595.4767  
JSECHOLS@myescambia.com

Retirement, Life Insurance, Flexible Benefits, Vision,  
Long Term Disability, Deferred Compensation, Voluntary Insurances, Sick Leave Pool, and Employee Discount Program, Annual Leave Donation

Meke Posey, HR Associate II  
595-3682  
MIPOSEY@myescambia.com

New Hire orientation and processing

## Health Insurance

Florida Blue  
Group Number 97035

### Customer Service Telephone Numbers

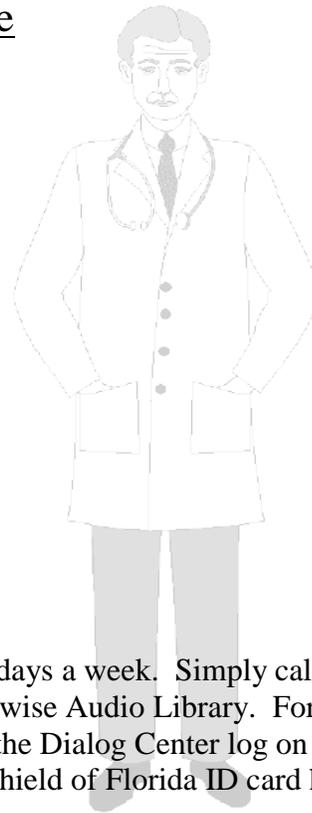
PPO: 1.877.352.2583

### Walk-In Office Location

Florida BLUE  
Cordova Commons  
1680 Airport Blvd.  
Pensacola, FL 32504

### Grievance Board

Health Options, Inc.  
P.O. Box 44165  
Jacksonville, FL 32231-4165



Health Dialog - Health coaches are available 24 hours a day, 7 days a week. Simply call toll free, 877.789.2483 to speak to a health coach or to access the Healthwise Audio Library. For our hearing impaired members, access our TTY line at 877.900.4304. For the Dialog Center log on to the BCBS website at [www.bcbsfl.com](http://www.bcbsfl.com). Have your Blue Cross and Blue Shield of Florida ID card handy in order to log on to the website and set up your account.

Hospital Advisor by Subimo - Is an interactive web-based tool that helps you make side-by-side hospital comparisons. Regularly updated information on hospital performance is gathered from variety of independent, reliable sources.

MyBlueService: Website: [www.floridablue.com](http://www.floridablue.com) to order ID cards, obtain a temporary ID card, view summary plan descriptions, access provider directories, view claims history, etc.)

## Health Savings Account (HSA)

The HSA Bank is the financial institution which manages your HSA account. For questions or information relating to an HSA you can go to their web site at [www.hsabank.com](http://www.hsabank.com) or call their Client Assistance Center at 1.800.357.6246.

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### Dental Insurance

Delta Dental  
Group Number 1440-0001 or 1440-0002  
Customer Service Telephone Number  
1.800.521.2651

Dental Claims Address  
Delta Dental Insurance Company  
P.O. Box 1809  
Alpharetta, Georgia 30023-1809



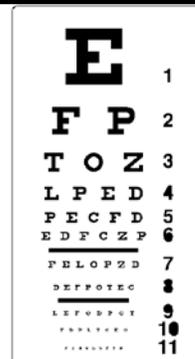
Website: [www.deltadentalins.com](http://www.deltadentalins.com) (to print I.D. cards, check eligibility, provider directories, etc.)

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### Vision

Humana Vision Care  
Group Number: 748596  
  
Customer Service Telephone Number  
1.800.865.3676

Website: [www.visioncare.com](http://www.visioncare.com)



Davis Vision (Blue Cross & Blue Shield discount program)  
**Group Name: BLUE365**

Website: [www.floridablue.com](http://www.floridablue.com) – go to member discounts, then click the I Agree button, click the right arrow to find Personal Care/Davis Vision and View Now

### Discounts

You'll get a variety of discounts at Davis Vision through Blue365, including 10-40% off frames, lenses, eye exams, contacts and more

## Employee Assistance Program

Employees and their family members are eligible to receive up to three confidential counseling sessions a year, at no cost, from Behavioral Health Systems. Anything over three sessions is coordinated with the employee's health insurance.

BHS A.S.S.I.S.T. at [www.behavioralhealthsystems.com](http://www.behavioralhealthsystems.com)

Your password is ESCAMBIA

1-800.245.1150

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### Annual and Paid Time Off (PTO) Leave

Annual leave and Paid Time Off shall not be credited in advance. Accrual of both programs begins on the date of regular employment and ends with the date of separation. Leave and PTO accrual for fractions of a month shall be figured to the nearest day. For the purpose of computing annual leave and PTO taken, only normal working days are to be counted as leave.

**Annual Leave (AL) and Sick Leave (SL) for classified employees** is accumulated in accordance with the following schedule:

	<u>AL</u>	<u>SL</u>
Beginning date through the end of the 5 <sup>th</sup> year	8 hrs per mo.	8 hrs per mo.
Beginning 6 <sup>th</sup> year through the end of the 10 <sup>th</sup> year	10 hrs per mo.	8 hrs per mo.
Beginning 11 <sup>th</sup> year through the end of the 15 <sup>th</sup> year	12 hrs per mo.	8 hrs per mo.
Beginning 16 <sup>th</sup> year through the end of the 20 <sup>th</sup> year	14 hrs per mo.	8 hrs per mo.
Beginning 21 <sup>st</sup> year through the end of the 25 <sup>th</sup> year	15 hrs per mo.	8 hrs per mo.
Beginning 26 <sup>th</sup> year through the end of employment	16 hrs per mo.	8 hrs per mo.

Sick leave accrual for bargaining unit members may differ depending on the signed contract. Please review the contract.

New employees shall accrue annual leave as all other employees, but shall be permitted to use annual leave only after completion of ninety (90) days of employment.

**Paid Time Off (PTO) for unclassified employees** is accumulated in accordance with the following schedule:

Beginning date through the end of the 1 <sup>st</sup> year	12 hours per month
Beginning 2 <sup>nd</sup> year through the end of the 5 <sup>th</sup> year	14 hours per month
Beginning 6 <sup>th</sup> year through the end of the 10 <sup>th</sup> year	16 hours per month
Beginning 11 <sup>th</sup> year through the end of the 15 <sup>th</sup> year	18 hours per month
Beginning 16 <sup>th</sup> year through the end of the 20 <sup>th</sup> year	20 hours per month
Beginning 21 <sup>st</sup> year through the end of the 25 <sup>th</sup> year	22 hours per month
Beginning 26 <sup>th</sup> year through the end of employment	24 hours per month

Part-time employees who work a regularly established schedule of twenty (20) hours or more per week shall earn Annual Leave or PTO on a pro rata basis.

For bargaining units, please verify your annual and sick leave accumulation with your contract.

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## Annual Leave Donation Program

The program is to assist full-time employees who have been employed for at least 6 months and has loss of income when faced with a serious illness or injury to himself/herself or an immediate family member. The Annual Leave Donation Program allows employees to voluntarily transfer accrued Annual Leave or PTO hours to another qualified employee who has exhausted all other paid leave.

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## Annual Leave Incentive Plan

Any eligible employee may request to sell Annual Leave or PTO for cash payment in lieu of taking time off. An employee may sell a minimum of eight (8) hours and a maximum of forty (40) hours of Annual Leave or PTO per fiscal year as long as 240 hours remain after the Annual Leave/PTO is sold.

The payout of Annual Leave/PTO shall be contingent upon availability of funds.

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## Holidays

All employees shall have holidays with pay each year based on the published Holiday Schedule. Subject to the approval of the County Administrator, one holiday may be exchanged for another, and special holidays with pay may be granted provided the total number of holidays is kept equitable among all employees.

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## Sick Leave/Classified Employees

Sick Leave is not to be considered a right which an employee may use at his discretion, but is a privilege not to be abused. The purpose of Sick Leave is to assist the employee during an illness or injury. Sick leave shall not be credited in advance. Sick Leave accrual begins on the date of regular employment and ends on the date of separation.

Classified employees accumulate sick leave at the rate of eight (8) hours per month. There is no maximum accumulation for sick leave. Unclassified employees do not accumulate Sick Leave as of October 1, 2006 because they fall under the PTO program.

For bargaining unit members consult your contract to determine sick leave accrual.

Part-time employees who work a regularly established schedule of twenty (20) hours or more per week shall earn Sick Leave on a pro rata basis.

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## Sick Leave Pool

Membership in the Sick Leave Pool is open to all eligible employees on a voluntary basis. The following criteria must be met:

- Must be a full-time BCC employee
- Must have a minimum of 100 hours of unused Sick Leave/PTO or ELB
- Must contribute 12 hours of Sick Leave or PTO/ELB to the pool
- Must complete an Application for Membership and submit it to Human Resources where it must be approved before the donation can be made.

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## **Health Clinic**

Escambia County Offers a health clinic for employees that are eligible health care benefits. The clinic is open 6 days a week. If you and your dependents are enrolled in the County's sponsored health insurance plan (other than the HSA) you are able to utilize the clinic with no co-payment. New employees may use the County's employee health clinic, on are after their benefits eligibility date. Benefits for new hires are effective the first day of the month following 30 days of employment.

If you and your family members have the HSA Plan or do not carry the County sponsored health plan you can complete an Current Insurance Validation Form and provide a copy of your current health insurance card and send to the HR/Benefits Section. We will enroll you into our Clinic plan in the HRIS system and you will be able to utilize the clinic with \$20.00 co-pay.

Employee Health Clinic Contact, location and hours:

2257 N. Baylen Street  
Pensacola, FL 32501  
850 595-1949  
850 595-0406

Monday: 7am – 6pm  
Tuesday: 8am – 1pm  
Wed – Fri: 8am – 5pm  
Saturday: 8am – 1pm

The Health Clinic can provide the following services:

- \* Same day appointments - minimal waiting period
- \*Primary Care – Allergies, infections, colds, flu, bruises, strains and sprains
- \*Urgent Care – Upper respiratory conditions, bronchitis, urinary tract infections, and viral illnesses
- \*Preventive Care – Annual wellness exams, smoking cessation, diabetes, blood pressure, blood sugar, and cholesterol screenings
- \*Laboratory Tests (ordered by Clinic Providers)
- \*Routine immunizations and more!!!!
- \* Wellness related programs to support healthier life styles

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## **Wellness Centers**

The County has established four (4) Wellness Centers for employees to utilize. These centers are available during various times of the day. Our Health Specialist is available to assist employees in starting a personal wellness program. The Health Specialist provides various training and fitness opportunities for employees to participate in. The Centers are unmanned so employees need to be safe and maintain the cleanliness of the centers.

## Life and AD&D Insurance

<u>Name of Vendor</u>	<u>Group No.</u>
Standard Insurance Company	754403-A

The County provides each regular employee working thirty (30) hours or more a week \$40,000 worth of Term Life and AD&D Insurance at no cost to the employee. Employees that do not elect Health Care coverage are eligible to elect an additional \$10,000 of life insurance coverage for no additional cost.

The employee has an option to purchase Supplemental Life Insurance in \$10,000 increments up to \$300,000. Employees have two options to purchase Dependent Life insurance

Option 1 – An employee has the option to purchase Dependent Life Insurance for their spouse (\$5,000) and children (\$2,000) for \$1.49 per month.

Option 2 – An employee has the option to purchase spouse Dependent Life Insurance at 50% of the employee's total basic and supplemental life coverage, up to \$150,000.

Child coverage is available for \$2,000 for \$1.06, \$5,000 for \$2.15 or \$10,000 for \$3.30 (per month).

Employees must choose between Option 1 and Option 2. 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 employee. Children may remain on the Dependent Life Insurance until the age of 20, unless they are full time students, in which case the coverage will stop on their 25<sup>th</sup> birthday.

Employees have the option to continue or convert their life insurance at termination or retirement.

## Life Insurance Matrix

### Monthly Costs: Employee Supplemental Life and AD&D

	Employee Rates										
Age	\$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Less than 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

	Employee Rates									
Age	\$110,000	\$130,000	\$150,000	\$170,000	\$190,000	\$200,000	\$230,000	\$250,000	\$270,000	\$300,000
Less than 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	\$47.40
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	\$628.80	\$723.12	\$786.00	\$848.88	\$943.20

## Life Insurance Matrix

### Monthly Costs: Spouse Supplemental Life and AD&D

	Spouse Rates						
Age	\$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Less than 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	\$94.29	\$125.72	\$157.15	\$188.58

	Spouse Rates						
Age	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$130,000	\$150,000
Less than 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

Example: Individuals 70+ years of age electing \$100,000 the benefit is reduced by 50% and premium is paid on \$50,000

### Dependent Life

**Option 1 - \$5,000 Spouse/\$2,000 each eligible child - \$1.49 per month**

**Option 2 - Spouse coverage may not exceed 50% of employee basic and supplemental life amounts. \*Over \$30,000 needs medical review\***

**Option 3 - Child coverage \$2,000 for \$1.06 per month, \$5,000 for \$2.15 per month, or \$10,000 for \$3.30 per month**

## Voluntary Insurances

The County provides employees the opportunity to buy, payroll deduct, and flex other types of insurances through American Heritage Life Insurance Company, Colonial Life, AFLAC, or AIG. A list of products each company provides is listed below along with the company point of contact. If you have any questions, please contact the point of representative listed below.

Colonial Life and Accident Ins. Co  
Wayne Rimmer  
[wayne.rimmer@coloniallife.com](mailto:wayne.rimmer@coloniallife.com)  
www.coloniallife.com  
850.336.4542

AFLAC  
Holly Butcher  
[holly\\_butcher@us.aflac.com](mailto:holly_butcher@us.aflac.com)  
www.aflac.com  
850.473.9400 x5

Allstate  
Milton McNease  
[mcnease@mcneaseassociates.gccoxmail.com](mailto:mcnease@mcneaseassociates.gccoxmail.com)  
850.453.0088

### Voluntary Insurance Products Offered to County Employees

<b>Insurance Type</b>	<b>AFLAC</b>	<b>AllState Workplace</b>	<b>Colonial Life</b>
Accident Plan	x	x	x
Annuities			
Cancer Plan	x	x	x
Critical Illness		x	x
Dental Plan	x		
Hospital Indemnity Plan	x	x	
Hospital Intensive Care Plan	x	x	
Hospital Sickness Indemnity Plan	x		
Quality of Life (life insurance, critical, and chronic)			
Short Term Disability	x	x	x
Special Health Event (heart attack, stroke, etc.)	x	x	
Term Life Insurance	x	x	x
Universal Life Insurance		x	x
Vision Plan	x		
Whole Life Insurance	x		x
Worksite Term Life			
Medical Bridge (Gap Plan)			x
Supplemental Health Plan		x	
Heart Stroke		x	

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## Pre-Paid Legal

The County provides employees the opportunity to buy through payroll deduction legal and identity theft protection through LegalShield. For additional information please contact Rebecca Smith or Kenn Terry at 800-729-7998 or [rjsmith@smithterry.com](mailto:rjsmith@smithterry.com).

## LONG TERM DISABILITY (LTD)

Name of Vendor  
Madison National Life

Group No.  
**033420**

The County provides you an opportunity to purchase paycheck protection for each regular employee working at least thirty (30) hours per week through Long Term Disability Insurance (LTD).

If you become disabled due to an injury or illness and are unable to do your job, your Long Term Disability Insurance will start once you have been out of work consecutively 180 days. This is called your elimination period. You will be paid an amount according to the option you elect under are present plan until you can return to work or up to the age of 65. Should you qualify for Social Security or State Retirement Disability, the amount you would receive from these government plans would act as an offset against the amount you receive from your LTD Plan. This 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 LTD would pay until age 65.

You have four options to determine the percentage of income you would receive if you become disabled due to injury or sickness (after your elimination period has been reached) from 40% up to 60% of your Gross Income to a maximum of \$5,000 a month.

You have an option to purchase additional coverage at a low monthly price. If your family cannot function without a percentage of your income for 180 days, you can choose to lower your out-of-work time or elimination period from 180 days to 90 days for the 50% (only) of your Gross Income.

You can choose any one of the options provided or you can waive the coverage.

Premium costs for LTD are based on your salary, which is updated annually at the beginning of the fiscal year. The Human Resources Division has a simple worksheet to determine the monthly cost of your options. You will also need to fill out an Evidence of Insurability Form to increase your % of coverage or decrease the elimination period.

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**Note:** Dental, Health, Life Insurance and Vision Care premiums are pre-paid (i.e., if your benefit starts on October 1<sup>st</sup>, premiums will be taken out of your pay in September). If you make changes to your plans during the month, you may have to pay back premiums. **Audits for back premiums will occur after changes are reflected on the appropriate bill, which could take a few months to completely the process.**

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## Deferred Compensation

The following is a list of representatives of the Deferred Compensation programs that are made available to County employees. This provides a method to set aside a portion of your income (pre-taxed) to invest in the future. Employees can defer up to \$15,000 per year. For employees 50 years or older, you can defer up to \$20,000 per year. If you are eligible for the catch up provision, you may defer up to \$30,000. A minimum of \$10.00 per pay period must be deferred.

If interested, the employee should contact these representatives directly.



Tim Schossow  
VALIC  
850.477.0063  
850.501.1060  
Timothy.schossow@valic.com  
[www.aigvalic.com](http://www.aigvalic.com)

Adam Ferguson  
ICMA  
1.866.328.4672  
202.487.5317 (Cell)  
[aferguson@icmarc.org](mailto:aferguson@icmarc.org)  
[www.icmarc.org](http://www.icmarc.org)

Michael R. Montee  
Diversified Investment Advisor  
850.453.4364  
[mmontee@isimail.com](mailto:mmontee@isimail.com)

Chris Whitlock  
Nationwide  
850.512.0085  
[whitloc@nationwide.com](mailto:whitloc@nationwide.com)  
[www.nrsforc.com](http://www.nrsforc.com)

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## Flexible Benefits

The Flexible Benefits plan allows employees to set aside a portion of their income through payroll deduction on a pre-tax basis to cover expenses associated with dependent care, insurance premiums, or medical care reimbursements. As an employee incurs these expenses, they send receipts to the Flexible Benefits Administrator to be reimbursed for the expenses, up to the total amount set aside. The payroll deductions are not taxed (pre-taxed). Employees are eligible for the Healthcare Reimbursement program after being employed by the County for one (1) year and the enrollment will be effective the beginning of the fiscal year. Employees may participate in the other flexible benefits programs upon insurance eligibility date.

Flexible Benefits Plan Administrator  
Lockard & Williams

Claims Address  
PO Box 1688  
Pascagoula, MS 39568-1688

Telephone Number  
(228) 762-2500  
Cell: (850)516-7043

Fax Number  
(850) 479-2923

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## **FLEXIBLE SPENDING ACCOUNTS**

**Since Flex payments reduce your gross taxable income each year, you can reduce your federal taxes and save money!!!!**

**For example, a participant contributing \$1,000 toward a Flexible Spending Account would save \$200 in taxes (based on 20% combined federal and social security tax rates).**



## Premium Based Flexible Spending Accounts

All premium based County sponsored programs (i.e., health, dental, vision and \$10,000 of supplemental life insurance) **will be pre-taxed.**

**Example:** If your annual salary is \$30,000 and you have elected BlueOption 1552 family coverage and the premium is \$350.16 a month, your taxable income would be reduced by \$4,201.92 (i.e., taxable income would be \$25,798.08).

### To participate in Flexible Spending Accounts (FSA's) (Health Care Reimbursement and Dependent Care)

#### **IRS REGULATIONS REQUIRE YOU TO ENROLL EVERY YEAR**

Flexible Spending Accounts (FSA) allow you to put aside money on a before-tax basis (pre-taxed), free from federal and social security taxes, to reimburse yourself for certain eligible expenses. The reimbursements you receive are also tax-free. The three accounts are Health Care Spending Account, Dependent Care, and Other Health Insurance.

**Example:** If your annual salary is \$30,000 and you determine that you would use \$2,000 in a Health Care Spending Account, you reduced your taxable income by \$2000 (i.e., \$28,000). If you incur an eligible expense at the beginning of the plan year (October 1<sup>st</sup>) you have access to your whole election, which means an interest free loan.

#### **Health Care Flex Spending Account**

- Your out-of-pocket medical expenses (i.e.; co-payments, deductibles, and co-insurance)
- Dental care expenses
- Vision care expenses
- Hearing aids and hearing examinations
- Prescription drugs and certain over the counter drugs



A maximum of \$2,550 per year can be put into a Health Care Flexible Spending Account

#### **Dependent Care Flex Spending Account**

- Dependent Care expenses (for children or other dependents, provided they can be claimed as dependents on your tax return).
- A maximum of \$5,000 per year. If married and filing separately, \$2,500 can be put into a Dependent Day Care Flexible Spending Account by each spouse.

## **Changing Your Coverage During the Plan Year**

Under certain circumstances employees are permitted to make mid-year plan changes if the requested change results from a qualified event as defined by the IRS. Please contact benefits to request the change **within 30 days** of one of the events listed below, contact Benefits to request the change:

### ***Marital Status***

A change in marital status includes marriage, death of a spouse, divorce or annulment.

### ***Change in Number of Dependents***

A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in the status.

### ***Gain or Loss of Dependents' Eligibility Status***

An event that causes an employee's dependent to satisfy or cease to satisfy coverage eligibility requirements under an employer's plan may include change in age, student, marital or employment status.

### ***Open Enrollment Under Other Employer's Plan***

You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and:

- The other employer's plan has a different period of coverage or
- The other employer's plan permits mid-year election changes.

### ***Judgment/Decree/Order***

If a judgment, decree or order from a divorce, annulment or change in legal custody requires that you provide health coverage for your dependent child (including a foster child who is your dependent); you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for the dependent child and only if the other individual actually provides the coverage.

### ***Medicare/Medicaid***

Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

### ***Family and Medical Leave Act***

Employees taking FMLA leave may make election changes under the special rules relating to changes in elections.

If you have any question regarding changing your coverage during the Plan Year, please contact the Benefits Section.

## Eligibility for Coverage

You are eligible for benefits if you are a full time or part-time employee Escambia County employee scheduled to work 30 hours or more per week.

### *Dependent Eligibility*

If you are eligible for benefits you may also cover your eligible dependents including:

1. Your spouse under legally valid existing marriage (Ex-spouses are not eligible dependents even if coverage is court ordered.)
2. **Medical 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**.
3. For **Dental 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 age 19 or “if eligible” until the end of the calendar year in which the child reaches age **25 and meet the following eligibility:**
  - a. Dependent upon you for financial support and lives in your household **or** is full-time or part-time student.
  - b. A handicapped dependent child is eligible to continue coverage, beyond the limiting age of 25, as a covered dependent if the child is incapable of self-sustaining employment and chiefly dependent upon you for support and maintenance provided that the symptoms or causes of the child’s handicap existed prior to the child’s 25<sup>th</sup> birthday.
4. Life Insurance – Your unmarried child from live birth through age 20 (through age 24 if a registered student in full time attendance at an accredited education institution.
5. The newborn child of a covered dependent child. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child unless the eligible employee becomes the legal guardian of the child.

### *Dependent Eligibility Verification Process*

Blue Cross and Blue Shield has an annual process to verify coverage eligibility for dependents 19 years of age or older. A Dependent Eligibility Verification Form will be mailed directly to your home address for completion. The purpose of this verification process is to obtain complete information on dependents currently covered by parents or guardians who participate in their employer’s group health plan. Proper maintenance of eligibility assures that the dependent will continue to be covered under the group health plan.

**Note: It is your sole responsibility as the covered employee to establish that a child meets the applicable requirements for eligibility. Eligibility will terminate on the last day of the month in which the child no longer meets the eligibility criteria required to be an eligible dependent.**

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## Florida Retirement System

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. An employee cannot elect not to pay their contribution to the FRS unless they are participating in DROP or they are re-employed then the County pays the entire retirement contribution. Currently, FRS offers two retirement programs: (1) a traditional pension plan and (2) an investment plan. An employee who has any FRS time and not considered a reemployed retiree are vested in the pension plan upon completion of six (6) years of employment. If you start work in the FRS system after July 1, 2011 you are vested upon completion of eight (8) years of employment. In the investment plan you are vested upon completion of one (1) year of employment.

### **Choosing Your Florida Retirement System (FRS) Plan**

As a County employee, you have a choice of two retirement plans: the FRS Pension Plan and the FRS Investment Plan. The FRS has made it easy to enroll no matter which plan you choose. New employees can simply visit [www.MYFRS.com](http://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. Call the toll-free MyFRS Financial Guidance Line at 1-866-446-9377 (TTY 1-88-429-2160 (for hearing impaired)) and speak to an Ernst & Young Financial Planner or a Division of Retirement counselor to get an explanation of both plans and to get questions answered. Access is also available to the online Choice Service at [www.MyFRS.com](http://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.

Ernst & Young Financial Planners are available from 9 a.m. to 8 p.m. ET, Monday-Friday. Divisions of Retirement counselors are also available. There is no cost for utilizing these FRS services.

Website: [www.MyFRS.com](http://www.MyFRS.com) is to utilize the free services available on the website, use your PIN and SSN to access your account.

Attend a retirement, investing, or estate-planning workshop presented free by FRS. Check the schedule on [www.MyFRS.com](http://www.MyFRS.com) or ask Human Resources.

MyFRS Financial Guidance Line  
1-866-446-9377  
TTY: 1-888-429-2160

### **Second Election**

At anytime during your total active career (once you've made your initial plan selection), you can change your mind and return to the FRS Pension Plan or move into the FRS Investment Plan by using your one-time and 2<sup>nd</sup> election. To make your 2<sup>nd</sup> election, visit [www.MyFRS.com](http://www.MyFRS.com) to access and print the 2<sup>nd</sup> Election Retirement Plan Enrollment Form. Your 2<sup>nd</sup> election will be effective the first day of the month following the month that the FRS receives your enrollment form. If you're going to terminate

employment, your 2<sup>nd</sup> election enrollment form must be received and processed by the FRS prior to your termination date. You may wish to do an annual review to determine if your current retirement plan is

still the best plan for you or whether you should use your 2<sup>nd</sup> election to change plans. You can do so by calling the MyFRS Financial Guidance Line to discuss your status and both plans with one of the financial planners from Ernst & Young.

## **FRS Pension Plan**

The FRS Pension Plan is a defined benefit retirement plan. The FRS employer and employee make contributions to the plan. If an employee worked in the FRS system prior to July 1, 2011 they are vested for benefits under this plan after completing 6 years of creditable service. Unreduced or normal retirement income benefits are available once the participant has completed six (6) years of creditable service and is age 62, or has completed 30 years of service, regardless of age. If an employee started working in the FRS system after July 1, 2011 an unreduced or normal retirement income benefits are available once the participant has completed eight (8) years of creditable service and is age 65 or completed 33 years of service, regardless of age for all class of employee except Special Risk.

If an Special Risk employee worked in the FRS system prior to July 1, 2011, they are must be vested and be age 55, or have 25 years of special risk service (which may include military service) and be age 52, or have 25 years of special risk service, regardless of age, or have 30 years of any creditable service, regardless of age. If a employee enrolled in the FRS on or after July 1, 2011 to qualify for normal retirement they must be vested and be age 60, or have 30 years of special risk service (which may include military service) and be age 57, or have 30 years of special risk service, regardless of age, or have 30 years of any creditable service, regardless of age.

The participant's retirement under the FRS Pension Plan is guaranteed based on a formula that includes age, FRS membership class (most school employees are in the Regular Class), years of FRS service, and average final compensation (average of five (5) highest years of salary). At retirement participants may select from one of the four lifetime retirement options: 1) Life only; 2) Life only with (10 years certain); 3) Joint with 100% to the survivor; and 4) Joint with 2/3 to the survivor.

Cost-of-Living Increase – After you retire, you may receive an annual cost-of-living increase beginning in your July benefit payment each year (the first cost-of-living increase is proportionally reduced if you have not been retired for 12 calendar months on that date). The July benefit that is payable on the last working day of July. The cost-of-living increase is 3 percent for FRS Pension Plan retirements effective prior to August 1, 2011. The cost-of-living increase for FRS Pension Plan retirements effective on or after August 1, 2011 will be the sum of their pre-July 2011 service credit divided by the total service credit at retirement multiplied by 3 percent. FRS Pension Plan members initially enrolled on or after July 2, 2011, will not have a COLA after retirement.

Program highlights include:

- Participants vested after six (6) or eight (8) years of FRS creditable service depending on their enrollment date.
- Participants have a guaranteed retirement income.
- Participants are not responsible for investment decisions or associated risks.
- Participation in DROP (explained separately in this pamphlet is only available to members of the FRS Pension Plan.)

## FRS Investment Plan

The Investment Plan is a defined contribution plan where the FRS employer makes all contributions to the plan on the participant's behalf. Employees are vested after one (1) year of creditable service.

Upon termination from all FRS-covered employment, vested participants are eligible to take a distribution from the plan after only being off all FRS-covered payrolls for three full calendar months following the month of termination. If the participant meets the normal retirement requirements of the Pension Plan, in which case they can take a distribution of up to 10% of their account balance after one calendar month and the remaining account balance after two additional months. If a distribution is taken before age 59 ½, the participant may incur tax penalties.

Distribution options at retirement:

- 1) Partial or entire lump-sum distribution
- 2) Partial or entire lump-sum rollover distribution to an IRA or another qualified plan that accepts rollovers
- 3) A split distribution – part direct rollover and part payable to you
- 4) Periodic withdrawals from your account balance
- 5) Annuitize part or all of your account balance



Program highlights include:

- Participants are vested after one (1) year of FRS creditable service.
- The participant's account is portable. Upon termination of employment, participants can choose to leave their balance invested in the FRS Investment Plan – or elect a distribution as described above.
- Participants direct where their money is invested among the available investment funds.
- Participants assume the investment risks.
- Participants do not have a guaranteed retirement income.
- Participants generally can change their investment fund selection(s) daily, although there are some trading restrictions.
- Participants are not eligible for participation in DROP.

### Deferred Retirement Option Program (DROP)

The Deferred Retirement Option Program (DROP) is available to all FRS Pension Plan members who are eligible for normal retirement. DROP is not available for FRS Investment Plan participants. Eligible members must choose to enter DROP within 12 months of first meeting the qualifications, and may participate in DROP for up to 60 months. Under DROP, you actually retire from the FRS, selecting your retirement benefit option under the FRS Pension Plan and establishing a future termination date with the county not to exceed 60 months from the date of entering DROP. Instead of actually receiving your monthly retirement benefit, it is placed in a DROP account where it earns 6.5% interest and 3% annual cost-of-living adjustments until you reach your DROP termination date – or sooner if you terminate employment sooner for employee that went into DROP prior to July 1, 2011. For employees going into DROP after July 1, 2011 they will receive compounded monthly interest at an annual rate of 1.3% on their DROP. The cost of living will be based on the rules provided in the section talking about FRS Pensions.

Upon termination of DROP, you will receive your DROP benefits in one of three ways: 1) lump sum paid directly to you, 2) direct rollover to an eligible IRA or other eligible qualified account, or 3) a combination of 1 and 2. **Retiring employees entering the D.R.O.P. are not eligible for the Retirement Incentive Program.**

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As of July 1, 2005, DROP participants (former and current) are allowed to rollover their DROP accumulation into the FRS Investment Plan. This option allows participants to take advantage of the low cost investment products offered in the Investment Plan. More information is provided on [www.MyFRS.com](http://www.MyFRS.com). Calls are also accepted at 1-866-446-9377, option 1.

## **Q&A: Florida Retirement System DROP**

### **What happens if I do not terminate my employment at the end of my DROP period?**

If you do not terminate at the end of your DROP period, your DROP application is voided and your DROP participation is retroactively canceled. FRS Pension Plan membership and service credit will be re-established.

### **How do I know if DROP is more beneficial to me than remaining in the Pension Plan and earning additional service credit or changing to the FRS Investment Plan?**

You should review your anticipated FRS benefits under both FRS plans before entering DROP. You can call the toll-free MyFRS Financial Guidance Line at 1-866-446-9377 and speak to one of the financial planners from Ernst & Young or to one of the retirement counselors at the Division of Retirement to get estimates of benefits from both plans, as well as guidance on which plan may be best for you. For the hearing impaired, the TTY line is available at 1-888-429-2160.

### **Will I be able to contribute to my voluntary retirement account if I participate in DROP?**

Yes. Participation in DROP does not prohibit you from making elective contributions to your retirement plan.

### **Do my benefits from FRS grow or remain constant if I enter DROP?**

Your FRS benefits will grow each year by 3% based on the income option you select upon entering DROP.



## **Retirement Incentive Program**

The Retirement Incentive Program allows County 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.

### **Florida Retirement System Telephone Number for the following sections: 1.844.377.1888**

**Calculations Section** - Calculating retirement benefits and estimates of benefits, and contributions required to purchase various types of creditable service.

**Enrollment Section** – Enrolling agencies and members in the FRS and Social Security; processing changes in beneficiaries.

**Contributions Section** – Receiving and balancing monthly payroll reports from FRS employers.

**Retired Payroll Section** – Issuing retirement benefit payments and retirement contribution refunds.

**Survivor Benefits Section** – Paying of retirement benefits to survivors and beneficiaries; processing beneficiary changes after retirement.

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## Prescription Drug Plan

through

## Blue Cross Blue Shield of Florida

	<b>HSA</b>	<b>Retail</b>	<b>Mail Order</b>
	Prescriptions for short-term use. Antibiotics, pain medication, etc	Prescriptions for short-term use. Antibiotics, pain medication, etc.	Prescriptions for medication taken daily. Insulin, blood pressure medication, birth control, etc.
<b>Provider</b>	Most major drug stores and supermarket chains as well as many independent pharmacies. Check the list of contracted pharmacies at <a href="http://www.bcbsfl.com">www.bcbsfl.com</a> or 1-800.322.2808 for PPO	Most major drug stores and supermarket chains as well as many independent pharmacies. Check the list of contracted pharmacies at <a href="http://www.bcbsfl.com">www.bcbsfl.com</a> or call or 1-800.322.2808 for PPO	You must send your prescription and payment to PrimeMail Pharmacy  BLUESCRIPT – Blue Options Not available for HSA Plan  Claim forms available in the Benefits Office
<b>Generic</b>  You are encouraged to purchase the Generic if it is available	Pay the negotiated price between pharmacy and Blue Cross and Blue Shield	\$15.00 co-payment 30 day supply	\$45.00 co-payment 90 day supply
<b>Preferred (Brand)</b>	Pay the negotiated price between pharmacy and Blue Cross and Blue Shield	\$30.00 co-payment 30 day supply	\$75.00 co-payment 90 day supply
<b>Non-Preferred (Brand)</b>	Pay the negotiated price between pharmacy and Blue Cross and Blue Shield	\$50.00 co-payment 30 day supply	\$150.00 co-payment 90 day supply

To view the most current Prescription Drug Listing please go to [www.bcbsfl.com](http://www.bcbsfl.com)



## Your choice of medical plans:

During the open enrollment period you may elect the HSA, Blue Options Plan 1352 or the Blue Options Plan 1552. It's your choice. You must remain in the elected medical plan for one year.

<b>HSA</b>	<b>Blue Options 1352</b>	<b>Blue Options 1552</b>
Health Care Savings Account	Preferred Provider Organization	Preferred Provider Organization
Choose your provider from a list of contract providers <b>or</b> you can go to any licensed doctor of your choice	Choose your provider from a list of contract providers <b>or</b> you can go to any licensed doctor of your choice	Choose your provider from a list of contract providers <b>or</b> you can go to any licensed doctor of your choice
You do not have to choose a PCP	You do not have to choose a PCP	You do not have to choose a PCP
Pre-certifications are required on some procedures	Pre-certifications are required on some procedures	Pre-certifications are required on some procedures
Claim forms may need to be completed for non-contracted providers for reimbursement	Claim forms may need to be completed for non-contracted providers for reimbursement	Claim forms may need to be completed for non-contracted providers for reimbursement
Calendar Year Deductible	\$20.00 co-pay for an office visit to an in-network family physician	\$15.00 co-pay for an office visit to an in-network family physician
Calendar Year Deductible	Calendar Year Deductible and Coinsurance	\$30.00 co-pay for a specialist office visit
\$2,100 single coverage deductible and \$4,200 for two or more person in network services	\$750 per person deductible for in network services	\$500 per person deductible for in network services

If you do not elect the County sponsored Health Insurance you are eligible for the Health Insurance Replacement (HIR) Plan. This plan provides \$10,000.00 additional life insurance for a total of \$50,000.00 basic life insurance paid by the County and a dental discount of \$12.98 per month on any dental coverage.





## Dental Plans

<b>Delta Preferred Dentists IN NETWORK</b>	<b>Delta Premier Dentists OUT-OF-NETWORK</b>	<b>Non-Delta Dentists OUT-OF-NETWORK</b>
Your out-of-pocket expense will probably be less because Preferred Dentists have agreed to charge Preferred Patients reduced fees.	You will be charged no more than the fees approved by Delta as customary and reasonable.	You will be responsible for the dentist's fees, which may be higher than those approved by Delta
Claims forms will be completed and submitted for you at no charge.	Claims forms will be completed and submitted for you at no charge.	You may have to complete and submit your own claim forms or pay a service fee.
You may be charged only the patient share* at the time of treatment, not Delta's portion.	You may be charged only the patient share* at the time of treatment, not Delta's portion.	You may have to pay the entire amount in advance and wait for reimbursement.

\*"Patient share" is the co-payment, any deductible and any amount over the annual maximum. Some services may not be covered; please refer to your Evidence of Coverage. Some examples of services **not covered** are cosmetic dentistry, experimental procedures, services to correct congenital malformations, and **fluoride treatments for anyone 19 years or older.**

	<b>High Option</b>		<b>Low Option</b>	
	<b>In Network</b>	<b>Out-of-Network</b>	<b>In Network</b>	<b>Out-of-Network</b>
<b>Who's covered</b>	Primary enrollee and spouse as well as dependent children to age 25, students to age 25		Primary enrollee and spouse as well as dependent children to age 25, students to age 25	
<b>Deductibles and Benefits Maximum</b>	\$75 per person per calendar year. \$150 per family per calendar year: <b>\$1250 per person. Orthodontic Lifetime Max \$750</b>		\$75 per person per calendar year. \$150 per family per calendar year: <b>\$1000 per person. Orthodontic Lifetime Max \$500</b>	
<b>Diagnostic &amp; Preventive*</b> - Oral Exams, Teeth Cleaning, X-rays, 2 visits per year	100% of DPO fee schedule**	100% of UCR (Usual, Customary and Reasonable)	100% of DPO fee schedule**	100% of UCR (Usual, Customary and Reasonable)
<b>Basic Benefits*</b> -- simple extractions, fillings, simple restorations, miscellaneous restorations; denture repairs, sealants, endodontics (root canals); periodontics (gum treatment)	80% of DPO fee schedule	80% of UCR (Usual, Customary and Reasonable)	80% of DPO fee schedule	80% of UCR (Usual, Customary and Reasonable)
<b>Major Benefits*</b> -- Crowns, Jackets and cast restorations, and prosthodontics*	60% of DPO fee schedules	60% of UCR (Usual, Customary and Reasonable)	50% of DPO fee schedule	50% of UCR (Usual, Customary and Reasonable)
<b>Orthodontic Benefits*</b> Adult and Children	50% of DPO fee schedules	50% of UCR (Usual, Customary and Reasonable)	50% of DPO fee schedule	50% of UCR (Usual, Customary and Reasonable)

\* Please refer to your Evidence of Coverage for limitations on these benefits.

\*\* No deductible applies to these services

**ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS**  
**IMPORTANT NOTICE**  
**COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice is provided to you on behalf of:

**Escambia County Employee Health Care Plan  
Escambia County Employee Dental Care Plan  
Escambia County Employee Assistance Program  
Escambia County Employee Vision Care Plan  
Escambia County Flexible Benefit Plan**

These plans comprise what is called an “Affiliated Covered Entity,” and are treated as a single plan for purposes of this Notice and the privacy rules that require it. For purposes of this Notice, we’ll refer to these plans as a single “Plan.”

***The Plan’s Duty to Safeguard Your Protected Health Information.***

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered “Protected Health Information” (“PHI”). The Plan is required to extend certain protections to your PHI, and to give you this Notice about its privacy practices that explains how, when and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this Notice, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This Notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan’s Privacy Official, described below), and will be posted on any website maintained by Escambia County Board of County Commissioners that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices, from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI, and your rights with respect to the PHI they maintain.

***How the Plan May Use and Disclose Your Protected Health Information.***

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan’s uses and disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**
  - **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it’s important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provides treatment to you.
  - **Payment:** Of course, the Plan’s most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans, in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan, and your spouse’s plan, or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.

- **Health care operations:** The Plan may use and disclose your PHI in the course of its “health care operations.” For example, it may use your PHI in evaluating the quality of services you received, or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverage.
- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:
  - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Escambia County Board of County Commissioners) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits Division for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll Division for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology Division, as needed for preparation of data compilations and reports related to Plan administration; finance Division for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage and other disputes related to the Plan’s provision of benefits.
  - **Required by law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.
  - **For public health activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
  - **For health oversight activities:** The Plan may disclose PHI to agencies or Divisions responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
  - **Relating to decedents:** The Plan may disclose PHI relating to an individual’s death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
  - **For research purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.
  - **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
  - **For specific government functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. Your authorizations can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to have an Opportunity to Object:** The Plan may share PHI with your family, friend or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

***Your Rights Regarding Your Protected Health Information.***

You have the following rights relating to your protected health information:

- **To request restrictions on uses and disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.
- **To choose how the Plan contacts you:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.
- **To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.

- **To request amendment of your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors, you may request, in writing, that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.
- **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

***How to Complain about the Plan's Privacy Practices.***

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Division of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

***Contact Person for Information, or to Submit a Complaint.***

If you have questions about this Notice please contact the Plan's Privacy Official or Compliance Official(s) (see below). If you have any complaints about the Plan's privacy practices or handling of your PHI, please contact the Plan's Privacy Official (see below).

***Privacy Official.***

The Plan's Privacy Official, the person responsible for ensuring compliance with this Notice, is:

Ron Sorrells  
Human Resources Manager  
Telephone Number: (850) 595-4961

The Plan's Compliance Official(s) is/are:

Kevin Jones, Human Resources Associate II, 850.595.3278  
Pat Kostic, Public Safety Compliance (EMS Manager) 850.471.6426

***Organized Health Care Arrangement Designation.***

The Plan participates in what the federal privacy rules call an "Organized Health Care Arrangement." The purpose of that participation is that it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the Arrangement to share PHI with the Plan for purposes such as shopping for other insurance bids.

**ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS**  
**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

**Part 1: Name of person whose health information will be disclosed:** *[please print]*

**Part 2: Person or Entity that has the health information to be released:**

- Escambia County Board of County Commissioners designee \_\_\_\_\_  
 Escambia County Board of County Commissioners Employee Health Care Plan (as defined in Escambia County Board of County Commissioners' Privacy Policy)  
 Other: \_\_\_\_\_ *[please print the name of the entity that has the record to be disclosed; e.g., Dr. Jane Doe, XYZ Insurance Company, ABC Laboratories, etc.]*

**Part 3: Description of the health information to be released:**

- Lab results (including drug screening and blood-alcohol test results)  
 Psychiatric/psychological evaluation  
 Physical examination results and notes  
 History, treatment and progress notes  
 Other: \_\_\_\_\_ *[describe the health information that may be disclosed]*

Are the records to be released limited to records created during a specific period of time:  No  Yes

If "Yes" indicate specific time period: From \_\_\_\_\_ *[insert date]* to \_\_\_\_\_ *[insert date]*

**Part 4: Person or Entity that will receive the health information:**

- Escambia County Board of County Commissioners designee \_\_\_\_\_  
 Escambia County Board of County Commissioners Employee Health Care Plan (as defined in Escambia County Board of County Commissioners' Privacy Policy)  
 Other: *[please print the name of the entity that will receive the record]:*

**Part 5: Description of the purpose for the release of the health information:**

- At the request of the person whose name appears in Box 1  
 Pre-employment or periodic controlled substance screen or psychoanalysis evaluation  
 Other *[insert description of the purpose]:*

**Part 6: Duration of Authorization:** This Authorization will remain effective *[choose an expiration period or event]:*

**Expiration period:**  30 days  60 days  90 days  180 days  \_\_\_ days

**Expiration event:** *[insert description of an event upon which the Authorization will expire]:*

**Part 7: Certification and Acknowledgement:** I certify that I am the person (or the personal representative of the person) designated in Part 1. I agree that my individually identifiable health information described in Part 3, and held by the person or entity listed in Part 2, may be disclosed to the person or entity listed in Part 5 for the purpose(s) designated in Part 6. ***I understand that, if the information to be disclosed is needed by a health care plan in order to determine my eligibility for plan benefits; or is needed by Escambia County Board of County Commissioners to consider me for medical, sick or other leave; or to consider my eligibility or claim for short- or long-term disability or life insurance coverage or benefits, workers' compensation benefits, or similar fringe benefits; or to consider me for employment or continued employment, my failure to provide this Authorization may prevent me from receiving the benefit or leave, or preclude me from being considered for employment or continued employment.*** I understand that I have the right to revoke this Authorization, in writing, at any time, by sending the revocation to the person or entity who received the Authorization, and that the revocation will be effective except to the extent that the person or entity releasing the information has already taken action in reliance on my Authorization. I understand that, once disclosed, it is possible that the health information may be further disclosed by the recipient and no longer subject to protection under federal privacy rules. ***I have received a copy of my signed Authorization.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*[If signing as the personal representative of the person in Box 1, print your name and describe your authority to sign for the person]:*

Name: \_\_\_\_\_ Authority: \_\_\_\_\_

**For office use:**

- Authorization fully completed and signed  
 Copy of Authorization provided to Individual or Personal Representative